

# Non-Governmental Organisations and the Rights of Displaced Children in Sudan



Azza Omerelfaroug Abdelaziz Abdelmoneium



# **Non-Governmental Organisations and the Rights of Displaced Children in Sudan**

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op het gebied van de Sociale Wetenschappen**

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**Azza Omerelfaroug Abdelaziz Abdelmoneium  
geboren op 25 januari 1972  
Khartoum- Soedan**

Promotor  
Mw. prof. dr. W.H.M. Jansen

Manuscriptcommissie:  
Prof. dr. F.A.M. Hüskens  
Mw. prof. dr. ir. D.J.M. Hilhorst (WUR)  
Prof. dr. M. Salih (UL)

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*To My Grandmother Om-Elhussein and  
my daughter Basma who was born during  
the final stages of writing this thesis*



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## List of abbreviation

AIDS	Acquired Immune Deficiency Syndrome
AMAL	Friends of Children Society
CAD	Children and Development
CARE	Cooperative for Assistance and Relief Everywhere
CHPs	Community Health Promoters
CID	Children in Development
COD	Commission of Displacement
CRAD	Child Right and Development
CRC	Convention on the Rights of the Child
ECOSOC	Social Commission of the Economic and Social Council
FGD	Focused group discussions
FGM	Female Genital Mutilation
GAD	Gender and Development
HAC	Humanitarian Aid Commission
HIV	Human Immunodeficiency Virus
ICRC	International Committee for Red Cross
IDPs	Internally Displaced Populations
IEC	Information Education Communication
ILO	International Labour Organisation
KCCW	Khartoum Council for Child Welfare
KDBEP	Khartoum Displaced Basic Education Project
MSF/Holland	Medicins Sans Frontiers/Holland
NCCW	National Council for Child Welfare
NGO	Non-Government Organisation
NIF	National Islamic Front
OLS	Operation Lifeline Sudan
PC	Popular Committee
PHCC	Primary Health Care Centre
PTC	Parent Teacher Council
SC/Sweden	Save the Children/Sweden
SC/UK	Save the Children/United Kingdom
SC/USA	Save the Children/United States of America
SDD	Sudanese Dinars
SPLA	Sudan's People Liberation Army
SPLM	Sudan's People Liberation Movement
SRC	Student Representative Committees
SRCS	Sudanese Red Crescent Society
STDs	Sexual Transmitted Diseases
STI	Sexually Transmitted Infection
UN	United Nation

UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WAD	Woman and Development
WFP	World Food Programme
WHO	World Health Organisations
WID	Women in Development

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Map Number 1.1: Sudan and surrounding countries (source Wikipedia)



# Introduction

*"YA ALLAH MŪSADAA" (God help me) said a young boy, stretching out his hand towards me as I crossed Jamhuriya Street in Khartoum one morning. It is a cry that can be heard over and over again from ragged, barefoot, undernourished boys and girls who roam the streets of Khartoum and other big cities in Sudan in search of money or food. That appeal made me consider the position of those children. Where did they come from, and why did they have to beg for food? War, poverty and famine made victims of these children and led to the loss of their homes and families. My country, Sudan, had ratified the Convention on the Rights of the Child, and thereby agreed to respect children's basic rights to maintenance, healthcare and education, but what was being done to implement those rights? Why did the state not implement those rights, and why did non-governmental organisations not take over, if the state failed in this? These were some of the questions that crossed my mind and clouded that sunny morning.*

*As a Sudanese citizen, I had been employed by one of the international non-governmental organisations working for children and always had critical questions about their relief, rehabilitation and developmental work. As an insider, I was aware of the confusion surrounding international concepts and theories that such organisations use, such as rights, gender, agency, participation, awareness, or empowerment, and of the problems*

*encountered when such concepts had to be applied in practice. In my work, I had been confronted with massive numbers of children living in the utmost destitution and poverty in the camps for displaced people surrounding the capital, and I had critical questions about the effectiveness of these non-governmental organisations to reach those numerous malnourished, ragged children and to meet their rights and needs.*

*This Ph D. project, financed by the Netherlands Organisation for Scientific Research and supported by the Radboud University Nijmegen, enabled me to return to Sudan as an independent researcher and to examine from an academic perspective how non-governmental organisations in the sectors of health and education worked with Sudanese displaced children and dealt with children's rights as formulated in the CRC. By taking a qualitative approach, I could go beyond the conceptual ideology and see how it was translated in policies and practices. Most importantly, I could talk extensively to the beneficiaries, the displaced children, to understand their life and their views on the work of the non-governmental organisations towards meeting their needs and rights.*

## **1. The subject of the book**

Due to wars, drought and economic mismanagement over 4 million Sudanese have fled their homes and currently live in camps for displaced people, particularly in the urban and peri-urban areas surrounding the capital in Khartoum state. The majority of the internally displaced people (IDP) are women and children. Most of the begging children I saw in Jamhoriya Street live in these camps or on the street. The large internally displaced population lives in very poor conditions with their basic needs largely unmet. Access to health and educational facilities, to income sources and employment, to adequate shelter and a safe and clean environment, is minimal or lacking. National and international aid organisations provide assistance to these people. This thesis looks at the policies, projects and effects of non-governmental organisations (NGOs) for displaced children in Sudan, and whether and how they implement children's rights to health and education as formulated in the Convention on the Rights of the Child (CRC). A major element is the perspective of the child. Much attention will be paid to collecting and analysing the views of the children about the services provided by the NGOs in health and education, in relation to the CRC. This is because little research has been done in Sudan on children, and in particular displaced children. Their voices are seldom heard. Children are considered as the recipients of aid, and their problems, concerns and situation in the camps are barely studied. In this research I will examine the challenges they face in staying healthy and getting a useful education. I will examine their thoughts about, and experiences with, the projects of the NGOs, and the role they are allowed to play as participating agents in the agenda, policies, activities and assessments of the projects that are meant to meet their needs and rights. In doing so, I will not only analyse the impact of age, but also that of gender. Boys and girls in Sudan are subject to specific gender norms, guided by Islam and cultural codes, and thus may have different experiences and different access to the resources and services provided by the NGOs. The aim of this study is threefold: firstly, to gain insight in the achievements, opportunities and constraints of non-governmental organisations to implement basic children's rights in health and education; secondly, to reveal the complex problems of displaced children, their vulnerability and relative powerlessness, including their difficult relations with the organisations that work for their benefit; thirdly, to reconsider the theoretical concepts in relation

to children's rights and make some tentative suggestions for a new theoretical model that can help non-governmental organisations to shift more successfully from a needs-based approach to a rights-based approach, with the ultimate aim of improving the rights of children.

In this chapter, I explain the background to the problem outlined above, the factors that led to large-scale displacement of children, the situation of children in Sudan, the reasons why non-governmental organisations are important, and the background of the Convention on the Rights of Children. The main and subordinate questions of the research will be formulated and the scientific relevance of the research will be briefly indicated. Then I will outline the theories and concepts used: these will be described in detail in chapter two. This is followed by a methodological section describing the selection of the camps, the NGOs, the research group, and the methods that are used in this research. The chapter will be concluded with a section describing the structure and content of the thesis.

## **2. Background to the Problem**

Several factors have led to a large-scale displacement of the population in Sudan. These factors will be sketched briefly in this section, and a more detailed historical background on the displacement will be given in chapter three.

### *Sudan and the problem of displacement*

The Republic of the Sudan, with an area of 2.51 million square kilometres, is the largest country by area in Africa, the tenth largest country in the world, and the largest Arab country. It is situated in a transitional zone between the Middle East and Africa south of the Sahara, and shares borders with ten countries. The country is extremely diverse in terms of ethnic composition; the population is made up of nineteen major ethnic groups speaking more than one hundred different languages and dialects (Strachan, 1997:5, Encyclopaedia Britannica, 2007a:7) (see map no.1.1). It is also diverse in religious affiliation, with the north being mainly Islamic and the south Christian. This diversity frequently gives rise to conflicts that are at the basis of displacement.

Sudan is one of the poorest and least developed countries of the world. According to the Human Development Report by the UNDP of 2006 it ranks as 54<sup>th</sup> among 102 developing countries (UNDP, 2006:293). The public debt of the country stood at 15.8 billion in 2002 and is 87% of the GDP (World Fact Book 2005:4; World Bank Group 2004: 1) With the inflation rate of 8.8% and the unemployment rate, according to the 2002 estimate, of 18.7%, twenty-six percent of the population live below the poverty line, and 2.6 million people face starvation (World Fact Book 2005:4, Nationbynation 2004:1, Central Bureau of Statistics, 1998). The life expectancy for males is fifty-seven years, and for females fifty-nine years (World Fact Book, 2005:4). Rapid growth in population has affected the poverty rate. From 10.25 million in 1955 the population had grown to 25.58 million in 1993. With an estimated growth rate in population of 2.64% the population projection for 2003 was 33.6 million and expected to reach 43.1 million in 2013 (World Fact Book, 2005:3, Council of Minister's Resolution, 2002:24-25).

Natural disasters, mismanagement of natural resources, and depletion of natural resources due to population growth, wars, and the influx of refugees from neighbouring countries has resulted in the deterioration of the physical environment, the increase of poverty and the subsequent displacement of people. The droughts and floods that struck western Sudan in the mid 1980s and 1990s have contributed significantly to environmental degradation. The major flood of

the River Nile in the late 1980s left many families vulnerable. Depletion of resources by natural disasters contributed significantly to changing the demographic map of the country by causing a mass displacement of people to the capital of Khartoum and other major towns.

Another major factor leading to the displacement of people in Sudan is the political instability that the country has experienced in the recent past. A brief outline of the history of the country is necessary to understand how the colonial, religious and ethnic legacy of the past has led to the conflicts of today. Historically the country passed through five stages. The Christian kingdoms (500-1300 CE), when Christians dominated northern Sudan, witnessed the initial changes in the ethnic composition of the country. In the seventh century the Arabs invaded Africa and introduced Islam, the Muslim sultanates symbolising the culmination of Islamic influences on social and political life. The dominance of Islam has been the result of the penetration by Muslim settlers that has lasted for seven centuries (Badri, 1995:17). By the middle of the fifteenth century, the Christian kingdoms of Sudan had been completely Islamised. The Turco-Egyptian period (1820-1879) introduced the first central state, and was followed by the Mahadist National Revolution<sup>1</sup> from 1881-1898 that established the first national Islamic state. The Anglo-Egyptian administration (1899-1955), known as the condominium rule, made deep structural changes in Sudanese society (AbuBakr, 1994:21). It was during this period that the conflict between the north and the south arose, mainly due to the British administration's wish to curtail the spread of Islamic Arabic culture to the southern part of Sudan, which at that time was inhabited by people who worshipped their own ancestors or were Christians. The British feared a union between north and south because it could lead to revolt against the colonial administration. They tried to exclude Muslim influence from the southern provinces altogether. Christian missionary organisations were allotted domains for proselytising in the south: education in the English language was also their task. Efforts were made to discourage the teaching and use of Arabic and the wearing of Arab dress. Nevertheless, the presence of northern troops resulted in the spread of Islam to a certain extent (Holt & Daly, 1988:125). The British also consolidated the official paradigm of Islam in the North, which was accompanied by a modernisation policy. The British were keen to promote the official version of Islamic thought that was the base of the Mahdist revolution. However, this approach was abandoned and replaced by another policy that resulted in the creation of two Islamic sectors as powerful economic and political blocks, the Ansār and Khatmiyya<sup>2</sup> (El-Affendi 1991; al-Ahmadi 2003:68).

The country has experienced radical changes in government since independence from the British in 1956, alternating between democratic governments and military regimes. Successive regimes found it difficult to win general acceptance from the country's diverse political factions emerging from Ansār and Khatmiyya, a situation symbolised by the lack of a formal constitution until 1973. From 1989 to the present date the country has been under a military regime. During all the various governments Islam has been the dominant religion and culture. An early conflict arose

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<sup>1</sup> The Mahadist National Revolution is a religious and political movement founded by the Sudanese prophet al-Mahadi. He led a holy war against Sudan's Egyptian ruling class who, he believed, had deserted the Islamic faith (Encyclopaedia Britannica 2007b:1)

<sup>2</sup> The Ansār is a name applied to the followers of the Mahdi Revolution. The Khatmiyya is a Sudanese Sufi Muslim sect led by the Democratic Unionist Party chairman, Mohammed Osman al-Mirghani. The Khatmiyya are traditional rivals of the Ansār.

between the northern leaders, who hoped to impose unity upon the nation through the vigorous extension of Islamic law and culture to all parts of the country, and those who opposed this policy. The latter included the majority of mainly Christian southerners and those northerners who favoured a secular government (McHenry, 1992:263). This was one of the factors that contributed to the civil war.

From independence until 1972 there was a costly and divisive civil war fought largely in the South but punctuated by violent incidents in the capital. The Addis Ababa Accords of 1972 ended the conflict temporarily, on terms acceptable to both sides. It can be argued that the period from 1972 to 1977 was a time characterised by peace between the north and the south. Unfortunately, this did not last long, due to the emergence of the Islamist movements and their demands for an Islamic state in the north and the grievances of the comparative lack of economic development in the south. This led to a renewal of the war, as the southerners objected to an Islamic state (McHenry, 1992: 264). The civil war in Sudan is often characterised as a religious war between the Islamic Arab north and the Christian African south. However, the reasons for the war are far more complex (discussed in chapter three). Ethnicity, government, economics and distribution of national resources, as well as regional and international politics, all play crucial roles. Northern Sudan is in the hands of the Government of Sudan that is dominated by the security forces. In the south of Sudan the control is mostly in the hands of the Sudan People's Liberation Movement/Army (SPLM/A). Both parties in the conflict continue to commit human rights violations, including several kinds of violations against women. The war continued until a peace agreement was signed in January 2005 between the SPLM/A and the government in the north, but violent incidents continue to occur. The fighting started in 1955 and has lasted intermittently until 2005: this has led to many people fleeing their homes. By 1988 the war had led to the displacement of 1.5 million people, thereby complicating the situation of Sudan and hindering development efforts (Rahma, 1988:14).

Another factor that leads people to seek refuge in the urban shantytowns and camps are the difficult economic developments. The majority of the population of Sudan is dependent on farming and animal husbandry for a livelihood. The only natural resources of the country are petroleum and small reserves of minerals. The role of agriculture in the economy has declined in the decades since independence. Natural disasters, such as floods and droughts, and the population growth, wars and political instability have all affected it badly. The problems were exacerbated by inadequate supplies of potable water, soil erosion, desertification, the absence of an acceptable strategic master plan for land use, and political disagreement on land-use policies and environmental issues. An additional burden for the country's resources was the large number of refugees coming to Sudan from neighbouring countries. Estimated to be around 900,000 in 2003 (UNDP, 2004: 213), they were a heavy burden on the cultivation, grazing and forestry sectors. Half a million feddans of forest have been cleared for the establishment of refugees' villages in Kassala state alone. The extensive agricultural production in these refugees' villages has led to erosion and soil degradation (Council of Minister's Resolution, 2002: 36). Despite these problems, agriculture still accounts for 34% value added of GDP in 2005 (World Bank, 2006:295). The agricultural sector recorded an annual growth rate of 8.5% in 1999. The improvement is due to the increase in the growth rate of mechanised and non-mechanised rain-fed agriculture from 36.6% in 1998 to 47.7 in 1999, and from 13.6 to 24.6 for the same period, respectively. However, the growth rate of animal wealth for livestock farming has declined from 15.2% in 1998 to 8.9% in

1999, and the growth rate of irrigated agriculture declined from 7.3% in 1998 to 4.8% in 1999, due to the government policies in connection with investment in these sectors and the privatisation rules (Council of Minister's Resolution, 2002: 54-55)

The poor infrastructure and hasty attempts to modernize the economy have resulted in mismanagement of many resources and in unsustainable economic development (Moghraby, 2005: 7-8). The 1990s were characterized by fluctuations in economic growth due to the International Monetary Fund (IMF) suspending lending, declaring Sudan a non-cooperative state, and threatening to expel her from the IMF. In 1997 Sudan began implementing macroeconomic reforms. The enforcement of structural adjustment caused many companies to close, affecting thousands of employees. Such measures stabilized inflation at less than 10%. In 1999 Sudan began exporting crude oil and recorded its first trade surplus that, along with the monetary policy, has stabilised the exchange rate. The increased oil production revived light industry and expanded export-processing zones. It helped to sustain the growth in gross domestic product: the real growth rate of GDP in 2004 was 5.9% and the GDP per capita was \$1,900. In 2005, the GDP consists of 34% agriculture, 30% industry and 37% services (World Fact Book, 2005: 7).

Natural disasters, political instability and economic deterioration all caused people to move. The size of the internal displaced and external refugee population increased from 0.7 million people in 1973 to 3.4 million in 1993. The latest statistics indicate that the total number of internally displaced people is estimated to be 4 million (World Fact Book, 2005: 12). They try to survive in camps set up for them all over the country, but Khartoum is the most affected state. It contains the capital of Sudan, Khartoum, and its sister town, Omdurman, that together form Sudan's largest conurbation with a total population of over four million. These cities form a magnet for the desperate seeking a safer and better life. The proportion of migrants coming to Khartoum has increased from 14% in 1956 to 42% in 1993. The rural-urban migration is unlikely to be reversed. This migratory trend contributes to demographic imbalances with negative consequences on the productive sectors of the economy, the physical environment, the housing situation and access to the basic social services in urban areas (Central Bureau of Statistics Projection 2003: 139, Council of Minister's Resolution, 2002: 32). Among the displaced and the population of the camps, the majority are women and children. This leads us to look in particular at the situation of displaced children.

### *Children*

Sudan's population pyramid has a very wide base. Out of a population of 33.6 million in 2003, 44% are under the age of fifteen. In 2003 there were 2,464,498 children under the age of eighteen in Khartoum state. Unfortunately, the country lacks sufficient resources to provide food, healthcare and education for such a large number of children. Poverty is the chief obstacle to a child's well-being: each year over 100,000 children die because of natural disasters or political causes (Central Bureau of Statistics Projection 2003: 139).

Malnutrition, both moderate and severe, in children under five in Sudan was estimated at 19% in northern Sudan and 17% in the towns of Juba, Malakal and Wau in the south. It has been reported that 30% of infants have been born with a lower than average weight (CARE, 2001). The malnutrition rates are highest among the children in the war zones and IDP-camps. UNICEF reported that during the 1998 crisis in the southern state of Bahr El Ghazal more than 70% of children under five were malnourished. A World Food Program (WFP) survey in 1999 found that



80% of the displaced population was very poor, spending four-fifths of their income on food that met only half their nutritional requirements. Fewer than 10% received food aid. A study of urban problems by al-Bathani (1998) that surveyed IDP camps around Khartoum concluded that nutritional status of the IDP is poor. A displaced person, on average, takes only one meal per day, and that inadequate. Although food supplements are distributed to pregnant and lactating women, most of the flour and sugar provided is re-sold in the market due to an acute need for cash (al-Bathani, 1998).

The same study of al-Bathani signalled the poor health of internally displaced children, and reported the prevalence of epidemic diseases such as gastro-intestinal diseases, malaria, anaemia, skin problems and sexually transmitted diseases (ibid,1998). The Safe Motherhood Survey of 1999, conducted by the Federal Ministry of Health and others, estimated under-five mortality rate and infant mortality rates in northern Sudan at 132 and 82 per thousand respectively (Federal Ministry of Health et al 2001). The infant mortality rate in Sudan as a whole is 64.8 deaths per 1000 live births for males and for females 63.26 deaths per 1000 live births (World Fact Book, 2005:4). The estimate of the expanded programme for immunization coverage for the six preventable diseases was 80% in 1990, dropped to 53% in 1993 and reached 79% in 1999 (NCCW, 2002). This raises the question how displaced children in camps experience their health situation and the support they get from others to seek healthcare.

Many children in Sudan do not attend school. Of the 5,034,000 children in the age group 6 – 11 in the school year 2002/2003, only 3,028,000 attended school, which gives a gross enrolment ratio in primary education of 60.2%. This means that four out of ten children never enter school. Even less continue in secondary education. The gross enrolment ratio for 12 to 16 year olds in secondary education in the same year is 35.4%. The illiteracy rate is high and is expected to remain high for some time. In the period 2000-2004 only 59% of the total population of 15 years and over was literate, (UNESCO 2005:312 and 280). The chances to attend school and become literate are even lower for displaced children. Exact figures do not exist, but it is estimated that only one third of displaced children in Khartoum attend school. A study conducted in two of the camps in Khartoum revealed that about nine out of ten children between the ages of 6-14 not in school do not attend because of the inadequacy of existing educational facilities and the dependence of families on child labour for survival (National Population Council, CARE International and COD 1994). Dropout rates were found to be considerably higher than average in the camps (Council of Minister's Resolution 2002; National Population Council, CARE International and COD 1994). This raises the question how displaced children in camps experience their educational situation, and the support they get from others in educating themselves.

Not only being displaced but also being a girl can seriously affect the position of a child. In Sudan, as in many other countries, boys are given preferential treatment (Barlett et al, 1999:33). The idea that a boy is superior to a girl is still prevalent. Many parents are more willing to invest in food, healthcare and education for a boy than for a girl, whom they view as a future wife and a mother in another family. Cultural ideas of gender tend to define females and males as different kinds of beings, although this varies from one subgroup to another. This results in differential models of gender being imposed upon them. The United Nations Development Programme, on the basis of available statistics, has developed a Gender-related Development Index (GDI) Value compared to absolute levels of human development. The GDI is "A composite index measuring average achievement in the three basic dimensions captured in the human development index – a

long and healthy life, knowledge and a decent standard of living – adjusted to account for inequalities between men and women ” Sudan’s GDI Value is 0.492, which is about half of the value of European countries and far below other Arab countries like Morocco (GDI 0.615), Egypt (not given in this report but estimated in the Human Development Report of 2001 to be 0.620) or Syria (GDI 0.702) (UN/UNDP, 2006: 365). The index does not yet give information on comparative gender inequality among countries, but Sudan’s low GDI Value makes clear that gender inequalities in crucial areas of life are still very large in Sudan. This gender inequality in the wider society is bound to influence the opportunities girls have in accessing the resources offered by the NGOs. This raises the question of gender in the availability of opportunities.

In the domain of health, Sudanese girls may be confronted with the effects of genital cutting, pregnancy at a young age, or cultural limitations to their access to health care. In the domain of education, there are considerable gender differences in enrolment, drop out rate and literacy rates. In December 2005 the new global monitoring report on education was published (EFA 2005). In this source, we can find the Education for All Development Index, ranking countries according to their progress towards the six EFA goals set at the World Education Forum in Dakar, Senegal, in 2000. Sudan is not ranked because of insufficient statistics, but it would rank low on the Education Development Index. The pace of progress towards universal primary education and gender parity remains insufficient. The gross enrolment ratio in primary education is much lower for girls than for boys: for the year 2002/2003, of the girls age 6 – 11 only 55.8% were enrolled in primary school, compared to 64.3% of the boys. Of the girls aged 12 – 16, the gross enrolment ratio is 32.2% compared to 38.5% for boys. In the period 2000-2004 the adult literacy rate among women of 15 years and over is 49.9% compared to 69.3% among men (UNESCO, 2005: 312, 337 and 280). The high level of illiteracy among adult women has implications for children, as it may lead to high fertility and can affect children’s health and level of education. The gender parity ratio in primary and secondary schools of 78 in 1991 improved somewhat to reach 88 in 2004 (World Bank 2006: 293). Of the children that start basic education, 46% are girls. In general, 16.4% of the children do not continue primary education but drop out early. One would expect the drop-out rate to be higher for girls due to overall gender inequalities and early marriage of girls, as is stated in some sources (Council of Minister’s Resolution 2002/44, National Population Council, CARE International and COD 1994), but this is not true at the primary level where 19.6% of the enrolled boys drop out before they finish primary school compared to 12.3% of the girls (UNESCO 2005: 328). Female drop-out for these reasons is more likely to occur at the secondary and tertiary levels, but the UNESCO study shows that there are no figures available on this issue. Gender differences in access to education and in dropout rate are usually worse in minority populations, such as refugee and internally displaced groups. This raises the question how displaced children in camps experience the support they get from others in gendered terms. Another question is whether this inequality and favouritism towards boys in Sudan is reproduced by NGOs, such as by considering some types of behaviour, attitudes and ways of thinking as appropriate to girls or boys. This issue will be discussed further in the section on the child-rights convention in relation to gender.

#### *Non-Governmental Organisations (NGOs) in Sudan*

The information given above demonstrates the apparent helplessness of the Sudanese state to deal with the deprivation and poverty of its displaced population, and with the special demands created by the large proportion of under-eighteens in its population (Salih, 2002: 7). Sudan, like most

African countries, has had no choice but to seek outside help, and subsequently the role of non-governmental organisations (NGOs) as conduits of relief has increased. Foreign aid in resources, services and alternative development strategies, as provided by the United Nations organisations and NGOs, became essential. NGOs became an indispensable partner in development.

In Sudan, the number of national and international NGOs involved in humanitarian aid had increased to 198 by 2003 (SCOVA, 2003:5). Their influence has become a major political, social and economic factor. Many NGOs deal with the monitoring and implementation of human rights conventions, one of which is the Convention on the Rights of the Child. NGOs “are fluent in the new global language of such conventions that call for global changes in behaviour and for close monitoring of those who adequately fulfil these new universal agreements” (Cowan et al, 2001:86). This raises the question how fluent international and national NGOs in Sudan are in this new global language, particularly in relation to the Convention on the Rights of the Child, and how effective they are in implementing the main international agreement on children’s right. To answer these questions, their policies and practices will be assessed.

NGOs are active at local, regional, national and international level, and aim to alleviate or even eliminate the problems of hunger, poverty and the violation of human rights in Third World societies (Hemest, 1982:11, Salih, 2002:7). Initially, I intended to study the NGOs implementation of the CRC in their provision of shelter, food, health and education for children. However, during my fieldwork in 2004, I discovered that NGOs provide neither shelter nor food for children between 10-18 years of age in the camps for the displaced in Khartoum state. As a result, I was forced to limit my study to the field of health, including the access to healthcare, the availability of medicines and health education, and the field of education, including access to schooling and training, and awareness-raising in children’s rights. In each field, the most active national and international NGO were selected for study.

In implementing the Convention on the Rights of the Child NGOs are partially dependent upon the state. To work as partners in development, NGOs have to abide by certain rules and regulations set by the state: these may facilitate or hinder their ability to assist displaced children. This raises the question how the state and the NGOs support or oppose each other in the effort to provide children with their basic rights. Their co-operation and antagonism will be elaborated on in Chapter 4. In this context it is also important to consider whether national organisations have a different position to that of international organisations. To make this possible, both national and international NGOs will be studied in each field.

Even though NGOs are a major instrument assisting the government of Sudan in the implementation of the CRC there has been little research into their methods and effectiveness, and, in particular, there has been little research into their work for children in Sudan. There are only a few studies on the situation of children in Khartoum, mostly on street children and child labour, and moreover monitored by NGOs, rather than the result of independent research (Save the Children/Sweden 2002; Save the Children/Sweden 2004; Gender Centre for Research and Training 2003; Sudan Research Report 2001). This study can therefore make a valuable contribution to this relatively unexplored field.

*The Convention on the Rights of the Child*

The Convention on the Rights of the Child provides the background to assess the work of the NGOs. This section briefly sketches the history of the CRC and discusses the CRC articles that are directly relevant in this study.

The Convention on the Rights of the Child has its roots in changes of attitude in the nineteenth century when children began to be regarded as people in their own right, rather than as property to be used or disposed of, or as an economic asset or liability. Despite more active policies and intervention from governments, the child was not recognised as a legal entity until the second half of the twentieth century. The suffering occasioned by two world wars emphasised the vulnerability of children and their cause was included in the human rights movement (Mower, 1997:11).

The problems of children so deeply affected by World War I led Eglantyne Jebb, a British social reformer, to start a campaign for better protection of the world's children. The first step was the establishment of Save the Children International. She followed up this in 1923 with the drafting of the children's charter, considered to be the basis of the present Convention on the Rights of the Child. The concern for children motivated other international organisations. The International Labour Organisation (ILO) was the source of an impressive list of measures dealing with such matters as minimum age for employment, maximum working hours and better working conditions for children, protection of child workers from dangerous substances, training, apprenticeship and youth employment. Other multilateral agreements sought to protect children and promote their welfare. These included treaties whose terms applied to children, child trafficking and slavery, refugees and stateless persons, discrimination in education, child custody, abduction, support, illegitimacy, adoption, consensual marriage, minimum age of marriage and registration of marriages (Mower, 1997:11-12).

Other provisions for children have been included in international human rights law. Their rights are included in the important universal human rights conventions such as the International Convention on the Elimination of all forms of Racial Discrimination (1965), the International Covenant on Civil and Political Right (1966), the International Covenant on Economic, Social and Cultural Rights (1966), the Convention on the Elimination of all forms of Discrimination against Women (1979), the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984) (Mower 1997; Grotenhuis 1998).

In 1924 the League of Nations adopted the Declaration of the Rights of the Child, drafted by Save the Children International Union (Mower, 1997:12). This declaration was meant to be a prelude to an instrument containing legally binding norms. The text was concerned with the provisions for children's economic, psychological and social needs. Although this declaration was not binding on the states that adopted it, it was an important instrument for international law on the rights of children. It was the first internationally acknowledged link between child welfare and child rights, drawing the attention of countries to the protection of children and their rights, and acting on their behalf in welfare situations (Van Bueren, 1995:8). In 1950 the temporary Social Commission of the Economic and Social Council (ECOSOC) of the United Nations began to discuss a second declaration. The Commission on Human Rights was asked for its views on the draft. The Commission's response in the form of a revised draft was submitted to the UN General Assembly that on November 20, 1959 proclaimed the Declaration of the Rights of the Child (Mower, 1997:13).

The “UN declaration was valuable as a consciousness-raising effort on behalf of children’s rights and added some elements to those contained in the league’s declaration. Like its predecessor it was a statement of principles with no legally binding force” (Mower, 1997:13). In its preamble the Declaration described the measures, legislative and other, that should be taken to ensure a child’s rights and freedom, and asserting that due to physical and mental immaturity, special safeguards and care, including appropriate legal measures, are needed to protect the child (Grotenhuis, 1998:25).

To commemorate the twentieth anniversary of the Declaration, the United Nations declared 1979 to be the International Year of the Child. Later that same year, a conference of international jurists in Warsaw issued a statement similar to the 1959 Declaration, but added a section on implementation. It served as the basis for discussion within the UN, and was commented upon by member states, competent specialized agencies, regional intergovernmental organisations and UN related non-governmental organisations. This discussion resulted in the final version being adopted by the United Nations General Assembly on 20<sup>th</sup> November 1989, the thirtieth anniversary of the Declaration. The convention was opened for signing in January 1990, and became effective on September 2, 1990. It had the distinction of being the first global human rights treaty to be ratified by so many states in such a short period of time (Mower 1997; Grotenhuis 1998; UNICEF 1989). Sudan ratified the Convention on the Rights of the Child on August 4<sup>th</sup> 1990.

The purpose of the Convention is twofold: it is an international fully binding treaty, drawn up with the input of representatives from different societies, religions and cultures, which defines the rights of children, and it provides a mandate for action in terms of a long-term multi-pronged strategy for the realization of children's rights. Since 1991 an elected committee of experts has been monitoring the implementation of the CRC in the countries that ratified it (Berger 2000).

The fifty-four articles that, with the preamble, comprise the convention offer concrete guidelines to governments and organisations concerned with monitoring critically and further formulating their own policy and work with respect to children (Fortuin, 1996:102). Article 45 states that to foster the effective implementation of the convention, the agencies of the UN and NGOs can be asked to advise on optimal implementation of the convention (United Office of the High Commissioner for Human Rights 1989).

Part I (articles 1-41) sets out a wide range of political, economic, civil, cultural and social rights that the states that ratify the convention are required to implement (see appendix one for full text of the CRC). Part II (articles 42-45) contains the requirement to disseminate the principles and provisions of the convention to adults and children alike. Part III (article 46-54) deals with procedures for other matters, including ratification by states, implementation and monitoring, the languages of authentic texts of the convention, and the submission to the secretary general of the United Nations of proposals for amendments of the convention (United Office of the High Commissioner for Human Rights 1989; Grotenhuis, 1998:29) This study will focus on basic principles as stated in articles 2, 3 and 12, and on articles 24, 28, and 29 which constitute the health and education provisions.

When Sudan ratified the CRC on August 4<sup>th</sup> 1990, it agreed to be guided by the general principles set out by the Committee on the Rights of the Child in its national programmes of implementation. However, there is a world of difference between ratification and implementation. A number of issues give rise to questions concerning the application and effective implementation

for children in Sudan. Here I will list the articles that are relevant to this study, and the issues connected with them. I start with article 2, which is one of the basic principles in the CRC.

*Article 2* State parties shall respect and ensure the rights set forth in the present convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's his or her parent's or legal guardian's race colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status. State parties shall take appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.

Thus, article 2 stipulates that state parties are obliged, as a basic principle, to provide equal opportunities for all children. This means, amongst other things, that they have to address the issue of age and gender discrimination at its roots. The non-discrimination in age is an important issue in the application of the CRC. In this thesis I will look at displaced children and examine whether the NGOs are taking into consideration the age factor in the projects designed to help displaced persons. I will ask if the treatment of children differs from that of adults, and because children have different needs at different ages, whether this age-differentiation among children is also taken into account. The convention is able to specify for girls, as well as boys, the measures that must be taken to ensure the basis for equality in adulthood (Barlett et al, 1999: 15). In this thesis therefore, I will also examine whether the NGOs are taking into consideration gender and gender equality in their projects. I will ask if their treatment of children differs in regard to girls and boys, and how they deal with existing gender inequalities.

In examining how NGOs endorse age and gender in their activities, I consider this in relation to ideas about childhood and gender in the wider Sudanese culture. Ideas on how to classify a child or how to behave as a woman or man differ from one society to another. There is no standard or universal way of being a child or a woman. Despite universal biological processes determining children's maturation and development, there are considerable differences in the way societies and cultures interpret these processes, and in the ways in which social practices interact with biological processes to produce specific individual and cultural capabilities and identities. In Sudan there is a strong notion of children as a separate class, different from adults, and therefore meriting different treatment. This idea is derived from Islamic provisions and the Muslim tradition of seeing the family as the focal unit within the community, and the male family head as holding complete authority over children. A child's main virtue is obedience to the family and in particular the father. The predominant view is that social responsibilities attach to individuals upon puberty, defined as the age of fifteen in Islam (Elahi, 1995: 370, Hale, 1996: 117, Deng, 1998: 14-15). In a similar way Islam and traditional Sudanese culture have their own concept of gender and gender equity that may clash with the aims for gender equality expressed by the CRC. In understanding how the NGOs deal with age and gender, the interaction with the wider cultural context will be taken into account.

Culture is learned and internalised: it influences people's actions and interpretations of circumstances, but people are also active and, in turn, influence the content of culture by their compliance or by challenge. This process of influence and counter-influence starts at birth: children are not only socialized in a culture but also contribute to its continuity as well as to its



transformation. This means that cultures are in constant flux. Yet, 'culture', in the sense of an established, permanent and stable set of beliefs, rules and practices, is often used to explain or justify specific child-rearing or gender practices, even when they involve unequal treatment and abuse (Berger, 2000: 24). Cultural arguments are often used to set one's face against new ideas, such as those in the CRC. It can be seen to what extent they hinder the implementation of the CRC. The impact of culture and religion gains a special meaning for the displaced children who have been studied, because many of them belong to ethnic minority groups with their own cultural specificities, and have been raised as Christians. Now, however, they have to survive in northern camps where norms dictated by the Islamic power-holders dominate, including unfamiliar norms about proper female dress and conduct. It is therefore essential to ask not only how NGOs take account of age and gender in their projects, but also how they do so in an Islamic context with confusing cultural norms.

Another issue of potential contention, in which cultural and religious opinions are also involved, is that of the 'best interest' of the child, and who decides upon it. Article 3 of the CRC states:

Article 3 In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration. State parties undertake to ensure the child such protection and care as is necessary for his or her well being, taking into account the rights and duties of his or her parents, legal guardian, or other individual legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures. State parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.

The convention takes article 3 as a guiding principle to be operative in a specific area of the life of a child, and establishes it as its basic principle (Mower, 1997: 24). However, the concept of the best interest of the child allows for contextual interpretations by different societies. There is enormous scope for cultural difference in the interpretation of the CRC on the domestic level. When traditional practices are judged according to the "best interest" standards, the outcome will depend on the weight attached to cultural factors. If the society in which the child lives is organised in a certain way, it may be in the interest of the child to conform to that pattern, rather than breaking it and thus become an outcast, or suffer adverse consequences in other spheres. For example, if a child refuses to comply with a marriage arranged by his or her parents, then she or he may endure the wrath of society. It could be said that it is in the child's best interest to comply with parental wishes concerning such decisions (Brems, 2002: 38). Child labour is also an issue liable to various interpretations, for example there may be situations in which child labour, even if it interferes with education, can be considered as in the child's best interest. Different participants in the aid-relation are likely to have different perspectives. NGOs, parents and children may think differently about what needs children have, what rights they should be able to claim, and what is best for them. In this research therefore, I will study both the views of NGO officers and project-workers and the views of children on children's best interests in health and educational rights.

Another basic principle of interest here is embodied in Article 6 “state parties recognise that every child has the inherent right to life State parties shall ensure to the maximum extent possible the survival and development of the child” This is directly related to children's economic and social rights Ensuring the child's survival is operationalised here as ensuring sufficient preventive and curative healthcare, and the provision of schooling and training in order to survive economically in the long term

Lastly, I will examine the article that is commonly known as the participation article It reads

*Article 12* state parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child For this purpose the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law

The application of this article will be studied at length in this thesis It refers to the role of children as active agents in their own development, whose voices are heard and whose views are taken into consideration at all stages of the development projects intended for their benefit It is all the more important to learn whether children are actually given or can take this participatory role, given the dominant Sudanese ideas about children In Sudan the authorities and the community do not regard children's participation as an important issue If heard at all, children's views are generally ignored (Save the Children/Sweden 2002 29) This research will bring their voices to the fore and thus will contribute to the debate on children's agency and their role in society (Notermans 2003, Fernea 1995, Nieuwenhuys 1994) As Frerks and Hilhorst indicated “by bringing in perspectives of local actors, the very people whose suffering humanitarian programmes are meant to alleviate, should be a major concern of humanitarian evaluation” (Frerks and Hilhorst 2002 3) In this research, the local actors are the displaced children in the camps of Khartoum The situation of displaced children will be analysed from a social anthropological perspective, using the experiences of children themselves as an important framework to evaluate the application of the CRC It will look at the children's resilience and coping strategies, and their own interpretation of the aid provided by NGOs It will examine whether children actually participate and if so, at what level and in which ways I will also consider the contextual factors that enable or hinder children in expressing their views The assessment of the actual participation of children can then be used to reconsider the theoretical concept of ‘participation’ and to refine it in order to better serve the promotion of a rights-based approach

As explained above, for practical reasons health and education were singled out as concrete areas in which the implementation of children's rights could be studied Therefore the articles on health and education in the CRC must be considered as they are relevant, and they function as a standard for the practices Central to health and health services is article 24, the full text of which is given in Appendix 1 The most important element in article 24 is

state parties recognise the right of the child to the enjoyment of the highest attainable standard of health and to facilities to the treatment of illness and rehabilitation of health State parties shall strive to ensure that no child is deprived of his or her right of access to such healthcare services

Further, the article emphasizes appropriate measures to be taken to ensure health services for the children. One of these measures is that

in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation, and the prevention of accidents (United Office of the High Commissioner for Human Rights, 1989)

Guaranteeing children's rights in terms of health is an immense task in the Sudanese situation of poverty and displacement. Studies have revealed that armed conflict severely endangers the physical and mental health of children, particularly when the children are actively involved as combatants. The children come out of the struggle with psychological damage, and lacking knowledge of how to act and survive in a peaceful environment (Essen, 1996: 74). The right not to be involved in combat seems particularly relevant for boys. Nevertheless, a study by Karame (1995: 378) showed that about three hundred girls were direct participants in the combat in Lebanon. Children should be protected from participation in war, at least up to the age of fifteen (Elahi, 1995: 370). In Sudan the age of liability to military conscription is 18-30, but in practice boys are recruited from the age of fifteen. The available military manpower for males aged 15-49 is 9,339,775 (World Fact Book, 2005: 12) and from these figures it is clear that children are taken into military service. However, there is no exact data as to how many of the estimated manpower are between 15-18 years of age, nor whether any girls were involved, nor how many are involved in counter-military activities. Whether they have been involved as combatants or not, all children in IDP camps have been affected by the war. Most suffered physically or mentally: they had to endure hunger and exhaustion, some became handicapped, many lost parents or other relatives or were otherwise traumatized. Adequate healthcare, therefore, is all the more important for them. I will examine whether the children find it sufficiently available, and how their age and gender may interfere in their access to the care provided by the NGOs. This will be done in the light of article 29 of the CRC.

Special attention will be given to gender, because in access to healthcare, as in other aspects of life, girls suffer from discrimination and are often treated as second best, according to UNICEF. Prejudice against girls still continues, jeopardizing their health from birth. Girls are at greater risk of infanticide, length and rate of breastfeeding are lower for baby girls, and, when sick, girls are taken less speedily than boys to healthcare facilities, and expenditures on medicines is made more reluctantly for them. In some cultures, girls do not get enough nourishment to grow and develop, being offered food only after their brother has been fed. In Sudan this differential treatment can already be noted at the earliest age, with girl babies being less often breastfed and provided less often with protective bed nets, although the difference with boy babies are small (UNICEF, 2000: 5-6). Genital mutilation of girls, often leading to a variety of physical complaints, is still widespread. The CRC has helped raise public awareness of the gross violations of rights suffered by girls, and given impetus to the process of change needed at every level of society to redress the imbalance (UNICEF Kit 1989). Looking at the healthcare policies and provisions through a critical gender lens should inform us whether this imbalance is indeed being redressed.

In the field of education, the CRC articles 28 and 29 are of particular importance (see appendix 1 for full text). *Article 29(1) (d)* specifies that "the education of the child shall be directed to the preparation of the child for responsible life in a free society, in the spirit of understanding peace, tolerance, equality of sexes and friendship among all peoples, ethnic,

national and religious groups and persons of indigenous origin” (United Office of the High Commissioner for Human Rights, 1989). This sentence will be taken as a standard when looking at the education provided by NGOs to children, whether it indeed prepares a child for responsible life by developing his or her decision-making abilities and power according to age, and doing so in a sphere of equality of sexes and equal respect for the diverse ethnic and religious background of the children.

Until now, few studies have been done on the educational projects of NGOs for displaced children. El-Nagar (1996) made a study of girls in eight states and analysed this from a CRC perspective, but did not consider NGOs. In a later study, Nager (1998) showed that displaced children, particularly girls, were not in school but out working, and reflected on the limited role of NGOs in fulfilling the children’s needs. Ruiz studied the situation of displaced people in Sudan and the role of international agencies in relief, but the situation of the child received no special attention (Ruiz, 1998:155). In Elhassan’s study, the educational needs, perceptions and properties of children were examined, but displaced children fall outside the scope of that study (Elhassan, 2000:11). In existing publications the point of view of the child on the education provided has scarcely been considered, nor the issue of how displacement affects the child’s access to education. The sub-issue of education of children in their rights has never been studied at all. So when asking the children about their education, I have also asked them whether they know of their rights as stated in the CRC and have had training from the NGOs in how to obtain them. Perhaps children have their own views about the CRC and what their rights should be. This research complements and adds to the existing studies by taking the children’s perspective seriously, by setting their education in the context of displacement, and by showing that education in rights has to be dealt with separately in order to fully understand (and apply) a rights-based approach in development.

### **3. Concepts and theoretical lines**

Below I will describe briefly the main concepts and theoretical approaches used. They will receive more detailed attention in the following chapter.

#### *Rights and needs*

There are a number of different definitions of the important concept of rights, depending on the aspect considered. Fundamentally, rights can be considered as reciprocally acknowledged claims between parties acting on their own behalf or that of others. They can also be seen as the entitlement to act or be free of the compulsion to act, and to correspond to a complementary obligation. Rights have also been called “valuable commodities” - important moral coinage. Yet, they are not luxuries. They enable one to take one’s place in the world with dignity, to demand what is one’s due without having to grovel, plead or beg. Rights entitle one to respect and dignity (Freeman 1992). Each society has its own interpretation of the meaning of rights. Berger defined children rights as: “viewing children as individuals and social actors with intrinsic human value in their own right” (Berger 2000:16). The term ‘rights’ is used in this thesis in all these senses.

Rights cannot be realized if needs are not met. A general definition of needs is “a situation in which something is necessary or must be done” (Soanes et al, 2001: 594). Young boys and girls have special needs due to their vulnerability and dependence. The concept of needs refers to the basic necessities and requirements of a child. Girls and boys have need of, as well as the right to, protection, food, water, education, healthcare, shelter and sanitation, security, companionship,

affection, dignity and influence with respect to their situation in life (Berger, 2000:16). The CRC has recognised that children, like women, have specific needs that, in the past, have been neglected or overlooked by societies. Such neglect is both a cause and a result of the specific forms of discrimination these groups suffer. In fact, many of the interdependent and interrelated children's human rights that the CRC codifies are based on needs, such as the right to healthcare, to education and to protection from abuse and neglect (UNICEF, 1999:3).

Simply meeting needs is not enough. The problems facing vulnerable children and women have many common roots such as unsafe environments, chronic poverty and discrimination in various forms. The root causes of preventable death and illness are often violations of civil and political rights. A poor child dies not simply from disease or a poorly functioning health system, but from social power-inequalities. These include its mother's limited access to education, resources, credit, employment and participation in public life. Rights cannot be separated from needs. There has been international recognition and agreement that it is important to differentiate between rights and needs of children however, because rights go beyond needs and involve shifts in power and empowerment. I will say more about this important difference between needs and rights and the developmental approach of empowerment in chapter two.

In spite of worldwide acceptance of children's rights, in practice the exercise of one right may occur at the expense of others. How these rights are prioritised is not culturally neutral, and forms one of the greatest problems in their implementation. For example, some NGOs might prefer to work in health rather than education or protection. This can depend on the policy of the NGO or how it views the relative urgency of what is needed. Children might have other priorities. Therefore, when analysing what happens to children's rights in education and health, how and why some rights take precedence over others, and what the consequences are for children, will also be considered. The effect of human rights violations can only be felt by the individual, and the consequences suffered only by the individual (Cowan et al, 2001:86). Herein lies the importance of investigating children's lives and experiences in a qualitative study at a local level. This will be set in the cultural context of gender norms and practices in Sudan.

### *Children's rights compared to women's rights*

The neglect and abuse of children is often part and parcel of the neglect and abuse of women. As the primary carers of children, the role and status of women influence children and vice versa. A society that neglects and abuses children is likely to neglect and abuse women. Women's role as primary carers of children gives them an interest in the welfare of children (Olsen, 1992:192). Minow argued that children

lack the autonomy presumed of what rights mean. But so do adults. Children need an environment where they can learn what is just, learn what it means to have their needs met, and learn what it means to have and fulfil obligations and to meet the needs of others. Adults need this too from other adults and from children as well (Minow, 1986:24).

Feminists are concerned with improving children's rights in order to improve women's rights, or point out that when women's rights are improved, children profit too. A higher standard of education for women, better access to resources and work, translate directly into a lower infant death rate or a better success rate of their children at school. In Sudan gender inequalities are introduced at a young age (Kilbride et al 2000:4). There is considerable pressure on women to

conform to traditional behaviour and role patterns (Boddy,1989:344). National identity, postcolonial status and the process of globalisation further complicate the issue (Willemse, 2001:347). Several authors have shown that many social and political inequalities between men and women are still in force (al-Ahmadi 2003; Boddy 1989; Hale 1996; Willemse 2001). Insight into the role of gender and whether or not social gender inequalities are reproduced by NGOs is therefore important for understanding children's rights.

Attention to women's rights is also relevant for understanding children's rights on a more theoretical level. The thinking on how to see women's place in development and how to improve women's position has followed tortuous roads, but it may serve as an example of how to think about children's place, and how to secure children's rights. The history of the use of gender in the development process, and the conceptual thinking on gender, will be dealt with more fully in chapter two. It is sufficient to note here that questions of women, and later gender, came into the agenda of development scholars and practitioners in non-governmental organisations when feminist social scientists in the late 1960s collected empirical evidence that women were either ignored by the development process, or assigned roles which did not allow them to benefit from development as much as men. Since that time feminist engagement in mainstream development emerged. The diverse theoretical trends were afterward clustered into three perspectives or chronological phases. The first was labelled as the Women in Development (WID) approach, which was characterized by the critique on the exclusion or marginalisation of women in existing development initiatives, the engagement of feminists with mainstream development thinking, and the fitting in of women in the development objectives. Later in the 1980s, efficiency replaced equity in a new theoretical discourse called Women and Development (WAD) (Schech et al, 2000: 89-102). The WAD theorists argued that it was the capitalist nature of development, dictated by the imperatives of a world capitalist economy that determined women's inclusion in the process of development in detrimental ways. WAD extended its theoretical focus to reveal how the sexual division of labour was an integral component of the capitalist system of production and accumulation. After the focus on women in/and development, the concept of gender offered new perspectives to think of the relation between women and development. The Gender and Development (GAD) approach emphasized the interconnectedness of gender and class relations by distinguishing relations of reproduction from those of production, and questioning the gender inequalities underlying development processes. GAD has placed more emphasis on listening and responding to the voices of poor third world women, and working with them in grass roots organisations and activities to effect real changes in their lives (Schech et al, 2000: 89-102). More importantly, it showed that it was not enough to increase women's role in development, and to guarantee that development also benefited women, rather than exploiting them. Women's position could not be structurally improved when not confronting the structural socio-political inequalities between the men and women, and without considering the strength of hierarchical gender cultures. Women had to be 'empowered' to decide about their own life and to participate in society on an equal level with men. Simplified one could say that the first two stages dealt with needs –work and income- and the third dealt with rights, in particular the right to equal treatment. This conceptual and theoretical thinking on women and gender in development can help us to construct an analogous model for thinking about children, and about the transition from a needs-based to a rights-based approach in developmental projects for children.

*NGOs and children's empowerment*

NGOs had been very important during the drafting state of the Convention on the Rights of the Child, and also have a significant role in the implementation stage. They are mandated by article 45 of the convention to assist the government with the implementation of the provisions of the Convention. This will receive further attention and be discussed more theoretically in the following chapter when dealing with the international relations theory and the role of NGOs in this theory.

NGOs claim that they contribute to the alleviation of poverty by working on basic needs, such as drinking water, healthcare, education and housing that, in the long run, will lead to a more just distribution and greater sustainability. Sustainability can be regarded as measures that take into consideration not only the economic and social well being of society, but at the same time provide stable conditions for long term economic growth and political stability, without seriously damaging the natural environment or depleting resources. Sustainability requires the full participation of the people concerned, enabling them to identify their most urgent problems and participate fully in finding solutions. In short, that they are 'empowered'.

NGOs claim that

they are able to contribute to the structural change in society by considering development as a process of change in which (poor) people identify common goals and work together to empower themselves and acquire more equal access to resources. To achieve this, human rights have to be guaranteed and the poor must gain the space and capacity to organise themselves, thereby strengthening civil society. Hence, to claim this, NGOs contribute both by defending people's rights and by enhancing the levels of participation and organisation of the poor, that is, through empowerment (Fowler & Biekart, 1996: 108).

The last sentence can be translated to the situation studied here: 'do NGOs contribute by both defending children's rights and enhancing the levels of participation and organisation of children, that is, through empowerment, in their health and education projects?' This will be examined in this thesis.

There is a close connection between the concepts of empowerment, participation and rights. NGOs have followed many different approaches to development. NGOs in mainstream development often focused on the satisfaction of needs, beginning with the basic needs of the poor. After new theoretical thinking in development studies, and after the ratification of rights conventions such as the CRC, for many the objective changed towards empowering people rather than satisfying their needs. In doing so, they take a rights-based approach in which the right-holder is seen as a subject rather than an object of charity. This means that the poor fully participate in the projects and are trained to claim their rights. To this end, NGOs have explored new methods of consciousness-raising, and increasing participation and empowerment by grassroots movements in the decision-making process (Abdelmoneium, 1998: 10). Applying such terms, however, to children may involve discussions about at what age children may be considered as participant subjects and what empowerment means in their case.

#### **4. Research questions**

Taking the questions raised above, the central question that the study seeks to answer is

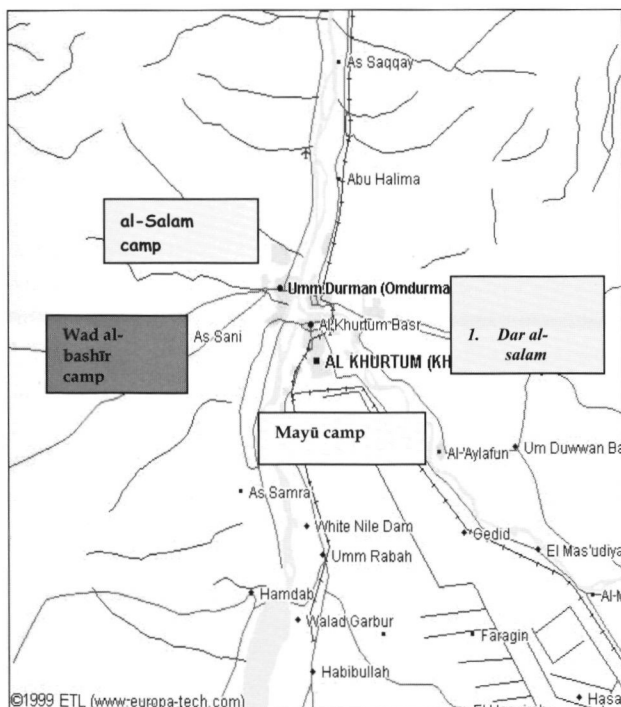
*How is the Convention of the Rights of the Child implemented in the policies and practices of NGOs working in health and education from the perspective of displaced children in Sudan?*

This main question subsumes the following sub-questions:

- How do NGOs deal with the CRC in their policies and practices?
- How does the relation between the state and NGO's affect this implementation?
- Do the organisations consider age in their policies and activities?
- Do the organisations consider gender in their policies and practices?
- How is the Convention's request for participation effectuated in the case of children?
- How do children evaluate the NGOs work in providing their basic needs and guaranteeing their rights?
- Which contributions can be made towards the theory on children's rights from this analysis?

## 5. Methodology

Before discussing the methods used in this research, I will describe the selection of the research locations, the NGOs, and the main characteristics of each.



Map Number 1.2: Location of the camps

### *Selection of the camps*

The research was carried out in three camps and a squatter area for displaced persons (see map number 1.2 above). The selection of these four locations was based on the following criteria: They are the largest camps for displaced people in Sudan; they are a focal point of NGOs working with displaced children; permission could be obtained to work in these locations, and working in four



locations favoured a diverse picture and opportunities for comparison. The four locations were three official camps al-Salam, Wad al-bashīr and Mayū, situated in the urban and peri-urban areas of the cities Khartoum and Omdurman, and the squatter area, Haj Yousif, located east of Khartoum. Haj Yousif is divided into numerous blocks, and of these the block called Dar al-Salam was selected. Each official camp and Dar al-Salam squatter area contains between 40,000 to 100,000 persons (Ruiz, 1998:155). The living conditions for children in these camps will be described later; the camps themselves can be characterised as follows:

**Al- Salam camp** is huge, with plenty of space between buildings. Its location on the periphery of the city of Omdurman and with its western limits bordering the open desert means that it has more or less limitless expansion potential. It was established in November 1991 by the government to house the displaced who were scattered in al- 'Izba in Khartoum North and Zagalona in Omdurman. The forcible removal of the people from these areas is the origin of its nickname *Jabarona*, meaning "forced us".<sup>3</sup> According to Khartoum Humanitarian Aid Commission it houses a total of 16,320 families, forming an estimated population of 100,000. Food and health services are provided in the camp by eight health centres constructed and maintained by different organisations.<sup>4</sup> There are three supplementary food centres and seven wells constructed by the CARE organisation, as well as eight mosques, twenty-seven churches and seven khalwas.<sup>5</sup> There are fourteen schools constructed by various organisations (Humanitarian Aid Commission, 2001:1). However, statistics vary from one source to another. The continuous restructuring of the area by the government and the high mobility of the displaced hinder a proper population count. The estimates of social workers and myself frequently deviate from the official figures and are given here too, to show the variability in the estimates. Gabriel Gali, a 43 year-old man working with Medair Organisation as a community health promoter and living in the camp since 1991, said that Al-Salam camp is divided into five areas named Ahmed al-Rady, Baraka, Ras al-Shaytan, Rmīla and Sumut. According to the figures available to him, the total number of households is 4,469 and the total population is 21,838. He stated that there are only three health centres, constructed by three different NGOs, and only eleven primary schools, and no secondary school. He also counted eight mosques, but only ten and not twenty-seven churches. Compared to the other camps, Al-Salam camp feels less crowded and suffocating, as people are scattered and there is enough land to build houses. However, this impression may have been due to the fact that during my fieldwork the camp was being demolished and re-planned. The camp population is composed of a number of tribes from the southern states of Sudan, and north and west Kordofan state in Sudan, as well as other tribes from the west, such as Hadandawa from west Sudan. However, the majority are from the Dinka, Nuer, Nuba and Equatorial tribes in South Sudan.

**Wad al-bashīr** camp was established by the government in 1991 and located at the southwest edge of Omdurman. It is the only camp that has not got a colloquial name. It is

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<sup>3</sup> The naming of the camps is very confusing. Not only do camps or areas within camps have both official names and nicknames, but often the same names for blocks are used in each camp

<sup>4</sup> None of these food centres provide food to children between 10-18 years. Food is provided in some projects, but only for pregnant and lactating mothers. The feeding centres mentioned in the formal statistics were not functioning during my fieldwork.

<sup>5</sup> Khalwa is an Arabic word for contemplation, it refers to a place for religious meditation.

considered as the smallest camp in terms of population. There are 4,352 families, and a total population of approximately 43,000. The majority of the people are from the Dinka tribe. A contingent of Malual Dinka tribe came by train from Aweil in 1985/6 settling in the industrial area in Omdurman and al-Gemaya before moving to Wad al-bashīr in 1991. Other Dinka came in the late 1980s from Bahr al-Gazal. Nuba came from Kordofan as a result of the drought of 1985. The health and food service in the camp consists of nine health and food centres constructed by nine different organisations. There are four wells, four mosques, two churches and seven schools according to Humanitarian Aid Commission (2001: 3). Again, the accuracy of this information is doubtful. According to my own observation and interviews with the local inhabitants, the camp has only three health centres, three water tanks, three mosques, seven churches and eight primary schools including those in the neighbouring areas. It also has one main market and two small ones.

In November 2003, shortly before my fieldwork in January 2004, the houses in Wad al-bashīr were demolished by the government because it wanted to re-plan the area. With the exception of the schools, churches and mosques, everything was demolished. The inhabitants stayed in the same area but were scattered throughout the camp. Before the demolition, people lived in mud houses, but now their shelters are made of animal waste, zinc, sticks, or fabric. The camp is in a mess. There are no defined roads, people are living everywhere in the camp. The situation is critical and has led to massive movements of people from one camp to another, living with relatives and seeking better shelter for their families. The process of obtaining land and building a house is hectic, time-consuming and expensive. Government officials work on the assumption that every one has land, but the people are poor and cannot afford to pay the fees for the documentation and registration of the land, let alone build a house.

**Mayū camp** is located 8 km south from the capital Khartoum with 7,000 families and an estimated population of 60,000. The composition of the camp population is 60% from the upper Nile, 20% equatorial, 5% Nuba and 7% Fur. The services provided in the camp, according to official figures, are four health centres, five supplementary food centres, seven schools, three kindergartens, two khalwas, five mosques, seven churches, 2,500 toilets and sixty-five hand water pumps (Humanitarian Aid Commission, 2001: 2). According to my observation and interviews in 2004, there are far more people living in the camp now. Due to the influx of people fleeing the war in Darfur, since 2001 the population has grown to more than 200,000. Mayū has only two health centres, but ten primary schools, four khalwas, eight mosques, and forty-two churches built from mud and one big brick-built church. However, there were no toilets at all in the area, and only twenty hand pumps of which only three were working. There were two markets, one main one and one smaller.

Mayū camp is unlike the other camps, it is packed with people, chaotic, suffocating, confined in a small space and unplanned. The 'houses' are built haphazardly throughout the area. Some houses are built from mud, others from plastic bags and animal waste or tin cans. There is no electricity, nor running water, nor latrine facilities and health services are minimal. Water is provided by donkey-carts at very high prices. Compared to other camps, donkey carts are frequently used for all kinds of transportation, because of the lack or difficulty of other types of transportation. Up to the end of my field work in November 2004 the government had not yet demolished it. Mayū camp is notable for its high crime rate. This can be attributed to its proximity to Khartoum centre. The location of the camp means that people from town come there in order to indulge in illicit activities, such as drinking and prostitution. Unlike the other camps, Mayū is

notorious for the alcohol brewing and one can smell it from the entrance to the camp. Most of the men either work at night or they are unemployed, and groups of men playing cards and drinking alcohol are common sights during the day.

**Dar al-Salam Squatter area** is the north-eastern section of Hag Yousif and has been a camp for the displaced since 1984, but was re-planned in 1988. The population in the area is approximately 100,000. The facilities that are available there are two primary schools for boys and girls, one health centre, one market and four water tanks. The inhabitants are mostly from Nuba, the ethnic minority mostly affected by the war in the south, Nile tribes, Bargo, and Mesiriya tribes from the west of Sudan. After re-planning, the area is largely defined in terms of roads and the spaces between the houses are huge, giving the feeling of spaciousness, but there is no electricity. The houses are built from local materials, mainly bricks or mud. Unlike the other camps, I did not see houses made of waste, animal dung or tin cans. Small shops are situated among the houses and sell basic items such as sugar, tea, bread, and drinks, but due to the lack of electricity, and therefore the impossibility of refrigeration, they do not sell expensive items such as meat, fish or chicken.

Dar al-Salam squatter area is also influenced by the production and sale of alcohol, prostitution and the related violence. Traditional practices such as witchcraft are very prevalent, and it is noticeable that children there believe in witchcraft and other traditional practices more than those in the other camps. Another distinguishing feature of the area is the higher visibility of the commercial activity of children in the market, selling, begging and washing cars. As the market is in the centre of the area and very close to their schools and homes, children go and work there after school, either with their family or for other merchants. The teachers of the school commented that the market attracts children and is a place where they can derive some income. The merchants employ children because they can pay them low wages, and the majority of the children must work in order to support themselves and their families. Many of the men work in factories in the industrial area of Kobar in Khartoum North. Women work there too, or in the market. Southerners are generally better established here than in other camps. This is because the business is shared across the ethnic groups. Donkey-carts are also used for transportation here, but they are more sophisticated and enhanced with music, a carpet and artificial flowers and toys. The life style in Dar al- Salam is much closer to urban conditions.

### *Selection of the NGOs*

There are eighteen NGOs working with children in Khartoum state, ten of them are national and eight international. Their programmes include education, income-generation projects and health services. After a preliminary field trip to Sudan in February 2003 and a general inventory of these NGOs, I selected four organisations to be studied in depth, together with the children who are their prime concern. The selection was based on the following criteria: the immediacy of their work with children, a long experience in Sudan and the long-term nature of their projects. There were other organisations that operated in the camps, but during my research their work had either ceased or was drawing to a close. This is not to deny the efficacy of other NGOs, but their work is less extensive and direct. Origin was also a selection criterion; two foreign and two Sudanese NGOs were selected. This criterion was introduced because I expected the national organisations to have a different policy, to be guided by national principles of the country, and might have more facilities from the state because they are nationals and abide by national laws, whereas the

international organisations are guided by international donors and have international regulations. The international organisations might have more liberal views and considerations about issues of age, gender and rights than the national organisations, due to their international guidance and latest approaches to development. Moreover, the international organisations might be guided by a Christian ethos, while the national ones are motivated by Islam. In this thesis, I will not deal extensively with issues of religion, but only refer to them when it affects the rights of children. The sort of aid offered also influenced the selection, two offering aid in the field of education and two in the area of health. The total number of organisations studied was limited to four. This enabled a very close observation, participation and in-depth discussion on how NGOs deal in everyday practice with the implementation of children's rights, and to do full justice and give full scope to children's views. In order to reach this depth within the limited time available it was not feasible to study more NGOs. The following NGOs were selected:

**Medair** is the international organisation that I selected in the domain of health. Medair is a Swiss organisation that has been operating in North Sudan since 1998. It has a Primary Healthcare Centre (PHCC) in the largest camp, al-Salam near Omdurman. The PHCC provides care for over 2,000 patients a month, and offers services such as consultations, laboratory testing, vaccinations, dental treatment, growth monitoring for children under five, and antenatal care. An important aspect is the prevention and early treatment of disease. A community health and household visiting programme is designed to introduce families to better health practices. The PHCC is open to the community, and children of all ages are treated, but there is no health programme specifically for children. Unfortunately, none of the organisations working in the camp have a specific project for children, but Medair has a much bigger project in the camp, and a large number of health promoters. They also contact children in schools, giving them health information. As part of the prevention initiative, twenty Community Health Promoters (CHP) visit each of the 4,500 households in Medair's target area at least once every two months. They provide health and hygiene education and refer the sick to the PHCC. This is backed up by teaching sessions at the PHCC, and events such as health exhibitions. Medair also supports twelve Traditional Birth Attendants, who attend the majority of births.

**Sudanese Red Crescent Society (SRCS)** is the national organisation working in the domain of health. The Sudanese Red Crescent Society has operated in Sudan since 1956. It is known for its basic work, such as primary healthcare, first aid, vaccination, sanitation and employee training. Its main activities are in the fields of medical care, social development, rural development and humanitarian aid for the displaced and elderly. It played a vital role in relief, taking measures to be prepared for disasters. It also took part in educational activities, included building and maintaining schools, and supplying educational materials. The provision of clean drinking water is one of the organisation's essential services, as are programmes for women and youth development. It has nineteen branch offices in different Sudanese states. Currently, its primary projects are the construction of medical centres and supplementary food centres. The SRCS provides healthcare and supplementary feeding distribution to more than fifty children at each centre in the camps al-Salam, Wad al-bashīr, and Jabl Awliya. Recently, the supplementary food centres are not operational, due to limited funds

**Save the Children/UK (SC/UK)** was selected as the international organisation providing educational programmes. Save the Children UK is one of the first international organisations to work in Sudan, operating there since the 1950s. The organisation's mission is to ensure that

children everywhere are protected from harm and given the best start in life, and to make children's rights, as defined by the CRC, a reality. One of its major projects is providing education for children in the four IDP camps in Khartoum by building schools, training teachers, giving quality education and involving the community in this work. In collaboration with the Ministry of Education and the Canadian government, it has built fifteen schools throughout the four main camps. The Canadian government is the major donor and the target group is over approximately 10,000 children of elementary school age.

**AMAL (Friends of Children Society)** was selected as the national organisation providing education. It is a Sudanese non-profit-making, democratic and humanitarian organisation founded in 1984 to promote and protect the rights of the child, with special emphasis on street children in Sudan. The organisation provided valuable assistance during the period 1984-1990 to deprived and street children, providing social rehabilitation, family reunion, and basic education and health services. Since 1990 the organisation concentrates on education, training, health services, reuniting families, social and psychological rehabilitation. This range of activities is related not only to education as a service, but also to training in child-rights for the local community. The organisation has one educational centre in Dar al-Salam squatter area to cover a reintegration educational programme and a vocational training centre in Khartoum that targets adolescents from Dar al-Salam area, both of which fall under the Youth Wing Activity (described in chapter six). The re-integration programme provides alternative education for those children, who due to their difficult circumstances, could not attend regular schools or had dropped out earlier. It is a comprehensive and intense programme in which a two-year curriculum is compressed into one year. After successfully completing this intensive programme, the child is enrolled at the nearest regular school, with support and follow-up from an AMAL social worker. In the period 2001-2002 sixty children were enrolled in this re-integration educational centre. The vocational training is meant for boys and girls between the ages of 15-18. It consists of a 9-month course or a 3-year diploma course. When it started in 1996 fifty-eight students were enrolled, but in 2004 there were only thirty-three students following the courses. The organisation also conducts literacy classes and awareness session for children, mothers and community leaders.

### *Methods*

In order to gain insights into the position of displaced children in Sudan, and how NGOs meet their basic needs and rights in health and education, mainly qualitative methods were used. During fieldwork from January 2004-November 2004 and December 2005-February 2006, three methods were used to collect data: in-depth interviews, focus group discussion (FGD) and participant observation.

**In-depth interviews** were conducted with both NGO's Project Officers and with the displaced children themselves. The interviews were all carried out by the author, with the help of open-ended questionnaires, which structured the interviews but also left sufficient space to probe further when needed. Of the NGOs, twelve managers, representing all four of the selected NGOs, and thirty teachers and medical assistants from the four camps were interviewed extensively. The main questions concerned their programmes, their approach to the CRC and their interpretation of central concepts such as childhood, rights and gender, their activities, their criteria in selecting beneficiaries, which guidelines they followed for dealing with internally displaced children, whether these were informed about the United Nations Commission of Human Rights in 1998 or

the Child Right Convention, and which difficulties they encountered in applying these guidelines in practice. On average, the interviews lasted between one and two hours. Another set of interviews was held with 129 children, all beneficiaries of these NGOs. A second open-ended questionnaire was developed for them. The main questions concerned their basic needs and whether these, in their view, were met by NGOs and how they assessed the NGOs' care for them. The interviews were also intended to elicit reactions on issues such as child rights, gender and age discrimination. Also in this case, the questionnaire was mainly used to structure the interview and make sure that all topics were dealt with. Children were encouraged to add information and to express their ideas in their own words. The basic questionnaire can be found in the Appendix.

All the children interviewed were between the ages of 10-18. This age category was selected for in-depth interviews because at this age children have sufficiently developed their verbal and reflective abilities to express their views and comment on their experiences. However, there were also informal contacts with a number of younger children. The sample of 129 children, boys and girls, was drawn from the child beneficiaries of the NGOs who lived in the selected camps: Twenty-three were involved in the work of Medair organisation, and thirty-five in that of the SRCS. Thirty-five came from the Save the Children UK and thirty-six from the AMAL programme. The selection was dependent on the circumstances found in the camps. For example, of the fifteen schools of Save the Children UK, five are in Mayū camp, its primary area of operation. I selected one mixed-gender class in Rahma School located in Mandela, the most remote and vulnerable area of Mayū. I chose grade 7 because the children fitted in the age category of 10-18. Of the eighty-three students in the class, thirty-five were selected at random, representing various ages. Seven girls and four boys from the age group 10-13, and twelve girls and twelve boys from the age group 14-18, participated in the interviews. At the re-integration educational centre in Dar al-Salam squatter area supported by AMAL organisation I was limited by the grades found in the centre. Grade 2 had several children under 10 years old, so I chose grades 3 and 4 because the children enrolled in these are over 10 years old. I chose 36 children at random from the two grades, 11 girls and 10 boys, age 10-13 years, and 7 girls and 9 boys from the age group 14-18.

In al-Salam camp the selection of children to be interviewed was done on the basis of a random selection of the children living close to the health centre supported by Medair organisation. I visited houses randomly and asked if they had children. In addition to the information I obtained from Medair on how many household were available, I walked about the camp and selected randomly 23 children. From the age group of 10-13 years I selected 4 girls and 5 boys, and from the age group 14-18 years I selected 7 girls and 7 boys. The same procedure was followed in Wad al-bashīr camp where I selected 35 children, 1 girl and 7 boys from the age group 10-13 and 11 girls, and 16 boys from the age group 14-18 to participate in the interviews.

In interviewing children it is important to adapt the approach and method to the age of the child: one might use play methods and dolls with a four-year old, but these would be inappropriate in an interview with a fourteen-year old. As a researcher, I found that children of 10-14 years in the camps were more easily approached than the adolescents of 15-18 years. Colton emphasised the importance of the right approach for each age group, "adolescents are in a transition between childhood and adulthood, and are usually more interested in where they are going (adulthood) than where they have come from (childhood)". As children grow older "the more the work undertaken with them resembles work undertaken with adults" (Colton et al 2001:55). Taking this advice to

heart, the interviews with the younger children were more informal and playful: during the interviews with the adolescents over 14 I treated them as adults, giving them the chance to express their ideas and thoughts.

A contested issue in child research is the matter of consent. Some ethical codes of conduct for researchers argue the need for the consent of the legal representatives of children, in order to protect the children. However, such a claim for consent has social and power dimensions that can cause children to be silenced or controlled, and thus unable speak for themselves. In this research it was important that children should be able to express freely what needs they had, which rights they wanted, and what they thought about the adults and the organisations that should meet these. To guarantee the children's full freedom of expression, no formal consent was asked from the guardians, although they were generally informed about the research on request, and the interviews were held in a place where parents or NGO staff could not interfere. Moreover, to avoid the researcher being seen as a representative of the NGOs, nearly all of the interviewing of the children was done first, before the researcher turned her attention to the NGOs' policies and projects. In order to respect the privacy of the children and safeguard their confidentiality, and to avoid any harm from the publication of the results and conclusions, pseudonyms have been used on several occasions and the pictures do not necessarily depict the children discussed in the text.

In addition to the individual interviews, 28 **focused group discussions (FGD)** were held, in which 122 boys and 133 girls took part. The number of children in each discussion group ranged from five to twelve. Since girls are sometimes shy of talking in front of the boys, and discussion can lead to anger and dissension between boys and girls, from the twenty-eight FGDs, I conducted both mixed (12 FGDs) and single sex discussion groups (16 FGDs). Of the latter, 8 were for boys only, and 8 for girls. Focus group discussions have the advantage over interviews that the participants can interact with each other, and that new viewpoints come more easily to the fore. The topics discussed in these groups centred around issues of health, education, support by NGOs, relations with teachers and other authorities, rights and gender. While conducting focused group discussions, at first I experienced difficulties in getting the children to engage easily in conversation. Initially, I had the feeling that the children did not feel comfortable in expressing themselves. To counteract this I usually started the discussion with a game, a joke and getting down to the same level as the child: addressing the child more as an equal helped to reduce the barriers to communication. Games were mostly effective in letting a child feel at ease, and as Colton et al said, play is "an absolute prerequisite" for work with children (Colton et al 2001:60). They feel comfortable with playing, and it sends a message to the adult of what interests the child. The displaced children in the camp were interested in playing: I noticed that it breaks their daily routine and makes them feel that they are doing something different. Encouraging the children to draw also helped to reduce discomfort: they were intrigued by it, and found it most interesting. Moreover, their drawings visualised what they did not always tell in words. Sharing food and snacks was also an important way to break the ice. In working with children it is essential to feel comfortable with them, and they with you; only then will children talk and express themselves freely (Colton et al, 2001:59).

All the interviews and focus group discussions were held in Arabic, the native tongue of the researcher and the language taught and spoken in all schools, institutions and projects in northern Sudan. All the children could communicate in Arabic, although at home they might speak the dialect or language of the area from which their family originated, but the fluency of the majority

was in Arabic, rather than their native dialect. Apart from the formal and recorded interviews and focus group discussions, many informal conversations were held with children of all ages, including street children outside the camp.

Participant observation was another method used to assess how NGOs incorporate and implement children's rights in their projects, and whether they take note of age and gender in doing so. Participant observation helped me to gain insight in the differences between what people say and what they actually do, between the policy and the practice. For such insights, it is necessary to observe how programme managers interact, respond, communicate and relate with the staff in the camps in matters of project design, implementation, monitoring and evaluation. By observing in the camps, schools and health centres, I could gain an insight into how staff and teachers treat children, how children relate to adults, and what actually hinders children in accessing healthcare and education. By observing how the children talk, play, drink, eat, learn, listen, react and interact with adults and amongst each other, I gained data on the children's interests and on their position vis à vis the adults, how they engage and interact with the programme managers, health staff and teachers of the organisations. By engaging in game-playing, visiting their houses, talking with their guardians, seeing their living conditions, I gained a better picture of how children live in the camps, and the difficulties they face in everyday life. Also, by observing how boys and girls behave in the health centres, in schools, and in their houses I understood better the gender role of boys and girls, and the impact of this on accessing education and healthcare. Observation of the body language of the children during interviews or group discussions gave information on what children like or dislike.

In addition to the fieldwork, NGOs' gender policies and evaluation reports were collected and analysed, contextual information was gathered through magazines and Internet, and scholarly literature was read to further develop the theoretical framework.

## 6. Social relevance

Displaced people in Sudan living in camps endure grossly inhumane conditions. They are despised by the local community and ignored by the government (Ruiz, 1998: 165). Children form an extremely vulnerable group among the displaced, and their sufferings from poverty and neglect can have serious consequences for the future. Their voices are not heard and their rights largely ignored. With this study I want to draw attention to this dark fate and to make the children's voices heard. I will describe what is being done to improve their rights, and make suggestions toward better ways of guaranteeing their rights. The research is of importance not only to provide information as to how NGOs approach the implementation of the CRC, but also to give the organisations themselves an idea about their own effectiveness. By examining the views of the children themselves, it is hoped that areas where aid is deficient can be better identified, and that gender and age inequalities can be addressed.

## 7. Reflection on the position of researcher

As a Sudanese scholar doing research in her own country I took an 'insider' position. Being 'an insider' has both advantages and disadvantages. As Altorki said:

Studying one's own society has the advantage of being able to attach meanings to patterns that he or she uncovers much faster than an outsider who is unfamiliar with



the culture of the wider society. Language is a crucial tool for comprehending those we seek to study. It is a building rapport and a symbol of closeness (Altorki et al, 1988:8).

My knowledge of the language and culture were decisive factors in selecting my own country for studying the urgent problem of displaced children. The majority of the people living in the camps speak Arabic, although they have their own tribal languages. The knowledge of the language made it easier to communicate with the children and the staff of the NGOs. Moreover, understanding my own culture of northern Sudan, and having learned to reflect on it from the outside during my stay abroad, helped me to understand the cultural views of the displaced that come from different cultures, but also have to deal with this common culture and the conflicts adaptation to this culture may cause.

Being 'an insider', however, has the disadvantage that it is more difficult to maintain scientific detachment. As Altorki said:

On the other hand, it can also be a disadvantage in that language and culture are so familiar that it can be more difficult to maintain the kind of social distance than an outsider may be able to do. An insider field worker may have the problem of keeping emotional distance when researching in his or her own community of discourse (Altorki et al, 1988:8).

At times it was indeed difficult to keep emotional distance. The Dutch training and the scholarly environment in writing this thesis helped me in finding a balance and looking at my society in an impartial manner.

In a similar way, my previous experience of working for an NGO and my contacts there, in government offices and with other NGOs, proved invaluable in obtaining information. Yet, during this research, I was not working under the auspices of an NGO; indeed, I was taking a very critical look at their policies and the implementation of those policies. Very little independent academic research into humanitarian aid intervention has been done. Such independence is needed for the research to be relevant to policy and practice. This independence could be maintained by starting from a multiple reality, with the children concerned as the primary point of reference.

As I saw myself as an insider, it came as a great shock to discover that I was very much 'an outsider' as well, for gender, ethnic, and religious reasons. A Sudanese female conducting research among displaced people faces serious challenges, as already became apparent during my first trip to collect preliminary data. To stay as a single female in IDP camps shocked some of my friends and colleagues. A Sudanese woman needs to be protected, and she is thought to be out-of-place when wandering around in strange neighbourhoods, let alone dangerous camps. The advantage of being a woman, however, was that it made contact with the children easier, in particular when contacting girls. It made the children feel more at ease. My ethnicity (northern Arab) and religion (Islamic) sometimes presented problems: the displaced are mainly from the south, driven out by an ethnic and religious war. I am from the north with Arab features and skin colour and this could be a hindrance in collecting data, since I was sometimes seen as a representative of those who have violated their rights, ignored their opinions and failed to treat them equally in life. This could be felt from the looks that I received when I entered any of the camps, and from their conversations with me. Ethnicity was more of a problem than religion. I managed to overcome this problem by talking to them in a respectful and patient manner, bearing in mind the conditions of the camps and how they live there. By doing so, they came to respect me in return, and they gained trust and

confidence in my conduct of this research, which might have helped them reveal their difficulties and challenges in life

I was also ‘an outsider’ when it came to being displaced. From personal experience, I have a little knowledge of what it is to be displaced. According to my grandmother we are originally a Turco-Egyptian family, and I have been subjected to comments from indigenous Sudanese to the effect that we are not Sudanese, and should go back to our original country. For a child this is very disturbing and can affect a person psychologically and emotionally. There the parallel ends: my family migrated voluntarily, unlike those of southern Sudan whose displacement was forced by distressing and violent circumstances. My own limited experience led me to wonder how the children in the IDP camps faced life, lacking food, health services and education. These considerations, along with my experience of four years of working with children for an international NGO, and my participation in workshop training in gender needs for boys and girls led me to the present research. Although I am not an anthropologist, a psychologist, or a lawyer, I believe that my experience and multidisciplinary background, a bachelor’s degree in management, a master’s in development studies, and PhD training in gender studies can contribute significantly to the research on this subject.

## **8. The structure of the book**

This thesis is divided into three main parts. Part one consists of four chapters of which this is the introductory chapter. Chapter two deals with the theoretical framework: the most relevant concepts and theories will be analysed in relation to the research question. Chapter three is devoted to the children in the camps, how they support themselves, their mutual interaction, their health and education situation and their mobility. Chapter four describes the relationship between the Sudanese state and NGOs, since this relationship greatly affects the projects and effectiveness of the NGOs’ work for children. The alternative development approach, used by NGOs in relation to development, will be discussed and related to the NGOs’ relations with the State. Various governmental organisations that deal with children’s welfare and their intervening and antagonistic role will be discussed.

Part two assesses the work of the four NGOs and contains two long chapters. Chapter five deals with NGOs and health services and presents case studies of the Medair and Red Crescent organisations, and the views of the children on this aid. Projects will be described and their implementation analysed in relation to the CRC. Child health and health education will be examined. The NGOs’ use of concepts of gender, participation, empowerment needs and rights will be investigated. The children’s evaluation of the work of NGOs will be presented and their views on their rights and needs will be analysed, as will their understanding of these concepts and that of gender. Chapter six presents two case studies in education, Save the Children UK and AMAL organisation, and the views of the children on this subject. The NGOs’ provision of educational services will be analysed in relation to the participation of children, freedom of expression, treatment of children at the school and will be discussed in relation to the CRC and the theories of children rights. The views and experiences of the children and how their educational rights are met will be analysed.

The third part of the thesis consists of the overall analysis and conclusion. This part is divided into two chapters. In chapter seven I will tie together the analyses of the preceding

chapters and show what the NGOs in Sudan do in relation to the CRC and link this to the theoretical framework. Arguments about the effectiveness of the approach of the NGOs in policy and in practice will be discussed. Gender and other concepts, and their endorsement within the NGOs agenda in relation to children, will be analysed. Moreover, a new theoretical model will be introduced for a better development of child rights. Finally, chapter eight summarises the study and presents the conclusions, ending with recommendations for NGOs and further studies.

## **9. Transliteration**

Transliteration was not an easy task in writing this book. In the main, I followed the system used by the *International Journal of Middle East Studies* for Arabic words. Words in Arabic will be transcribed using this system. For names of cities and towns in Sudan I use the transliteration of *The Times Atlas of the World* such as Khartoum, Omdurman. Some Islamic words, like Islam and Sharia, have entered standard English, and will be written as found in major dictionaries. When Arabic sources have been translated, the names of authors often are not consistently transliterated, and may vary from one publication to another. In that case, the names will be written as they appear in the publication.



# Concepts and Theories

## 1. Introduction

In this chapter I will discuss the main concepts and theories relevant to children's rights used in this study. It forms the basis for a further specification of the research questions formulated in chapter 1. The first section concerns the concepts of rights and needs. Out of an interdisciplinary range of conceptualisations of right, I have selected one that is best applicable to a qualitative approach. I will discuss how in the literature rights are related to power, duty, claims and interests. It is also shown why it is necessary to distinguish between rights and needs. The second section elaborates on the concept of childhood and theories of child development, and questions their relevance for a study of displaced children. Attention is given for the impact of culture and for the different stages in which childhood can be divided. The third section deals with feminist viewpoints and looks at children's rights in relation to gender. The focus will be on conceptualising gender and the different approaches introduced by feminists of the role played by gender in development. Section four reflects on the approaches of NGOs in terms of needs, rights and participation. Various levels of participation of beneficiaries of non-governmental organisations will be distinguished which will later enable us to assess the level of participation of children in the development projects of the organisations. These four main topics reflect the four main principles of the Convention on the Rights of the Child (CRC).

## 2. Rights and children's rights

The Convention on the Rights of Children is recognised and ratified by numerous countries, including Sudan. The Convention deals with all aspects of children's rights and interests including their health, education, survival and development (see appendix one for full text of the CRC). It is essential to discuss and define the concept of rights to understand the principles and working of the CRC.

### *The concept of rights*

Rights have been defined in different ways, but usually from a legal perspective. Anthropological or sociological definitions are always linked or related to a legal term. However, a workable definition of rights is the "entitlement to have or do something or an authority to perform a

particular work” (Soanes et al, 2001:774). This definition implies two things, firstly that children are given access to the resources needed for their development, and secondly that children have an authority, that is recognised power, over these resources or actions to obtain them.

It is not necessary that a right must be understood by the right-holder. It may have been agreed upon by others on behalf of the right-holder, as is often the case when it concerns young children, but in order to have legal existence it must be understood by somebody. The comprehension of rights is a social prerequisite for the legal formulation of rights (The freedictionary, 2007:1). This principle has contradictory elements: how are rights to be defined and practised if the right holder does not understand his/her right? This could mean that children could be ignorant of their rights because the rights were formulated on their behalf. Yet, not all children are too young to be informed about or understand their rights, especially not the group between 10 and 18 years of age selected for this study. As it is preferable that a right is understood by the right-holder, whenever possible, I have asked the children to what extent they are aware of their rights.

Other important elements in the concept of rights are the freedom of choice and expression, and the degree of influence in decision-making: but leaving choices and decision making to children is difficult for adults who generally behave as the all-powerful adjudicators of children’s competence. “The notion that minors have rights usually raises questions regarding their developmental and social maturity” (Panter-Brick, 2002:155). Adults have doubts that children can choose wisely between school and work, good or harmful health practices, study obligations or freedom on the street. Rather than focussing on such hesitations of the parents, I will assess the degree children are enabled to make choices. Do children express themselves, decide for themselves and make their own choices, and under what conditions?

From a legal perspective, rights imply something that is due to a person or governmental body by law, tradition, or nature (The American Heritage Dictionary of the English Language 2000) and a corresponding obligation. Wolfson stated that rights are generated by moral principles giving the right holder certain power over some resources and ultimately some control over the behaviour of others which affects (often in crucial ways) the right-holder directly. Rights serve to settle conflicts of interest, but rights and their related notions are not the totality of morality and there are situations in which questions of rights are inappropriate or inapplicable (Wolfson, 1992:11). These definitions fail to consider that right-holders sometimes have no power and therefore can not claim their rights; neither is the degree and level of understanding and awareness of the right-holders of their rights sufficiently taken into account. Rights clearly involve power, duties, claims and interests.

### *Rights and power*

In a discussion of rights it is essential to discuss power. Power is necessary to access the resources due to you or to perform any action, including claiming one’s rights. Power can take different forms such as ‘power over,’ which is a controlling power, or ‘power to,’ which is a generative power that creates new possibilities and actions without domination (Rowlands, 1997:13). Both forms are relevant when we talk of children’s rights. ‘Power over’ and ‘power to’ is a relational and a relative issue. It refers to power both of the carers or the NGOs in their relations with children, assuming that they have the authority and right, and of the children themselves, with the latter certainly having less power but without being totally powerless.

Wringe has shown that the relationship between rights and power raises two issues. The first is “whether possession of the power to compel acquiescence or compliance is part of the meaning of having a right and secondly whether the possession of such power can in any way justify the claims made on others.” These questions are relevant to the issue of whether children have or can have rights. Children may formally have rights but seldom possess sufficient power to compel compliance from their carers. The justification of their claims made on others therefore normally does not depend on the possession of power by the children but on other factors. Referring to its technical use in jurisprudence, Wringe explained that some “rights are called powers, and in which power sometimes has the sense of authority” (Wringe, 1981: 23-24). These issues are important, but he did not look at how power is distributed among people. If we speak of power, then we are speaking of power in relation to someone else’s power. For example, among the displaced children in Khartoum, a girl of twelve had the right to education, but her guardian refused to grant this right to her, and preferred her to marry. Her ten-year old brother was allowed to go to school. This example points out that it was the guardian who exercised his power and right in a way that was detrimental to the girl’s right. In local Sudanese culture, the guardian morally has the right and the power to control the daughter and the daughter has to comply. Power was part of the rights of the father, and justified as the father’s right to decide for the daughter. The daughter had no one to claim her rights to education for her. This example also demonstrates the gender inequality of power. A boy can have more power, bestowed on him by his father, than his sister, even an elder sister. What happens to those children who have rights but little or no power? How do children view the power exercised over them in relation to their rights?

Power can also be used when there is no right. Corporal punishment is used in schools as a power resource, teachers have no right to use it but it is still practiced. It is not used to claim rights, but as a tool to discipline children, not taking into consideration that children have a right not to be beaten. From the viewpoint of the teachers, they can claim the authority to use corporal punishment. So how is power manifested among the displaced children to claim or withhold their rights? Do children accept the power exercised over them by their carers and NGOs?

Rights and power are not mutually exclusive. Power can be exerted over children by parents, NGOs and the state. These institutions may or may not use their authority and power to work towards the implementation of children’s rights. In this study a picture of the difficult situation of displaced children emerges. They are vulnerable, ignorant of their rights and relatively powerless. For economic and social reasons their guardians are not fully protective and supportive. The issue of power can be an obstacle towards the implementation of children’s rights and power is affected by gender and age. How do NGOs use their power in relation to the rights of children? If power is an important aspect in implementing the rights of children, it is then logical to speak of duties performed by the different actors in relation to rights.

### *Rights as correlatives of duties*

It is important to note that a right always involves a duty for someone else. If we talk about children’s rights we also talk about the duties of their carers, and whether such duties are recognised and fulfilled. Wringe stated that “the appropriate manner of deciding whether children or any other category of individuals have certain rights would be to examine the duties of others towards them in the light of whatever ethical doctrine one felt prepared to defend” (Wringe, 1981: 25). Bentham was of the opinion that to have a right means “to stand to benefit from

performance of a duty” (Hart, 1962:313). Some regard duties or obligations as primary and rights as secondary, while others have held that rights and duties are different names for the same relation without suggesting that either logically precedes the other (Wringe, 1981:26; Peters et al 1959:89). Rights and duties are certainly related. It is logical that a right benefits from the performance of a duty, but the discussion did not touch on the performance of duties or the duties performed. Duties can be legal or moral. It is the moral and legal duty of parents to take care of their children. By signing the CRC, the concern for children in difficult circumstances became a legal responsibility that fell to the Sudanese state as party to the Convention. It is the duty of the state to protect suffering children or to allow NGO’s to act on their behalf. How do NGOs perform their duties towards children and from which perspective?

Children in general, and in Sudan in particular, have duties towards their carers. The duties that children perform result from moral obligations. In the children’s stories we will see that many duties are expected from them, ranging from helping with housework to providing a family income. In this study, however, I will not examine how children perform their duties, but rather focus on the duties of the carers to the children in respect of health and education and in giving children their rights. The question of how the children evaluate the NGOs work therefore includes the sub question of how the children evaluate the duties performed by their carers in relation to their rights.

### *Rights as claims*

Rights also involve the notion of claim. To have a right can mean that one can claim that right, but it also can mean that rights are claims. Wringe’s arguments on rights and claims were concerned with two views: “making a claim” and “having a claim”.

The first view of “making a claim” means one can not conceive of having a right without at some time claiming what one has a right to, or at least having a tendency to do so. The second view of ‘having a claim’ might mean that rights are claims. One may have claims without pressing them or even without knowing of them, much as one may have rights without asserting them or being aware of them. To ignore someone’s claims merits moral censure, just as it does to ignore his rights (Wringe, 1981:28).

A claim can only be made with knowledge of the right claimed, so in that sense right and claim amount to the same thing. However, claims can be made without rights, the deciding factor being the moral issue. Feinberg defined rights as “valid claims rather than justified ones. ‘Validity’ is justification of a peculiar and narrow kind, namely justification within a system of rules” (Feinberg, 1973:67). That means that in order to claim something one needs a valid justification for the claim made, a justification based on the system of rules that defines the claim as a right. The ratification of the CRC makes the claim for children’s rights valid. Claims to rights need power to assert them. To claim a right one first needs the knowledge of that right and secondly have resources to claim that right. Displaced children are even less likely than other children to have sufficient knowledge and power to press their claim. The relative power children have to claim their right is dependent on circumstances, including age, gender, social and economic position. A sixteen-year old boy may have the power to make claims, for instance when his father is absent and he is the breadwinner, while his twelve-year old sister has neither knowledge nor power to do so. As specification of the question how children evaluate the work of the NGO’s, we



therefore also need to know how children define their claims on the NGOs and how effective they are in making claims. Do children have sufficient knowledge about the claims they have and sufficient power resources to make a claim? How do children view the claims they make in relation to their rights?

### *Rights and interests*

In addition to power, duty and claim the concept of interest is often mentioned in connection with rights. A claim to a right is usually made because of an interest in that right, however it is possible to have an interest but no right, and vice versa. It can be said that "rights are held by beings that have or can have interests" (Wolfson, 1992: 12). Children do not always understand the concept of rights, but can formulate what they think is in their interest. These interests often resemble their rights, e.g. to food, shelter, clothing, protection or schooling. "These interests principle is useful for all the species of claim rights, separating those who can count as right holders from those who can not" (Wolfson, 1992: 12). This applies to moral and legal rights. Parents have moral obligations towards their children, whether this is legally recognised or not. Children have an interest in support from their parents, guardians or educators and this claim is understood morally as a right. Children's rights and interests are thus closely connected.

If children's interests are attended with an eye to protect the child's later project interest whatever this will turn out to be, then the child has a right that we act only in his or her welfare interest and this only in so far as the capacity to act in his or her own interests that has not yet developed. So we as adults must have the obligation to provide those conditions for the capacities to develop. Beyond that, the child will be able to act in his/her own interest and we have the obligation to let him/her do so (Wolfson, 1992: 23).

Displaced children are vulnerable and for many reasons their interests in health and schooling can be ignored. By focussing on the children's perspective we can find out whether the children can speak and act in their own interest and how the interests of the children are respected.

One way of looking at interest is as 'X has an interest in Y' (Kleinig 1978). Here interests are restricted to those projects (my own or others) in which I have some stake. To have a stake in something is to stand to gain or lose from it, because of some investment of energy or goods in it or some project affected by it, or because its outcome affects me advantageously or otherwise. Another aspect of interest can be expressed in the form Y is in X's interest. Here a person's interests and his/her desires may well be in conflict. Generally, people want what is in their interest, but this presupposes a degree of rationality that is not always present. People may desire or acquire stakes in projects that are contrary to their interests, or they may lack sufficient knowledge of the consequences of their actions. Occasionally, they may knowingly and reasonably accord a certain interest such importance that they will be prepared to jeopardize that which is said to be in their interest (Kleinig, 1978: 28-30). An example of the last would be children who might prefer harmful drugs to food, or street life to school. These two aspects of interest have direct relevance to rights questions. Children have an interest in something, but that something is not necessarily always in the interest of the child. Moreover, interests may conflict with each other: the interest in food and the need for an income, may conflict with the interest in school and the need to acquire knowledge and skills. This study will consider the interests of children, how they express

them and view them in relation to their rights. It will compare these with the NGOs' view of children's interests and of their own interests in relation to the rights of children.

### **3. The concept of needs**

The concept of rights cannot be studied without considering the concept of needs because needs are fundamental to developing children's rights. In this section I define needs from a social science perspective as what is needed for physical, emotional and social well-being (Gould et al 1964:462). The concept of needs differs from the conception of needs which is very much dependent on the particular culture. Societies differ much in what they consider as children's basic needs, as do NGOs, parents and children. Development agencies define basic needs of displaced children as food, clean water, adequate shelter, health care and education, and try to satisfy those needs. Kellmer-Pringle (1974 quoted in Thomas 2000:31) characterised children's needs in terms of "nurture and sustenance, as sense of identity, stimulation, opportunities to explore and chances to develop autonomy". Woodhead quoted in Thomas, "suggests that many of these categories are specific to a particular culture or class, or to a professional or personal viewpoint. If the aim of development is to produce active and vocal members of society who can engage in dialogue and negotiation, then it is important to create opportunities to exercise choice and autonomy from an early age" (Woodhead, 1990: 69-72, Thomas, 2000:31). These authors have already a much broader idea of children's needs than what humanitarian aid agencies' departure point and what NGO's are able to provide. I concur in the idea that children's needs differ from one society to the next; as McHale states "individual needs vary considerably according to age, sex, activity, climate, and sociocultural values and situations. Needs and their satisfaction are socially and culturally conditioned and exhibit different configurations in different societies, cultures, and regions" (McHale, 1979:15). However, as McHale pointed out "attention to basic needs, in terms of food supply, education, health, and housing has always been a strong component in traditional development and aid programs" (McHale, 1979:15). It is therefore necessary the find out what NGO's see as the needs of children and what the children themselves see as their most urgent needs. In spite of the generally accepted idea that that adults are best capable of assessing a child's needs, studies have revealed that children in different cultures are better judges than adults of what is in their interests and what they need (Yamamoto et al 1987 in Thomas 2000:31). To define what the children themselves consider their needs and interests their voices must be heard. (Freeman, 1992:5). What do children in the camps see as their needs and how do they meet their needs? Interviews but also games and drawings were used to find out how children conceptualise their needs.

The shifts in conceptualisation of needs, as noted above, are also visible in development thinking. Here we see a gradual shift from a basic needs approach that development aid organisations used in the 1980s and the human rights approach that has developed recently. I will differentiate between the basic needs approach and the children's rights approach. A needs approach works towards "outcome goals and recognises needs as valid claims. Empowerment is not necessary to meet all needs and it accepts charity as the driving motivation for meeting needs. It focuses on manifestations of problems and immediate causes of problems and it focuses on the social context with little emphasis on policy" (Ljungman, 2004:7). A needs approach does not encompass the empowerment of children, nor does it address the structural causes of the problems:

it focuses on charity and dealing with immediate problems. This might mean that the needs of the displaced children are temporarily satisfied, but that the root cause of the problem is not addressed, and that the rights of children are neither considered nor improved. Berger said “girls and boys have a *need for* as well as a *right to* protection and the satisfaction of basic needs of human, physical and social requirements including, food, water, education, health, shelter and sanitation, security, companionship, affection, dignity and influence with respect to their life situations”(Berger, 2000:17). In the following chapters the important distinction between needs and rights will be further unravelled and it will be shown how a rights-based approach can and should go beyond a needs-based approach.

The preceding paragraphs demonstrated that when talking of children’s rights it is important to take power, duty, claims, interest and need into consideration. The implementation of rights means the performance of duties: these duties must be acknowledged by the carer or claimed by the right-holder. Both to perform the duties and to claim the rights power is needed. The implementation of rights also means that children should be consulted when their needs are defined, and that providing for children’s needs in health and education, however laudable, is not sufficient for guaranteeing their rights to health and education. I will return to this in the last part of this chapter.

#### **4. Childhood and child development**

In this section I briefly introduce a definition of childhood and its different interpretations in various societies. As many of my informants were adolescents, I will emphasise that childhood and adolescence are different stages with differing needs. I will discuss the most relevant theory of child development used in this study, the social development theory. I conclude the section by describing the relations between children and culture.

##### *The concept of childhood*

The historian Ariès, writing on the discovery and development of the concept of childhood, stated that our present day society depends on education, the success of the educational system and the awareness of its importance. The difference between the medieval period and the modern world was the means of formal education. Medieval civilisation lacked the concept of transition, and therefore of childhood, implicit in education (Ariès, 1962:128-130). The idea of Ariès that childhood was a modern invention received a good deal of criticism (Thomas, 2000:7). The modern view of childhood holds it to be an extended stage before and below adulthood and having its own world. It was in the second half of the nineteenth century that childhood became the object of serious scientific investigation (Archard, 1993:32). Childhood and the idea of childhood have to be seen as a particular cultural phasing of the early part of the life course, historically and politically contingent and subject to change. How we see children and the ways in which we behave toward them shape children’s experiences of being a child and also their responses to an engagement with the adult world.

Childhood is universal but fragmented by the diversity of children’s everyday lives. It is a stage of life characterized by basic physical and developmental patterns. The ways in which childhood is interpreted, understood and socially institutionalised by adults through their engagement with children and childhood varies across and between cultures and generations. It also varies with regard to the concepts of child-specific needs and competencies that are made

evident in law and social policy, as well as in the more mundane and everyday social interactions that take place between adults and children. It is best understood in its local diversities and cultural variables (James and James, 2001: 27). It can also vary within the same culture but among different tribes or classes.

Some scholars distinguish between the concept of childhood and the conception of childhood. Archard said that the concept of childhood requires that children be distinguishable from adults in respect of some unspecified set of attributes. A conception of childhood is a specification of those attributes. To have a concept of childhood is to recognise that children differ from adults, to have a conception of childhood is to have a view of those differences (Archard, 1993: 22). There is a different conception of childhood according to each society and sub-group and how it perceives childhood (Archard, 1993: 24).

Societies set boundaries, dimensions and divisions for the conception of childhood. The boundaries of childhood are the point at which it starts and ends. This, according to Archard, depends on the society and its formal roles and responsibilities. He argues that non-modern societies fail to recognise that children are different from adults. Some non-western cultures conduct their initiation rituals marking entry into adulthood close to the time of puberty. In these societies childhood ends at 8-10 years for girls and 10-12 years for boys. Some cultures regard children as adult from the age of five or six. Children can perform adult work and face many challenges in their daily life; they neither experience childhood nor recognise it.

Dimensions of childhood include the moral or juridical perspective from which persons may be judged incapable, by virtue of age, of being responsible for their actions. It is an epistemological or metaphysical viewpoint from which persons, because of their immaturity, are seen as lacking in adult reason or knowledge. It also has a political angle from which viewpoint young people are thought to be unable to contribute towards and participate in the running of the community. There are other dimensions, such as the onset of puberty and the ability to procreate, or the point from which an individual is capable of economic independence. Archard concluded that the basis upon which childhood is seen to differ from adulthood might be no more than a reflection of prevailing social priorities. In a society where sustaining and reproducing life is of overriding importance, the ability to work and bear offspring is an obvious mark of maturity (Archard, 1993: 26). However such markers can occur before puberty, for example children can engage in work and support families from an early age but still be considered too immature to participate in running the community.

Divisions of childhood may differ according to culture. A human being's life can be divided from birth to adulthood in a number of different periods. Nearly all cultures recognise a very early period of infancy that is characterised by vulnerability and dependency upon adults. Some non-western cultures attach a great significance to weaning as the act that divides this stage from the next. In the west, the relatively modern stage of adolescence, as a stage between infancy and a later pre-adult stage, has been given much attention. A new term also has emerged known as the 'middle aged' child to describe the post-infantile and pre-adolescent ages of 5 to 12. The ages 5-7 constitute a significant watershed in two modern theories of child development. In Piaget's theories this marks the acquisition of a qualitatively higher cognitive competence, namely concrete operational thinking. In Freud's thinking, from five or six to the onset of puberty is characterised, for boys at least, as the latency period. Both theories consider that at this time the child begins to think about itself and its world in important new ways (Archard, 1993: 27). At the other end of the

child's 'middle age' is the stage for the preparation for adulthood. The child is closer to puberty and more properly described as a young person than a child. This is one of the points of Ariès's critics; if young persons in non-modern societies are performing adult roles, this can be considered normal and natural since our society's adolescents tend to be recognised as on the edge of, and acting in anticipation of, adulthood. Non-modern societies set their boundaries for the concept of childhood at 7-10 and leave out the "middle aged" child of 10-12.

According to Archard, the ways in which the boundaries of childhood are set, its dimensions ordered and its divisions managed, will determine how a culture thinks about the extent, nature and significance of childhood (Archard, 1993:28). The CRC sets the boundaries of childhood between 0 and 18, categorising everyone under 18 a child, declares its moral rules valid for all these children and makes no internal divisions. Article 1, which defines a child, however, does make a provision for cultural diversity by the addition of the clause "unless under the law applicable to the child, majority is attained earlier." (CRC, article 1). This research examines the boundaries, dimensions and divisions set by NGOs as well as Sudanese society on the childhood of displaced children, and considers how this affects the realisation of the children's rights to health care and education. It specifically asks how age, that is the different stages of childhood, are dealt with by the CRC and the NGOs and also considers whether and, if so, how displaced children of various ages specifically those between 10-14 as children and 15-18 as adolescents have the skills, capacities and power to take decisions and express themselves, and whether NGOs, state and society give children of various ages the opportunity to satisfy their needs and rights.

#### *From childhood to adolescence*

The new concept of adolescence arose out of society's economic need to delay entry into adulthood (Thornburg 1975; Fuhrmann 1986; Rice 1975). Due to the participation of young people in secondary education, they became more dependent on their families and for longer periods. This has widened the gap between childhood and adulthood. It has been argued that the period of adolescence is a phenomenon of modern industrial society (Mensch et al, 1998:4). Recently, anthropologists claimed that this stage exists in all cultures at all times. Adolescence everywhere and at all times involves the same issues, the management of sexuality among unmarried individuals, social organisation, peer group influence, and training in occupational and life skills (Mensch et al, 1998:5).

While the term adolescence is often used to refer to those between the ages of twelve and eighteen, it is not clear when adolescence starts and when it ends. The adolescent can be described as being in between dependent childhood and independent adulthood (Terblanche, 1999: 16). It was Stanley Hall in 1904 that first made the distinction between childhood and adolescence from a biological point of view (Thornburg, 1975:19). Adolescence can be defined as beginning with puberty and ending at the time when adult responsibilities start. It is often described as a period of rapid physical, emotional, social and sexual maturing (Terblanche, 1999: 16). It is a confusing and frightening stage when an adolescent can engage in high-risk behaviour, such as using drugs or practicing unsafe sex. It is also a period of great changes in social relationships; boys and girls start to spend less time with their parents and more time with their friends. The family loses its role as primary socialization force, but still exerts a certain amount of influence (Terblanche, 1999:74).

It is well known that throughout the world from birth onwards girls and boys are treated differently, but gender differentiation intensifies in the period of adolescence (Dijk, 2002:7). Boys

gain more privileges and girls have to bear more limitations. In many developing countries when a girl reaches puberty she is subject to the restrictions imposed on women; family members want to protect her from pregnancy. Her movements are also restricted by the increased time spent on domestic chores. In some countries after the onset of puberty girls are not allowed even to mix with boys, something that can cause difficulties in a work or school environment (Mensch et al, 1998:2). The powerful familial forces play a major role in shaping a girl's life, including how she spends her time, access to school, paid work and social status. In most developing countries girls have less leisure than boys and spend more time in domestic work (Mensch et al, 1998:18). In this study, I will therefore look for the differences between how boys and girls are treated at various stages, how they are allowed to spend their free time or given different tasks to perform.

The classic work of Margaret Mead (1928/1950) on adolescent behaviour in Samoa and New Guinea stated that in Samoa adolescence brings no conflicts or stress. She observed, "that there were no rituals surrounding the onset of menstruation and no sexual taboos. Cultural expectations for behaviour and emotionality were no different for adolescents than for children or adults. As a result, Mead saw that growing up was continuous, with no surprises and no conflict" (Fuhrmann, 1986:20). Mead's work is often criticized, but it can make the researcher aware of and sensitive to differences between cultures in the levels of stress and conflict experienced in adolescence. In Sudan, adolescents have to learn how to deal with strict sexual taboos and gender segregation that intensifies when they reach puberty. As these rules are even more strictly imposed on girls, it leads to high levels of stress and conflict for them. This is exacerbated by camp life. Refugees and displaced adolescents face social, political and gender inequalities that might lead to difficulties in the transition to adulthood. The effects of war and natural disasters have frequently left children with wounds and trauma that can affect their development, the conflicts faced by displaced adolescents in Sudan cause stress and personality disturbance (Kessel 1996; Hastie 1997). It is therefore important for adults working with children to realise that not only different ages but also different social circumstances and the particular life history of the individual child can have an impact on their development.

Also other anthropologists emphasized the importance of the social environment in determining the personality development of the child. Social institutions, economic patterns, habits, mores, rituals, and religious beliefs vary from society to society: culture is relative, and the kind of influences that mould the child are dependent upon the culture in which the child grows up (Rice 1975:40; Thornburg 1975:30). Displaced children are caught between the requirements of their respective tribal cultures and of that of the receiving northern Sudanese Islamic culture. Moreover, they often lack parents to socialise them properly or have to adapt to a harsh environment of poverty and insecurity. How do they react in difficult situations, and how do the culture and the environment affect their behaviour and personalities? Do NGOs consider the different needs of young children and adolescents of various backgrounds?

The next section discusses the most relevant child development theory for this research, the social development theory. This will be used to analyse how displaced children behave and interact with each other. This is not a psychological analysis but based on observations from an anthropological perspective of their behaviour and interaction, and how this is related to the society in which they live.

*Social development theory*

Thomas and others said that “Piaget saw the development of social awareness as the key to intellectual development. In his view the infant and the pre-school child had very limited awareness of other people as separate and autonomous entities, and it was the coming of that awareness at around the age of seven that stimulated the critical questioning approach that produced operational thinking” (Thomas, 2000 26, Isaacs 1930). Thomas also referred to other scholars, like M. Mead (1943) who showed “that social relationships are the key to the individual’s developing sense of identity” and I. Burkitt (1991) who argued that “humanity is created in social practice” and that all selves are “social selves” (Thomas 2000 26). Others, in support of the theory, pointed out that the idea of the personality is meaningless outside social interaction, and thus that the development of the child always should be seen in relation to society. They argued that conceptualisation based on the individual and his/her environment is a fruitful way of explaining the process of development and its variations. The environment may be equated with those people with whom the child has direct contact (Bowlby 1953, 1975, Thomas 2000).

I concur in the idea that interaction with the society inevitably shapes a child’s identity, social behaviour, and outlook. The environment in which the child lives, including the attention it receives from others and the degree of social contact, is one of the factors that contribute to the personality construction of the child and its intellectual development. For example, displaced children, through their socialization within the old as well as the new environment, build their own individuality and identity. They also construct their own needs and interests according to their living conditions. Displacement may affect the development of their personalities and the way they view things. They may have lost significant others, or suffered abuse from other people. Do NGOs take into account the social environment in which the child lives and the consequences this has for their self-perception and their intellectual development? Do NGOs approach children as individuals having their own needs and rights, or as dependents whose needs are negotiated with their guardians? Do NGOs interfere in the social behaviour of children and the environment in which they live when trying to meet health and educational needs and rights, and if so, how? Can NGOs, as social actors, influence children’s self-perceptions and being in the world while meeting their needs?

*Culture and the CRC*

Anthropological and ethnographic scholars are concentrating now not only on what a child is and how children develop, but on how to empower and emancipate children. Since the proclamation of the CRC, listening to the voices of children and understanding what is going on in their lives have become important issues in research on children. Moreover, it is recommended that research should go beyond listening to the children’s voices to “exploring the nature of the ‘voice’ with which children are attributed, how that voice both shapes and reflects the ways in which childhood is understood, and therefore the discourses within which children find themselves within any society” (James 2007 266). Thus in this research my concern is to listen to children’s voices and reflect on how childhood is understood in Sudan from the voices of the children. The dominant discourses children find themselves in are coloured by the cultures in which they grow up. As indicated above, these are both the tribal cultures in to which they were born and the dominant Sudanese Islamic culture they meet in the school, or the typical camp culture.

Culture has often been defined as a set of traditions, beliefs and values that is shared, understood and implemented by certain groups and differs from one society to another. As a result, culture is often seen as: “a discrete, bounded entity, consisting of particular sets or structures of social relations, practices, and symbolic systems which forge a cohesive unity for the group, whether as society, nation, community, or class” (Schech, 2000:22). However, many anthropologists criticised this definition and pointed at the dynamic and pluriform qualities of cultural flows.

In line with this, I start from the perspective of cultural plurality and see culture as a dynamic force that impacts on the lives of children but is also shaped and reshapes itself in the process.

The recognition of cultural plurality and dynamic, however, poses problems with supposedly universal human rights. The essence of the international human rights law is to raise the value of the individual in the state's eyes and to improve the quality of the individual daily life by the progressive implementation of human rights standards. Some have criticized the Declaration of Human Rights as the imposition of a standard of a single (Western) culture or as cultural imperialism (Preis 1996: 287). The same happened to the Convention on the Rights of the Child. The ratification of the CRC was meant to protect children and their rights and to enforce the maximum protection of those rights by the ratifying states. However, the CRC, like any other international human rights treaty, was criticized for being too western. Bueren commented that there are some CRC provisions that are problematic for some parts of the world. The Convention is a universal international treaty, but it is a risk to overstress the shared characteristics of the group members and to ignore the diversity among them (Van Bueren, 1998:9). Others argued that the CRC provides sufficient width for cultural diversity, e.g. in the Preamble statement “Taking due account of the importance of the traditions and cultural values of each people for the protection and harmonious development of the child.” (CRC: Preamble). In Olsen's view, the convention “can be seen as either cultural pluralist or cultural chauvinist, depending upon one's expectations and upon one's understanding of how the document will be interpreted” (Olsen, 1992:216).

Proponents of universalism regard human rights as universal and that there are universal norms emphasising human dignity or providing safeguard against abuse of power. They think that all states should adhere to international human rights treaties (Brems, 2002:21). I agree with Brems statement that universality does include attention for specificity. He commented that:

Inclusive universality for children requires taking into account children's specificities.

Children's needs for protection, their situation of development and their autonomy are to a large extent shared by children around the world. Yet the universality of important aspects of 'childness' should not obscure the enormous diversity of contexts in which children live, and which strongly affect their enjoyment of human rights. This is particularly so for children who are members of non-dominant groups. A fully inclusivist protection of their human rights requires not only the accommodation of their childness, but also of their other specificities, such as their cultural context, economic circumstances or gender (Brems, 2002:32).

Reflecting on Brems's statement, I examine NGOs' appreciation of the cultural diversity among displaced children, and whether the convention can be applied to all children, or whether there is a different interpretation of the CRC according to Sudanese culture. Sudanese society has traditional aspects and interpretations of childhood that differ fundamentally from the western view. Ncube



pointed out that, "the African child is socialised to always respect not only his parents and elders in society as a whole, but all his or her ascendants who provide him with spiritual protection"(Ncube, 1998:18). In the African context there is a traditional system of respect and obligations towards the parents. The traditional African family expects childhood, in its general sense, to be a continuous period of self-effacing obedience to traditional authority. The CRC's emphasis on the autonomy of the child may create difficulties in regard to such perceptions of children as deferent and obedient beings. Moreover, some traditional practices, considered normal and positively valued in Sudan, are rejected by outsiders as violations of human rights: for instance the practice of female genital mutilation (Freeman, 1997:138).

Some societies have reservations about implementing certain articles of the CRC. For example, Algeria had reservations to Art 14(1) that lays down that states shall respect the right of the child to freedom of thought, conscience and religion (Pearl, 1998:86). Other Islamic countries, such as Bangladesh and Jordan have entered similar reservations to this article. Djibouti, Indonesia, Iran, Kuwait, and Pakistan have said that they consider themselves to be bound only by those provisions of the Convention that conform to Islam and the Sharia. Such reservations deny the universality of the provisions. Sudan did not make any formal reservations but in practice gives priority to its own culture and Islamic law. For instance, arranged and early marriage for girls is still common, and in Mayū camp, girls, even Christian ones, are forced to wear the veil according to Islamic laws imposed by the state. How do NGOs deal with such cultural practices that contradict the CRC?

Studying both international and national or western and Arab NGOs can give us some insight into whether they deal differently with cultural particularities. Moreover, this will enable us to find out whether ethnocentrism slips into the discussion, and whether arguments about culture, traditions and values of a society are used to defy or reinterpret the CRC. As Jansen pointed out, "no one can be absolutely free from ethnocentrism" (Jansen, 1989:290). Ethnocentrism is defined as evaluating other cultures according to preconceptions originating in one's own culture (Pearsall, 2002:490). It is also defined as "looking at things from the point of view of one social group or as they apply to one social group" (Andermahr et al, 1997:68). These issues will be manifest as we study how children are approached by NGOs in Sudan, and how it is related to Sudan's multi-cultural diversity.

## **5. Feminism and gender in relation to children's rights**

In this section I discuss the meaning of the terms sex and gender. I will not only explain what is understood by gender in the literature, but also sketch the stages of thinking about women and gender in development studies, and indicate that it is important to learn what the actors involved in the development field understand by it in order to come to a gender sensitive approach. This elaboration on gender serves not only my later analysis of the cases, and the search for an answer to the question of how gender is dealt with by the NGO's and their clients, but will also be used as a model for developing ideas on children's rights in chapter 7. In the discourse on gender and development, will then discuss what is meant by empowerment and participation from a gender perspective. I conclude the section with the tools that I will use to assess gender in this research.

## 1- 'Sex' and 'Gender'

Gender and sex, and the meaning of those terms play an important role in this research. The term gender came into parlance in the early 1970's. Influential was Ann Oakley's basic text *Sex, Gender and Society* (1972) who formulated the distinction between sex and gender as follows:

sex is a word that refers to the biological differences between male and female, the visible difference in genitalia, the related difference in procreative function. Gender, however, is a matter of culture: it refers to the social classification into 'masculine' and 'feminine' (Oakley, 1972: 16).

Gender therefore is the social and cultural construction of femininity and masculinity. "On the basis of biological differences between men and women, societies build genderized classifications of clothing, work, space, behaviour, characteristics, language, ideas etc. into masculine and feminine" (Jansen 1987: 10). The introduction of the term gender made it possible to distinguish, and analytically separate, the social/cultural aspects from the physiological characteristics of men and women (sex). Later gender studies scholars have pointed out that this analytical distinction has its own faults by promoting dichotomous thinking and misunderstanding both the cultural impact on the human body and the role of the body in explaining cultural gender notions. I think the distinction is still useful, as it can help to clarify the recurrent slippage from gender to sex or women only in development practice. Gender may be a widely used term, it is often misunderstood (Momsen 2004: 2). Gender is relative and dynamic, femininity is usually formulated and exists only in relation to masculinity, and both are changing. Oakley emphasized that what it means to be masculine and feminine varies across time and space. This received further emphasis from Ortner, who pointed out that "the specific cultural conception and symbolizations of woman are extraordinarily diverse and even truly contradictory" and that the treatment of women, their status and contribution to society varied enormously from one culture to another (Ortner, 1974: 67).

Gender works at different levels: a social-structural level, a cultural level and at the psychological-individual level of identification. Parker et al. 1995 said about this:

Gender has to do with how we think, how we feel and what we believe we can and cannot do because of socially defined concepts of masculinity and femininity. Gender relates to the position of women and men in relation to each other (Parker et al., 1995: 2).

Gender refers not to women or men but to the relationship between them, their society or community, and the way it is socially constructed. Feminists have pointed at the pervasive inequalities in this relationship and the power aspects of it, but also at how gender arguments are used in power negotiations of another kind. "Gender differences express and serve not only power relations between men and women, but also between other oppositional groups, such as those based on class, ethnicity, or religion" (Jansen 1993: 157). For instance, the state might be wary of foreign NGO's as they expect them to follow unwanted gender notions.

Feminist scholars emphasised that gender is of importance in the development process. They made visible how cultural constructions of femininity and masculinity shape development processes and interventions, and how ideas about gender, equality and justice should be applied to the field of development (Schech et al., 2000: 86). This led feminists to take a variety of paths that ranged from a call to include women in development approaches, "to more radical viewpoints that challenged the very concept of development itself. Between these extremes are a multitude of

political positions, theoretical debates and analytical frameworks”(Schech et al, 2000:89). Development theorists have roughly classified them in groups or stages, and broadly sketched a change in thinking from Women in Development to Gender and Development.

#### *From WID to GAD*

[Gender] came into the agenda of development when feminists social scientists in the late 1960s collected empirical evidence that women were either ignored by the development process, or assigned roles which did not allow them to benefit from development as much as men. Since that time feminist engagement in mainstream development emerged (Schech et al, 2000:86).

Women in Development (WID) was “the first theoretical attempt by feminists to engage with mainstream development. It was the primary philosophy motivating the UN initiatives in 1975 to give high priority to women in development and aid issues. The core point of the WID approach was that development policies and programmes had excluded women in existing initiatives”(Bandarage, 1984:18). Boserup’s book, *‘Woman’s Role in Economic Development’* exemplified both the strength and limitations of the WID approach. Boserup’s work was the first documented attack on the marginalisation of women in development. She illustrated that not all Third World societies’ traditional mores were discriminatory toward women and that both colonialism and postcolonial development had excluded women. She concluded that it was necessary to change attitudes of male development officials and planners, and the education of women should also change (Boserup, 1970:223). “Patriarchal attitudes, not capitalist development, are the major barriers to women’s equal participation in development processes from the WID point of view” (Beneria and Sen, 1982:161).

WID seeks to bring women into development by including women in development projects and programmes. If women were to be made visible and included in the development process, there would be a change in the policy from welfare provision to equality; women would no longer be marginalized and everyone would benefit (Rowlands, 1997:5). “Development was actually ‘domesticating’ women and entrenching economic inequalities between women and men, rather than fostering equality of opportunity between the genders”(Rogers, 1980:88). “The proponents of WID argued that women would be able to be fully integrated into the modernisation strategies of development processes as economically productive agents in their own right”( Kabeer, 1994:12) WID approaches gender inequality as primarily cultural in character and origin. Development itself is seen as gender neutral. It is the vestiges of patriarchal culture, evinced in the sexist attitudes of western bureaucrats and the traditionalism of Third World men - and often Third World women - that was the problem in preventing women’s full participation in development (Schech et al, 2000:92).

In the 1980s, efficiency replaced equity in the WID discourses. According to the efficiency approach, women deserve equal attention in development policies because they are working as efficiently as men or because they could do so, given equal opportunities, and contribute to economic development as much as men. Hence, culture dropped out of the women in development equation. This gave rise to a critical rethinking of the presuppositions of development.

*Women and Development (WAD)*

The WAD advocates argued that the way women were integrated into development processes perpetuated and structured women's inequitable position in development strategies. The focus on reduction of poverty by including women in the work force was not necessarily beneficial to women and to their relative position compared to men. However, much women's inclusion in the process of development was needed, it carried the dangers of neglecting the effect it had on women's lives. A woman's position might actually worsen through mainstream development projects that meant to integrate her, for instance by increasing her labour load but not her control over the income generated. Moreover, it tended to neglect the wider context that determined gender relations. "The early 1970s' approach of 'integration', based on the belief that women could be brought into existing modes of benevolent development without a major restructuring of the process of development, has been the object of much feminist critique" (Momsen, 2004:11). In other words, 'to integrate' women, by offering women support and helping them to participate in the economy was not enough. It neglected the many ways in which women were already integrated in the economy, but for which they hardly received credit. Moreover, it neglected the effects of development projects on women's lives. To redress this, proponents of the Woman And Development approach argued, women should no longer be treated as victims that needed extra attention from development workers, but also active agents participating in their own development. In addition, the wider international structures and development processes should be analysed and criticized for continuing gender inequalities. Two schools of thought emerged within the WAD, being, in Naila Kabeer's typology, "dependency feminists" and critics of the "global capitalist patriarchy" (Kabeer 1994: 46-53). The dependency feminist school argued that

It was the capitalist nature of development, dictated by the imperatives of a world capitalist economy that determined women's inclusion in the process of development in detrimental ways. They saw mainstream development as part of western capitalist neo-imperialism, designed to mould third world economies to the needs and profits of western-based global capital. Their innovation was to bring a specific focus on women and their labour, to what was essentially a neo-Marxist analysis of capitalism and development. WAD extended their theoretical focus to reveal how the sexual division of labour was an integral component of the capitalist system of production and accumulation (Schech et al, 2000:94-95).

The critics of global capitalist patriarchy looked at the

"uncompromising in its acknowledgement of the patriarchal power of white Western men, as the dominant "class" within contemporary global capitalism, this variant of Marxist-feminism also puts forward a thesis of the domestication of Third World women under Western capitalist development. Unlike Boserup and Rogers, however, it is not male attitudes alone which import ideologies of domesticity to the Third World, but the very economic logic of capitalism. As an analysis of capitalism, however, this model places much more weight on patriarchal relations of power than those of class" (Schech et al, 2000:94). The full argument comes to the conclusion that "women and men inhabit fundamentally different and opposed cultures, one based on exploiting nature and one based on environmental harmony and sustainability, preserved in the ways of living and belief systems of their world women" (Schech et al, 2000:95).

The distinguishing characteristics of theory formation at this stage was thus that women themselves, rather than development, and women's structural subordination to men and its connection with global capitalism was the focal point of analysis and of concern to development policies aiming to improve the position of women

The latter argument was in particular taken up and sustained by women in the south "who argued that the development model itself lacked the perspective of developing countries. They saw overcoming poverty and the effects of colonialism more important than equality" (Momsen 2004: 14). While women in the north sought to prioritise gender and gender equality (see under GAD), women in the south reacted against this approach carried forward by white women in the north. For example, for many southern women increasing women's access to work and income was more important than fighting for equal rights in sexuality and reproduction. For them, class and national inequalities tended to be more important than gender inequalities, and for the southern women, their fate as women was determined more by international structures of inequality than by the relation with their husband. This shows that different approaches exist parallel or overlapping each other, and may be more determined by context than chronology. It also shows that needs of women are differently identified and hierarchised depending on place and time. The focus on women and women's positions as part of wider structures of local and global inequalities meant that a short term income generating project as provided under WID was no longer considered sufficient, and that the time perspective for real change was considerably longer.

#### *Gender and Development (GAD)*

After the focus on women in/and development, new perspectives were offered by the Gender And Development approach (GAD). GAD theorists have put men back in by showing that changes in gender hierarchies necessarily need to involve men, the relations between women and men, and cultural notions and social patterns of femininity and masculinity. However, although they consider men collectively and individually, they focus on women because of discrimination against women and on "the power relations between men and women" (Rowlands, 1997: 6). It is an approach concerned with the dynamics of gender relations with the aim to transform the existing power inequalities (Moser, 1993: 3; Rowlands, 1997: 6). GAD theorists consider women's condition of economic inequality, but in connection with other aspects of their status vis-à-vis men in the same culture. They "have highlighted the value systems which lead to a sexual division of labour" (Rowlands, 1997: 6). The GAD feminists offered a "holistic perspective looking at all aspects of women's lives. It questions the basis of assigning specific gender roles to different sexes. It does not exclusively emphasize solidarity but welcomes contributions of sensitive men. It recognizes women's contribution inside and outside the household, including non-commodity production" (Visvanathan et al, 1997: 18-19). The theoretical idea that gender varies over time and place, leads to the recognition that it also varies for different groups of women and men. Women are not a homogeneous category. Not all women are the same and have the same problems, a GAD analysis attempts to incorporate questions of class, race, caste and ethnicity into a gender-based perspective (Macdonald, 1994: 17). Furthermore, gender analysis provides a critique of supposedly neutral institutions, laws, policies and practices, including those involved in development.

As in the WAD approach women's agency is recognised in the GAD approach. It places more emphasis on paying attention to the opinions and needs of poor Third World women and working with them at grass roots level to effect real changes in their lives. But more importantly

this agency is directed at gaining equal rights in different domains Human rights can be used as argument for reaching at the local level more equality in political, legal, social and economic rights Women should be made aware of their rights, and supported to claim these rights in the public domain Similar to WAD, GAD involved a broad conception of development, involving major structural and cultural transformations in order that poor men and women should be the main beneficiaries of development (Schech et al, 2000 99)

The GAD approach thus specifically defines gender relations as power relations, and questions the subordination that the majority of women in most societies (Macdonald, 1994 16, Rowlands, 1997 6) “Integrating gender into the mainstream of development continues to mean improving the position of women, and working towards redefining the sexual division of labour, and involving men in that redefinition” (Macdonald, 1994 16) If this approach were followed, “Third World women would move from the margins to the centre of development praxis”(Schech et al, 2000 99), reorienting development discourse from its fixation with economic growth to one which prioritised women as active agents and long term structural change towards gender equality This involves the empowerment and participation of women, but what do these terms mean from a gender perspective?

## **2- Power, empowerment and participation**

To define empowerment it is necessary first to define “power” which is a complex and much disputed concept In general terms “to possess power is to have the ability to achieve whatever is desired regardless of any opposition (Pilcher & Whelehan 2004 115) Frequently, power is given a negative connotation as “the ability of one person or group to get another person or group to do something against their will” (Rowlands, 1997 10) Yet, this is a very limited definition of power It is form of ‘power over’, as Rowlands explains

‘Power over’ means controlling power, which may be responded to with compliance, resistance or manipulation A gender analysis of ‘power over’ indicated that power is wielded predominantly by men over other men, and by men over women This analysis can be extended to other forms of social differentiation, power is exercised by dominant social, political, economic or cultural groups over those who are marginalised That means if women gain more power it will be at men’s expense It is easy to see why the notion of women becoming empowered is seen as inherently threatening, the assumption being that there will be some kind of reversal of relationships, and men will not only lose power but also face the possibility of having power wielded over them by women Men’s fear of losing control is an obstacle to women’s empowerment (Rowlands, 1997 11)

Rowlands remarks that the ‘power over’ definition of power can be considered a very westernised form that is imposed by the dominant development discourse to such an extent that it is difficult to think of other forms But power can also take broader forms She suggests that there are better, and more dynamic conceptualisations of power, such as ‘power to’ which is generative or productive power which creates new possibilities and actions without domination ‘Power with’ means that one can be stronger when working together with other people and ‘power from within’ means “the spiritual strength and uniqueness that resides in each one of us and makes us truly human Its basis

is self- acceptance and self-respect which extend in turn to respect for and acceptance of others as equals” (Rowlands, 1997:10-13).

Feminist scholars have also depended much on the work of the French philosopher Foucault in thinking about power. He sees power not as a possession of people, but as part of all human relations, that can not exist outside these relations and only exists in its exercise. Interesting is also that his conceptualisation of power “moves beyond the idea of it being merely repressive to it also being productive” (Pilcher & Whelehan, 2004:117; Rowlands, 1997:12). Both aspects will be taken into account when looking at the relationship between gender and power in the dealings of NGOs with the children in the camps.

Empowerment is a concept that is far more used than power in scientific studies of gender and development and in development policy papers. Within the generative and productive interpretation of power, empowerment is

Concerned with the processes by which people become aware of their own interests and how those relate to the interests of other, in order both to participate from a position of greater strength in decision- making and actually to influence such decisions (Rowlands, 1997:14).

There are several definitions of empowerment. Some relevant aspects stand out clearly in the definition of McWhirter (1991) designed for a counselling context, as quoted by Rowlands:

The process by which people, organisations or groups who are powerless (a) become aware of the power dynamics at work in their life context, (b) develop the skills and capacity for gaining some reasonable control over their lives, (c) exercise this control without infringing upon the rights of others and (d) support the empowerment of others in the community (McWhirter 1991 in Rowlands 1997:15)

Within development studies, the definition of Moser brings forward the interesting aspect of control over resources. According to her, empowerment is:

the capacity of women to increase their own self-reliance and internal strength. This is identified as the right to determine choices in life and to influence the direction of change, through the ability to gain control over material and non-material resources (Moser in Rowlands, 1997: 17).

These definitions of empowerment of women are also relevant to our analysis of displaced children. Sudan is a patriarchal society where adult males are dominant. Do NGOs work to empower children in the ways defined by McWhirter and Moser? Do they make them aware of the power dynamics, develop their skills and capacity for gaining control over their lives, allow them to claim their rights without doing damage to others, and encourage them to join forces in order to reach their goal? In what way do they help children in gaining material and non-material resources so that they can partake in the important decisions about their life and their development? Do they in particular help girls to do so?

### *Operationalisation of empowerment*

In order to answer the above questions, the concept of empowerment needs to be further operationalised. What tools are to be used to obtain an in-depth view of how gender is used and interpreted in the child-oriented policies and activities of the organisations? Literature in gender assessment refers mainly to men and women, not to boys and girls. There is no model or guideline for assessing empowerment and gender in terms of male and female children. But boys and girls

not only differ from each other, but also from men and women. For example, a fourteen-year old girl has gender needs that are different from those of a thirty-year old woman in terms of reproductive rights, educational rights, participatory rights and decision-making. So we will have to make do with what is available for adults and adapt these to the situation of children.

In the operationalisation of empowerment and gender, I will make use of the gender assessment format prepared by Lingen in 1994 and some of the indicators needed to assess gender and empowerment in NGO's operations. This is to

gain insight into the gender relations in the project area- that are relevant to the project- and in the perceptions of women with regard to the project interventions. To gain insight into the capacity of the institutions that are (to be) involved in the project to deal with gender issues in project planning and implementation and to assess the project idea or proposal from the gender perspective, amongst others on its likely effects on different categories of women, as compared to men, and on the likely participation of women and men in the different phases of the project (Lingen, 1994:9).

The analytical framework of Lingen for gender assessment has three components: analysis of the target group, analysis of the implementing institutions from a gender perspective, and analysis of the project idea or proposal in the light of the different positions of women and men. For each component a set of key questions are formulated and related to the gender assessment objectives. I will briefly mention the most important indicators. For example, when analysing the target group it is necessary to know the main characteristics of the position of women in relation to men, in terms of a) gender division of labour, b) gender-related access to and control over resources, c) the socio-political dimension of women's position and d) influencing factors. These are the factors necessary to assess the views and expectations of women with regard to the proposed project interventions.

The importance of the analysis from the institutional side lies in discovering if the institutions are capable of analysing gender difference and of applying gender specific approaches. Different indicators help to analyse the gender capacity of an institution, such as type of organisation, policy with regard to women, activities and experiences with regard to women and development, training capacity in the field of gender, organisational structure for women and development, perceptions of staff at different levels in the organisation on gender issues and how these affect their work and so forth (Lingen, 1994:25-27).

Analysis of the project idea or proposal includes looking at "whether gender issues are systemically incorporated in the existing project, in what way and to what extent will the target group in general, and women in particular, be able to participate in the different stages of the project and what likely positive or negative effects will the project have on the autonomy of different categories of women. For example is the project objective gender specific? Are women explicitly mentioned as specific target group? Are the project strategy and activities appropriate to meet the needs of women?" (Lingen, 1994:27-28). Is there a differentiation according to gender and are existing gender relations explicitly dealt with?

An analytical framework designed for adults is not automatically applicable to children, but it does draw our attention to critical issues relevant for a gender assessment. We have here a useful frame to deal with gender issues by translating these to the case of children. In the following chapters I will analyse systematically the implementing institutions (NGOs), target group (children) as well as the policies and project proposals of the NGOs and assess these from a gender



perspective and assess whether the organisations are working with a gender sensitive approach or not. By studying the mentioned indicators in the three forms I will be able to assess gender in the organisations studied in relation to children. Moreover, I will take a closer look at the practices to assess the actual participation of children and whether this influences their decision-making power. The concept of 'participation' is more often used in texts than 'empowerment' and therefore deserves special attention. How is the term linked to children's rights and empowering children? How participation is operationalised and assessed will be discussed separately in the next paragraph.

I have adapted the gender assessment format provided by Lingen to be suitable for assessing the NGO's work with children from a gender perspective in the following ways: I will study the NGOs' *policies* on two levels, that of the general policy of the NGO, and that of the project proposals. Indicators for the analysis of the policy papers and project proposals will be: a) presence of gender policy, that is, statements referring to gender and gender equity, b) gender-based selection of the target group. For the gender assessment of the NGOs' *practices* both the project activities and the actual group of participating children will be analysed. Indicators will be: a) gender representation in the organisational structure, b) gender aspects in the activities, c) power relations and empowerment in gender, d) actual training in gender issues, e) gender differences in the participation and access to health and education by the children. The policies and practices of the NGO's and the children's view on them will be described in chapter 5 and 6, and the analysis and results of this assessment can be found in chapter 7. The findings will then be put in the context of the gender approaches followed in development (WID, WAD or GAD) to reveal at which stage gender and child rights find itself in the development work of NGOs working for children in Sudan.

## 6. NGOs and the child rights-based approach

Since the ratification of the CRC, most NGOs follow different approaches to development in order to secure people's rights and give people greater choice. The ideal approach is the rights-based approach. I will explain here what I mean when I use this term, and show the direct connection with 'participation'.

### *Rights-based approach*

A useful description of a rights-based approach is given by Robinson (1999:iv). It means:

describing situations not in terms of human needs, or areas for development, but in terms of the obligation to respond to the right of individuals. This empowers people to demand justice as a right, and not as charity. And legitimizing those demands provides balance against other, less positive, forces. This also implies the direct involvement of people in decisions relating to their own development. Internationally a rights-based approach provides the community with a sound moral basis on which to claim assistance and to advocate a world economic order respectful of human rights"(Robinson, 1999:iv).

In a rights-based approach, the right holders are encouraged and empowered to claim their rights (Save the Children, 2002:22). The right holders are seen as subjects that should be supported in claiming their legal entitlements, rather than as objects of charity. Charity is insufficient to realize people's full potential because it reduces them to objects of development, rather than recognizing

them as participants in their own development. People should be empowered to make decisions about their own lives, and special attention should be paid to the most marginalised and excluded people in society, so that they, too, may realise their rights. Furthermore, a rights-based approach:

brings rights to the level encountered by beneficiaries on a daily basis and allows for more meaningful impact. It offers more legitimacy as this approach can substantially incorporate standards and rules that have already been affirmed by the community and which to a significant extent reflect cultural norms, rather than simply relying on human rights principles that have been developed out of the public eye by diplomats (Ewert, 2004:10).

A rights-based approach, therefore, does not only concern participation in projects, but also direct involvement of people in the formulation and actualisation of their rights.

Until very recently, children were rarely spoken of as human beings with inherent rights. Instead, the language of compassion and charity and, to some extent, of projection and possession, was used. However, without a rights-based perspective, the language of compassion and charity can diminish children's capacities rather than enhance them (Collins et al, 2002:3). By taking a rights-based approach the CRC abandons the traditional stance of seeing children as objects of development and recognises that they are, or should be directly involved as participants in their own development and in the improvement of their own lives. The CRC implies the belief that the child has the potential for his or her own development, while the family and the community have the role of maintaining a protective, caring and stimulating environment in which to foster that development.

In addition, the rights-based framework identifies duty-holders, specifying the duties and obligations of those against whom claims can be made, and those who can be held accountable when rights are not being met. The rights-based approach places a moral and legal obligation on the state to respect, determine, and remedy everyone's rights. "By ratifying human rights treaties, states accept the responsibility of implementing the rights enshrined therein – states become legally accountable" (Collins et al, 2002:4). State parties to the CRC are required to realize the rights of every child under their jurisdiction and to act in the best interests of the child with their "total available resources" (Collins et al, 2002:4).

A key difference between a rights approach and a needs approach is that a needs approach does not include accountability. There is no moral or legal obligation on the state to protect or assist. Many rights have developed from needs, but a rights-based approach adds legal and moral obligations and accountability. The right holders are encouraged and empowered to claim their rights. Rights are indivisible and interdependent: rights are universal, and children have the same rights to fulfil their potential (Save the Children, 2002:22).

NGOs working under the CRC in theory adopt a rights-based programme in which children's rights become a long-term goal to which all work is directed and in which a set of standards is developed to measure progress towards this goal. It focuses on participation, equity, sustainability, non-discrimination, and eradication of poverty in one overall multi-sector and holistic approach. However, NGOs in Sudan sometimes find it difficult to focus on all the elements of a rights-based approach. So in order to answer the first sub question of this study, how the CRC is implemented by NGOs, we need to know how the NGOs in health and education implement a rights-based approach in their projects. What are the difficulties they encounter in implementing such an approach? Since direct involvement of people is crucial in a rights-based approach, we need to

know how the NGOs concerned define participation, and explicitly encourage children's participation in their policies and practices

### *NGOs and the concept of participation*

Participation has been defined as a "process through which stakeholders influence and share control over decisions and resources that affect their lives" (Fowler, 1997 16) It is a term that NGOs commonly use in their projects and that has been extensively discussed in the literature (e.g. Clark 1991, Hulme and Edwards 1992, Korten 1987) NGOs claim that the participatory approaches they use in working with communities result in the improvement in the lives of the poor (Tendler 1982, Clark 1997) There is now a common understanding that participation is crucial to the success of development work at all levels Several authors have noted that the success of development efforts largely depends on the active participation of the beneficiaries rather than on the availability of technology, inputs or credit (Patil 1985 29, Garforth 1982) Patil went further by saying that "unless the beneficiaries perceive that these are the programmes that they want, the chances of success are rather dim Participation would not come spontaneously unless the poor feel that the measures suggested are in their interest and the risks and efforts that are demanded are within their means"(Patil, 1985 29) NGOs use different methods of participation that involve the action and interaction of the beneficiaries with NGOs (Fowler 1997, Hulme and Edwards 1992) Patil (1985) suggested that first the following steps must be taken to make participation possible awareness, interest identification and organisation Awareness is a first prerequisite to bring about meaningful dialogues between policy makers and beneficiaries to validate problems Interest may vary considerably between donors, NGO agents and beneficiaries, as was discussed above, so it is very important to identify with interests of the beneficiaries first Organisation of the community is equally a very important element in a successful participation process according to Patil I will see how in the projects of the health and education NGOs these steps, designed for adults, are also taken for the children

Looking at participation from the CRC angle, children have the right to participate (article 12) From the NGOs angle participation as an important tool The term 'participation' is far more easily used than 'empowerment' in studies of children, and in particular children's rights Participation, ideally, "implies joint ownership of the decision-making process and active involvement of all parties, whereby power is shared"(Miller, 1997 6) In practice, this is difficult to implement Children, because of being minors, are not easily accepted as decision makers even in a participatory form Miller (1997) therefore specifies different levels of participation that can be summarized thus

First level is manipulation which represents the lowest level of participation and is characterised by children doing or saying what adults wish them to do but with no real understanding of the issues Second is decoration which refers to situations where children are asked to take part in an event but not given any explanation of the issues or reasons for their involvement Third is tokenism where children are apparently given a choice but have little choice about the subject, the style of communicating it or any say in organising the occasion Fourth is assigned but informed participation, it requires that children understand the intentions of the project, know who made the decisions concerning their involvement and why and that they volunteer to participate after the purpose of the project is made to them

Fifth is consulted and informed participation, which is a process in which a project is assigned and run by adults but children understand the process and their opinions are treated seriously. Sixth is adult initiated projects, sharing decision with children in which children are fully involved in the decision making process. Seventh is child initiated and directed where projects are those where both the original idea and the implementation of that idea derive from children themselves. Finally child-initiated projects where there are shared decisions with adults. In this final stage children identify and conceive the initial idea and then work with adults as equal partners in the project (Miller, 1997:6-7).

The different levels of participation distinguished by Miller provide an interesting tool to assess the level of children's participation in the health and education projects of the NGOs under study. By observing the projects in every day practice and listening to the children, I have tried to find out at which level children participate in the projects, interact with teachers, medical doctors, staff and guardians, make decisions and claim their rights. This will enable me to assess to what degree children are given a chance to be involved in the projects of the organisations and whether and how their gender and age makes a difference.

In finding this out, I will in particular look at the communication processes between NGOs and children, and the actual decision-making of children.

[Participation] offers children the opportunity to express and understand their own feelings and needs. Only when they are able to do this can they consider the feelings and needs of others. It helps children to develop the skills of communication, debate, negotiation and compromise and to achieve a balance between their own needs and those of others. Children then develop skills of decision making both individually and as a group, when children's ideas, feelings and capabilities are treated with respect, their confidence and self-esteem grow (Miller, 1997:16).

NGOs should involve children in decisions that affect them. This means listening to children and respecting their views. They should involve children in planning, implementation and evaluation, and should encourage others to do the same. They should support children's own initiatives to participate in decisions that affect them (Save the Children, 2001:8).

Through participation, children gain information that helps them to understand both possibilities and constraints (...) It increases children's sense of ownership of, and responsibility for, their environment, activities and rules. They are more likely to co-operate with and support provision, which they have helped to shape (Miller, 1997: 16-17).

Patil found that, to have effective participation, groups need to be small to ensure person-to-person communication. The success of any development project depends on the effective communication of objectives, tasks and skills among the participants and the implementing agencies. For communication to succeed "the system must provide for feedback. It is a two way interactive process of transmission of information, ideas, emotions, skills, etc through the use of symbols-words, pictures, figures, etc." The messages "must activate the beneficiaries to action" (Patil, 1985:33). He continued, "to fulfil the conditions of an effective communication, the communication must be one to one, many to one and many to many." Another condition of effective communication is the presence of skilled and professional communicators:

The communicator must be trustworthy, this trust can be fostered if equality is guaranteed in the communication system. The poor person should have a sincere feeling that he (sic!) is heard; and that his problems are being sympathetically considered. In short, that he is treated as a dignified human being.

Moreover, good communication requires that there is “a feedback system resulting in modifications in the policies suited to the environment” (Patil, 1985: 34). If such a feedback is not possible, or not reacted to, it could give the participants the feeling that the programme is imposed on them, which leads to indifference and a low level of involvement. This means that when assessing children’s participation, we will closely look at what children, both boys and girls, think of the way they can communicate and are listened to by the NGOs, what they think about their communicators and whether there is a feedback system in place and functioning. The resulting analysis can be found in chapter 7.

Participation is “both a road to and an outcome of empowerment” (Abdelrahman, 2001:73). Nevertheless, participation and empowerment cannot be effectively achieved unless the power relations become visible not only among NGOs and local communities, but between state, donor and children. It is central to this study to find out whether and how NGOs’ work in participation with children to enhance empowerment.

## **7. Conclusion**

This chapter looked at four main concepts and theories that underpin this research. Rights and the different interpretations of the term were discussed. It was shown that rights can take different forms in practice, rights as power, rights as duty, or rights as claims. Children’s rights were described in relation to interests and needs. Some theories of childhood were discussed to bring attention to the impact of culture and for the different stages in which childhood can be divided. Culture affects how children are reared, and children’s rights and needs are not similar in all cultures, despite the claims to universality of the CRC. The concept of gender, and the developments of thinking about gender in development studies were reviewed in order to be able to refine the question on gender. From the literature, a tool for gender assessment was adapted to be applied to a study of children. The same was done with a tool to assess the level of participation of beneficiaries in development programmes. It will enable us to analyse to what level children participate and in particular their role in communication and decision-making, in the following chapters.



# ‘A Different World’: Children in Camps in Khartoum

## 1. Introduction, feeling a foreigner in my hometown

‘Where are you going?’ asked my aunt on 22 February 2004. I replied that I intended to visit Mayū camp the next day for my research. She was horrified, telling me that it was a place full of criminals and drunkards and that I would find the people unhelpful and unwilling to interact – after all they came from the south. I was not surprised by my aunt’s reaction. I had heard similar comments from my friends and other relatives many times. However, I wondered on what they based their opinions.

It was a hot sunny day when I first went to Mayū camp. Its notoriety was due to its multicultural and ethnic tribal character, and to overcrowding. It was also known for its high crime rate and corruption. I was escorted by Adam, our servant, who lives in the camp. He had mentioned that he knew the area well, so I thought that would be useful if he accompanied me as I needed someone to show me the way this first time. We arrived at the camp at 8 am. People were everywhere. “Arrrrr” yelled a twelve-year old boy riding a donkey, meaning, “move out of the way.” A mini-bus hooted loudly to warn me. “Barīd! Barīd! Barīd!”<sup>6</sup> called a young boy selling water and drinks in the street. “Khawajīya”<sup>7</sup> (foreigner) remarked young girls and boys when passing me. Where was I? What was happening? Why was it so crowded? Who were all those people? What were they doing? All these questions passed through my mind, and I wondered whether I was in Sudan or in another country.

Children running by called out that I was *khawajīya* (foreigner). My light brown skin and my dress, although simple, made it obvious that I was not from the area. The roads were crowded, people were waiting for public transport on the verges, and the smell was appalling. It was very clear that there is a transport problem with far too few buses for the number of people living in the area. Seeing people run and fight for a place when a bus came into view, I asked Adam what was

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<sup>6</sup> Arabic word meaning cold, young boys use it to sell cold drinks in the market

<sup>7</sup> Arabic meaning foreigner or someone coming from Europe or the west

happening. He told me it was an everyday occurrence, and because of the lack of adequate transport sometimes people must walk long distances to reach their work or school. The problem is compounded by the reluctance of transport providers to work in the area, due to its reputation for crime. The road was busy with people, mini-buses and donkey-carts (*karū*). Many of the *karū* carried a tank full of water that was sold by young boys leading the donkeys. The cost of a four-litre barrel of water is 250 Sudanese dinars (SDD), something under a dollar. People selling vegetables, drinks and other goods such as shoes or bags lined the road. It is a multicultural area and different skin colours were to be seen, some white, but most brown or black, but whatever their colour, the majority of the people look poor and exhausted. The men wore the traditional *jalabiya*<sup>8</sup> that was often dirty or torn: the women wore the *toub*.<sup>9</sup> Children wore casual clothes: boys were usually dressed in trousers and a shirt; the majority were barefoot, or wearing very thin slippers. The girls wore skirts and blouses or a dress and thin slippers that do not protect their feet in such a hot climate.

Adam guided me to the school where I was supposed to meet one of the teachers. We passed the main market and the police station in the middle of the market. Then we entered the residential area, called *hila*. The unpaved road to the *hila* was full of sand, mud and dirt: due to the lack of a sewage system the residents throw water out into the road. The houses were all mud-built, and had no electricity, water or sewage. After ten minutes we reached the school. It was brick-built, and unlike the other buildings: it was surrounded by a high fence, on which was written 'Osquofiya Mayū Elementary School.' On entering, I was shocked by the number of children playing in a yard that seemed far too small to hold them all. As I walked among them, the children stared at me, pointing and asking, 'Are you a new teacher?' I noticed that the majority of the children, from the colour of their skin and their appearance, were from the south of Sudan. The second shock was to be told by the headmaster that all these children had to be educated by as few as ten to twelve teachers in only eight rooms. The camp seemed a "different world" compared to my own living conditions, with a specific history, with a population of different background that had to survive in this squalid environment. How could this different world be understood? How did the children live and cope with displacement? Did the children live with their families? Were they all displaced? Why were they displaced?

In this chapter I will consider the situation of children in the camps, starting with a description of the history of displacement in Sudan, its causes, problems and solutions. The chapter describes the fugitive patterns and the ethnic and religious conflicts between the northern and southern tribes. I will then describe how children live in the camps, and reflect on their health and educational situation.

## 2. Historical background of displacement in Sudan

This section puts the process of displacement in Sudan in a broad historical context with particular emphasis on Khartoum. Displacement in this study is defined as:

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<sup>8</sup> Arabic word for the traditional male dress in Sudan. It is normally made of thin white cotton with long sleeves and covers the whole body

<sup>9</sup> Arabic word for the traditional costume worn by women. It can be made of cotton, polyester and wrapped around the whole body and covering the hair.



Persons or groups of people who have been forced to flee or leave their homes or places of habitual residence as a result of, or in order to avoid, in particular, the effects of armed conflict, situations of generalised violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognised state border (Hampton, 1998: xv).

Assal defined it as "simply a collateral effect of indiscriminate warfare. Such is the case with IDPs from the south and the recent ones from Darfur" (Assal, 2004:16).

### *War*

The two civil wars between northern and southern Sudanese, from 1955 to 1972 and from 1983 to 2004, have left more than 1.5 million southern Sudanese dead, and a majority of the remaining southern Sudanese population uprooted (Ruiz 1998:139; Nilsson 2000:10; Assal 2004:15). The conflict in Sudan has deep historical roots. It is depicted as being regional, which means north, including east and west, versus the south. The conflict has important religious elements, the northerners are Muslims and the southerners are Christians or adherents of traditional African religions. It is also racial, ethnic and cultural, pitting northern Arab against southern black African. Moreover, it is about political and economic power. The northern elite has dominated the Sudan, politically and economically, since independence, and continues to control the south's natural resources, such as petroleum, iron ore, copper, gold and fruits. The southerners want to have a fair share in political and economic power.

Since June 30, 1989, the northern part of Sudan has been under a military regime led by General Omer Hassan al-Bashir and dominated by members of the National Islamic Front (NIF), a Muslim fundamentalist party led by Hassan al-Turabi. The NIF has declared the war with the southern forces to be a jihad or holy war. The southern opposition has been led by the Sudan People's Liberation Movement (SPLM) and its military wing, the Sudan's People Liberation Army (SPLA), advocates political power sharing within a unified secular Sudan. Both SPLM and SPLA were headed by John Garang from the Dinka tribe, one of the largest ethnic groups in Sudan. The SPLM and SPLA participate in the National Democratic Alliance that represents a wide range of opponents of the NIF government. In 1991 a split in the SPLM and SPLA led to the formation of new southern groups and to deadly interethnic fighting among the southerners. Zolberg and Callamarad found the military assistance from the north in the southern ethnic conflict to be one of the root causes of population displacements. The difficulties caused by the conflicts in Sudan were exacerbated by the super powers' direct and indirect involvement (Zolberg and Callamarad, 1994:102).

Ruiz commented "the fighting associated with SPLA offences in 1985 and in 1986 resulted in the uprooting of about 50,000 people. The situation deteriorated when famine hit Bahr al Ghazal and Upper Nile and tens of thousands more became displaced" (Ruiz, 1998:143). Despite the growing problem of internal displacement, the government of Sadiq al Mahdi at that time did not monitor the situation. The Sudanese Relief and Rehabilitation Association (SRRA) provided food aid to 20,000 internally displaced at Narus in the Equatorial region. The SPLA asked the UN to assist the displaced in areas under their control, as well as those in government-controlled areas. Still massive displacements occurred and more than 250,000 died as a result of man-made famine in 1988. To alleviate the situation and avoid further tragedies the UN created Operation Lifeline Sudan (OLS), a coordinated relief effort between UN agencies and WFP, UNICEF and UNDP and

other international organisations. They had access to war-affected people irrespective of who controlled the territory. During 1989 the international community channelled about \$205 million directly to OLS, which reportedly exceeded its 107,000 ton target of food aid, and also provided 3,740 tons of important non-food materials, including agricultural hand tools, seeds, human and animal vaccines and medicines and shelter materials (Ruiz, 1998 147)

On June 30, 1989 a military coup deposed the elected civilian government of Sadiq al Mahdi and brought al Bashir and NIF to power. The NIF took significant steps to consolidate its military and political position. It Islamized the judiciary and the universities. In accordance with new policies the activities of the NGOs were restricted. The government insisted on a re-negotiation of the OLS's terms of operation, and the OLS second phase began in March 1990, but their work has not been easy. In September 1990 the government bombed OLS relief sites in southern Sudan. "Each side in the war accused the UN of partiality toward the other" (Ruiz, 1998 149)

The conflict in the south has been exacerbated by another conflict in Darfur in the west of Sudan in 2004. People were displaced from the west to different parts of the country among them the camps in the capital city Khartoum, but this conflict was not included in this research, as the conflict happened after my field work in 2004. The south has been ravaged by fighting, drought, disease and starvation, health services have disappeared and formal education has nearly ceased. This devastating and tragic conflict, lasting until 2004, has resulted in the majority of southerners being displaced. Many people fled to neighbouring countries. At the end of 1996 it was estimated that more than 430,000 southern Sudanese refugees were living in neighbouring countries including Uganda (200,000), Zaire (100,000), Ethiopia (70,000), Kenya (30,000), the central African republic (30,000), Egypt (1,500) and Eritrea (1,000) (Ruiz 1998 140). Others fled to neighbouring towns, villages or camps, or to Khartoum. It was estimated that more than four million Sudanese were internally displaced throughout the Sudan (Ruiz, 1998 141). In 1989 the three main towns (Khartoum, Khartoum North and Omdurman), held 1.8 million displaced. The majority of these were southerners, but there were also drought-displaced people from western Sudan. By 1991, more than 2 million displaced southerners were living in four camps in Greater Khartoum. The Sudanese government and the rebels, who have been at war for more than two decades, signed a peace agreement in January 2004. On May 26, the Sudanese government and the Sudan People's Liberation Movement/ Army signed three protocols in the Kenyan town Nivasha with Dr. John Garang as leader for the SPLM/A. Unfortunately, Dr. Garang who was inaugurated vice president of Sudan died on July 30 in a helicopter crash in the southern Sudanese mountains. With his death, many fear that the peace process is threatened (Christianitytoday, 2005 1)

### *Drought and famine*

In addition to displacement due to the war, internal migration has also occurred as a result of natural disasters such as droughts that have stricken Sudan on a regular basis since 1963. The death toll and displacement resulting from these has affected not only the south but also the west and north. The famine in the mid 1980s, caused by the drought that struck the Sudan's Sahelian belt from Darfur in the west to the Red Sea in the east, led to the displacement of many people. It has been claimed that the causes of the famine were rooted in the north's long exploitation of the south. It has also been suggested that international interests are a factor in the population displacement of the Dinkas (Ruiz, 1998 161, Nilsson, 2000 11). By the time the drought ended in 1986, an estimated 250,000 Sudanese had died and more than 500,000 others had become

internally displaced. In 1989 rains were limited in north Darfur and Kordofan. The drought then continued in 1990, placing more than a million people in the Sudanese Sahel at risk.

The droughts were categorised under the 'push' factors, that is the circumstances that caused people to leave their homes involuntarily. Refugees from the western states of Kordofan (with the exception of the Nuba Mountains) and Darfur were considered as famine displaced. This means that they left their home areas that were not directly affected by war. The Dinka who fled from Bahr al-Gazal in the late 1980s are considered as war displaced people (Loveless, 1999:8). War, famine or drought can be categorised as 'push' factors. Those who came to Khartoum as a result of 'pull' factors, the economic opportunities for employment and education, (Loveless, 1999:7) overlap to a certain extent the displaced due to 'push' factors, but in this study I will concentrate on the displaced people who were 'pushed' from their homes.

### **3. Problems encountered during displacement**

In this section I will limit my description to the internally displaced people in Khartoum and the problems that they encountered when settling there. I will begin with the government response to the enormous number of displaced people coming to the capital. From the 1980s the flow of migrants to Khartoum increased, and persists to the present day.

#### *Government response to the Internally Displaced Populations (IDPs)*

On arrival in Khartoum displaced would seek out friends and relatives to house them and help them, or they would settle in one of the shantytowns that were emerging all over the city. Others occupied vacant plots or unused buildings. Pressure was exerted on the authorities by long-term residents who were alarmed by the emergence of squatter settlements in their neighbourhoods. In some cases the displaced were occupying prime land near the centre of the city. New residents were themselves responsible for the construction of their houses and during the 1980s and 1990s shantytowns appeared and spread throughout the city (Loveless, 1999:8).

The government tried to control settlements by placing restrictions on land occupation and relocating communities that infringed these. In the 1990s this process was intensified. I remember in 1995, there was an empty area next to our house and one day we found a family with five children building their house with sticks and mud there. They were a family from the west of Darfur who were displaced because of the drought. The mother used to sell *Mariysa* (home made alcohol made from wheat or maize) and the children did not go to school but stayed at home or went begging for food at the nearby market. The family was warned by the police that their house would be demolished, and eventually this happened and the family was taken to one of the camps in Khartoum.

In 1991 an official Housing Plan was drawn up. This was a far-reaching re-organisation of the city, with people in squatter settlements being allocated plots in newly developed areas. A distinction was made between 'squatters' and 'displaced' based on the degree of integration in Khartoum society, including the type of housing, their date of arrival, and their long-term prospects. Squatters are displaced people, but they used to build their own houses in any empty space they could find. Under the definition, the displaced are in the city on temporary basis and therefore don't qualify for permanent plot allocation in the camps. Those that were resident in the city before 1990 however, qualified for plot allocation. They also had to fulfil other criteria such as employment and family status. This policy was only partially effective and there is little evidence

that it was really implemented. The conditions were altered to make those who had arrived before 1992 eligible for land, but there was still no solution for those who arrived after this date (Loveless, 1999: 9).

In spite of the relocation of approximately 300,000 families, the policy was largely ineffective. In 1992 official camps were established as a way of accommodating the displaced living in other parts of the city, but according to my own observation, ten years after the establishment of the camps, many of the displaced still live outside the camps, in the city. Some own land and houses, and might be considered residents. Others live in rented accommodation, while many thousands still live in various squatter areas and shantytowns.

Implementation of the programme has resulted in the movement of entire communities with little prior notice. Squatter settlements have been demolished and residents left to fend for themselves or moved by the government to designated areas, far away from the city centre and having minimal services. The government's motivation for these measures was not clear and has given rise to suspicion. It was claimed that the reasons were a genuine desire to rationalise the process of assisting the displaced, the proposed referendum to determine the status of the south, and an attempt to force the donors to hand over aid. However, it was felt that there were also cultural, economic and political reasons, for example, to control the southern people by assimilating them into the northern culture as part of a war strategy. Economic considerations play a role, displaced people are considered a source of cheap labour, but their occupation of desirable land near the city is not acceptable. Local authorities are pressured by influential individuals to make land available, this has resulted in the poor displaced being moved to ever more remote locations. Loveless commented, "the power of business interests is pervasive" (Loveless, 1999: 11). One of the displaced residents at al-Salam camp said:

*I came from Nuba Mountains because of the war and the famine. I came to Khartoum in 1988. I was staying in Fityhab in Omdurman city and then the government came and moved me and my family of four children to Īzbh in Khartoum north saying they wanted to re-plan Fityhab. Then in 1994 the government said they wanted the land at Īzbh and they relocated us to al-Salam Omdurman which is where we are now. We call ourselves jabarūnh (those who were forced to move). They sold the Īzbh land to rich people and they forced us to move to this place which is far away from the city and no services are available and now they are demolishing this place again to re-plan the area (27, May 2004, al-Salam camp).*

The war in the South has enabled some groups to gain a great deal of wealth and power and they have great influence in the city's administration. The situation deteriorated after the privatisation of health, education and even police services. This had led to a high increase in the taxes, fines and fees that are charged on an ad hoc basis depending on the particular authority involved. This means that vulnerable groups are unable to plan their future, since they do not know when taxes will be levied and are uncertain as to whether they can stay or if they will be subject to yet further relocation. The next section explains the implementation of the urban planning programme for the displaced.

*Urban planning programme for the IDPs in Khartoum*

As I described in chapter one, the camps are not planned, people are living in overcrowded conditions houses are made of all kinds of material, animal waste, sticks, bags and old clothes. The stated intention of the government is to provide all people with adequate living space, and to replace the shantytowns with orderly suburbs. The plan is to eliminate the categories of displaced and the camps, and to move towards the normalisation of the displaced within the urban areas. Squatter settlements are to be closed and families provided with land in a re-planned area. In Jabal Awaliya camp, 25% of the population will be moved to the adjacent development zone. The remainder will be moved to planned areas in Khartoum and Omdurman. Mayū Farm will be closed and Wad al-bashīr and al-Salam camps will remain in their current locations, but will be re-organised (Loveless, 1999: 12). During my fieldwork in 2004 Wad al-bashīr and al-Salam camp were demolished and the areas were in the process of re-planning. People were not removed from the camp itself, but their houses were demolished and they were relocated to the other side of the camp until the area is re-planned. However, to acquire a plot in the newly planned area there are certain procedures that must be followed. Firstly, residents must prove that they have been living in the camps for seven years and produce a birth certificate, and in the case of married persons, a marriage certificate. Those unable to meet these criteria cannot proceed to registration. As Gabriel from the Dinka tribe said:

*The majority of the displaced do not have birth certificates some lost their papers during the war. It is expensive to obtain a birth certificate. It costs lots of money and it is a long process. I have to go to Khartoum to do the paperwork. The government must have some logic and make reasonable provision (1 June 2004, al-Salam camp)*

Most IDPs, even the ones who were born in Khartoum, do not have a birth certificate, and the acquisition of one is an expensive matter. Secondly, the area must be surveyed and heads of households must be registered. Thirdly, a committee is set up in each locality with the responsibility for allocating land. The committee should include a representative from the Ministry of Engineering, a member from the Popular Committee (PC) (discussed later) and a representative of the local government. On a specified day plots are allocated and, on payment of a 1000 SDD registration fee, the family is given title to a 216 square metre plot. This sum is beyond the means of most people. Those not allocated land or unable to pay for the whole procedure are moved to another area, which at the end of my fieldwork in 2004, was not yet specified. Lists of names are given to the new local administration that allocates the individual plots.

The role of the popular committee is to implement the acquisition of plots. A house-to-house-survey is carried out: living conditions are assessed and residents are asked to explain how they came to the area. The information is attested to by oath. The house is given a number and the occupants are issued with a registration card. An application is sent to the central government and, if approved, the applicant is given a plot of 216 square metres. The amount of money to be paid by the applicant for the whole process is approximately 75,000 SDD. It is a confusing procedure, and displaced persons interviewed found the procedure unfair. People complained about the amount of papers needed, the height of the registration fees and expressed doubts that the plan would work. Moreover, houses were demolished in August 2003 and at the end of my fieldwork in November 2004 some IDPs still had had no land allocated, or even heard from the committee. They had lived in the open for more than a year, without shelter from rain, cold, heat or dust. The most they had

for protection was a self made *rakūba*. A *rakūba* is a hand made construction of waste materials in which people live. It is normally made with four poles as the base and covered with waste materials, like old clothes, paper, plastic bags and canes (see photo 3.1)



Photo 3.1 Rakūba in Wad al-bashīr camp, after the brick houses were demolished.

#### *'Reality versus theory'- IDPs complaints*

The reality that the IDPs experienced is more complex than the theoretical procedure described above. Some IDPs expressed approval of the urban programme but were doubtful that it would work. People are tired of the inconvenience of constantly dismantling and re-building houses and are dissatisfied with the areas to which they have been moved. Several of my interviewees mentioned that there is corruption in the system of plot allocation. Personal relationships with individual popular committee members, and the level of integrity of the committee, play a major role in the access of individuals in the registration process. Some people move to become eligible for land. There are claims of ethnic discrimination and that northerners are given preferential treatment. Registration takes place on an ad hoc basis often without sufficient prior notification. Barbara, a 40-year old woman from the Dinka tribe living in the camp for more than ten years said, "I stay at home in order to ensure that I do not miss out on registration. They can come any day and any time. I stopped working and stayed at home to get the registration" (2 June 2004, Wad al-bashīr camp)

Theoretically, any resident in Khartoum before the cut-off date is eligible for a piece of land. However, priority is given to married couples with children, but they have to present a marriage certificate. This causes problems for the majority of IDPs who married in the south according to traditional practices. This criterion thus excludes a large proportion of IDPs. Also it excludes those who arrived after 1992 and those who are not legally married. The fact that the land has to be paid

for means that many people who are eligible but lack money, are also unable to claim and are pushed to the outskirts of the city.

It has been suggested that the reason behind the resettlement was commercial pressure. For example, Jabal Awaliya is located on agricultural land owned by a commercial company. The owners have requested the land be returned to them and the camp be relocated to the south of its current location. However, according to rumour, the new area is also privately owned and hence IDPs can be relocated again in a few years time.

Elizabeth John, a forty-five-year old mother of three children, came to Khartoum in 1990. She was re-settled to Fityhab in Omdurman; after the re-planning of Fityhab she moved to al-Salam camp. There she found that the rent for houses was high so she moved to Wad al-bashīr in 1995 where the rent was low. She said

*My house was demolished and I have been living in a rakūba for more than nine months now. I paid the registration fees and they took my application more than two months ago but until now I have had no reply from them. My three children are of school age, but I do not have money to provide for their schooling. My husband died in 1998 I have to raise the children myself. I work as a cleaner in Omdurman but I earn little money, only 10,000 SDD a month. I borrowed money from my relatives to pay for the registration of the land. Even if they give me the land I need money to build the house. My children are eight, ten and thirteen years old. The thirteen-year old goes to school but the other two have to work or stay at home. There is no money to pay for the three of them. I am only scared that after all this trouble and after I build the house they come and remove us again. I am tired of moving from one place to the other. It is inconvenient and I wonder why they do such a thing at the most inconvenient times of the year during the wet and cold seasons. Don't they know how we live? I am living with my three children and our heads are bare to the rain" (10 May 2004, Wad al-bashīr camp).*

Complaints like these were many. Children are affected by this process. Lucy, the thirteen-year old daughter of Elizabeth, said:

*I cannot concentrate on studying. The rakūba that we are living in has no door, only a piece of cloth. I can see the people passing by and hear the children playing and women talking. I only study for one hour after I come from school. I have to sit for my senior school exam next year and I have to study hard but I cannot concentrate. Also I have to help my mother with the food and other household necessities. If we had a proper house it would have been much better. If I had my own room I could do my homework and study more. The lack of electricity is a problem also. Once it gets dark I go to sleep, but if I have an exam I study with the candle (10 May 2004, Wad al-bashīr camp).*

It is clear that the re-allocation and re-planning of the area has had a great economic, psychological and physical impact on the IDPs. The lucky ones who have been allocated a plot of land, still have trouble re-building their houses. They manufacture the necessary bricks themselves from mud (see photo 3.2).

Apart from land and housing, there are other problems such as the sanitary conditions: in al-Salam camp after starting the re-planning process, the sanitary facilities that were constructed by NGOs, such as CARE organisation, were all demolished. IDPs now have neither sanitation nor

latrines. The health implications in such a crowded environment can be disastrous, especially for children. Mayū camp has been established for more than ten years now and, despite housing thousands of people no sanitation or latrine has ever been constructed.



Photo 3.2 Re-building of houses in al-Salam camp

It is difficult to engage in trade or find and keep regular employment without secure habitation. Also it affects family cohesion: a community that is continually divided and reconstructed will be unable to develop long-term relationships. For example, in Wad al-bashīr the house of Alex from the Nuba was demolished. He had to move his five children and wife to the home of a relative in Mayū camp, which is more than one hour from where he lives and works, until he gets a plot of land. He visits his family once or twice a fortnight. Another man interviewed said that he stays in Omdurman for three days in a week in order to keep his job in a garage: those three nights he spends in the work place. His family is split up: some of the children have stayed with relatives in Ūmbada in Omdurman, close to their schools: his wife, a maid in Khartoum, has to sleep in her place of work. They are not happy about this situation, but he said he has no choice and can do nothing about it.

It is clear from this that forced re-allocation and re-planning of areas has a severe impact on the lives of the displaced, in particular it has great influence on the children who are separated from their parents and experience a hard life without care and support. Family unity is one of the important elements in raising children. Mimi Kofi is a fifteen-year old girl who is staying with her aunt at al-Salam camp. She said,

*I was in grade 6 and when they demolished our house it was at the beginning of the school year. I could not go with the rest of my family. I had to stay with my aunt and her children because of the school. It is difficult to go to another school in another area. It takes a long process. Also, in the area where my family went to live, Haj Yousif, the schools are expensive and my family is staying with relatives. I miss my sister and brother and my mother. I only visit them on Friday, which is a holiday,*



*and sometimes once every month I wish that we were all together in one house* (10

June 2004)

Children are separated from their families because of government policies that ignore human dignity and rights

*Official administration and legislation in the camps*

Administration of justice in the camps takes two forms, a traditional local type and the government type. The traditional court of the chief provides the first type of justice and most cases are referred to these initially. The head of chiefly courts are called Sultans; each tribe appoints a Sultan, the choice being based on his honesty, loyalty and respect. In Mayū camp there are more than thirty Sultans with deputies under them. Common cases include domestic violence, divorce, assault and theft. These courts can give a number of sentences, normally fines and/or lashes. They depend on traditional practices and the ethnic group concerned. If the problem cannot be resolved there, then it is referred to the government court (Loveless, 1999: 39).

The government form of judicial hearing is formed from popular committees (PC). These are bodies, elected by the community, intended to represent the people at the local level. They are responsible for the coordination of services in the camps and act as links between the residents and the government or aid agencies (Loveless, 1999: 39). However, there are considerable differences among the committees. Some are quite fair and work for the interest of the people, while others are corrupt. Many residents complain that the committees are not representing their interests. They think that the committees are agents of the government, watching people in the camps. They are seen as mouthpieces of the government and as a means of controlling cultural, political and economic activities.

The chiefs complain of the weaknesses of the popular committees, but the chief system is also corrupt. Some people complain that the chiefs also work with the government and that they have extensive networks of clients and patrons. This is not to say that all chiefs are corrupt, but the system is vulnerable to the influence of political interest.

Police raids in the camps take place almost on a daily basis. They normally target the brewers and sellers of alcohol. Those caught have to pay a fine between 2000-3000 SDD equivalent to 9-12 dollars. If they cannot pay, their furniture and other possessions are seized and they are liable to a prison sentence of three to six months. The majority of the brewers are women and if they have infants they accompany their mother to prison. Prison conditions are very bad, health, food and education are poor and there is inadequate water and sanitation. Older children of women without a husband are usually left with friends and relatives until the mother is released.

The other major problems that I encountered while conducting my interviews were access to the camp and the issuing of business licenses. To enter the camp one has to have permission from Khartoum State branch of the Humanitarian Aid Commission. This is a government agency responsible for all the activities of NGOs in Khartoum. It is a procedure that must be followed by everyone who wants to conduct research in the camps and for NGOs who want to operate in the camps. As a researcher, I had to have a permission to conduct interviews and work with the displaced, and it took two days of completing forms before I finally got approval to enter the camps. In the camps people, especially the elderly, sometimes would not respond to me, saying they were scared. Especially in al-Salam camp, people refused to co-operate if I did not show them the permit. The ostensible reason for the permit is to protect the researcher from the criminals in

the camps, but in fact it is a way for the government to monitor what is happening inside the camp. This matter will be discussed further in chapter four when describing the relation between the state and NGOs.

The issue of business licenses causes considerable problems for IDPs. According to the law, anybody conducting a business must have a license, and those selling food must have a health certificate. The majority of the food-sellers have no health certificates and must hide during police raids. Annual license fees can be between 20000-30000 SDD, which is beyond the means of small peddlers. It is difficult to know the precise fee because it is set on an ad hoc basis according to the authorities of particular localities and individual policemen. It is widely believed that police pressure on informal business is instigated by influential businessmen who are trying to eliminate competition. Some people complained that even if they have the legal documents, the police ignore these when they are arrested. Clearly a business licence is no guarantee against harassment and confiscation of goods.

Those who are arrested for licensing infringements are dealt with by the public court. They are not given any opportunity to be represented; fines are administered on the spot with no opportunity for appeal. Local authorities are provided with few funds from the central government and therefore, they are compelled to find their own way of funding. The displaced are vulnerable to such actions as they have little access to legal advice and are not aware of their constitutional rights. Women and children who peddle their wares on the street are thus in constant fear of being caught by the police.

#### **4. Problems in health and education**

Social services, including health and education, are one of the most important elements in any community. However, there are several problems in the health and educational services in the camps: this section describes these.

##### *Health problems*

One of the things that struck me about all the camps that I visited during my fieldwork is the amount of dirty, stagnant water in puddles and ditches throughout the camp, attracting mosquitoes and flies that cause diseases like malaria and cholera. Flies infest the place during the day, and mosquitoes at night. This is a serious health hazard. Flyblown or polluted food is a great risk, especially to children, who eat in the dirty, sandy conditions of the market or school.

The general shortage of latrines and sewage system constitute another health hazard: only Dar- al- Salam area has any sewage. Some of the other camps had sewage systems, but these were destroyed in the general demolitions. Dealing with human waste is a problem for adults, and perhaps even more so for children. Girls interviewed at a school in Mayū camp said they have to walk for ten to twenty minutes to relieve themselves at the open space behind the school. At night people just relieve themselves next to their houses and cover their waste with sand. Besides considerations of health, there is the risk that at night children, especially girls, might be attacked or raped while alone in the dark. Empty areas around houses and schools are full of waste and filth, forming serious health hazards (see photo 3.3, 3.4).



Photo3.3 Al-Salam camp, dirt and waste surrounding the houses

In Wad al-bashīr camp uncontrolled excavation for brick manufacture has resulted in very large pits all over the residential area. These are dangerous, especially in the dark, and they are filled with water during the rainy season and this then becomes dirty and stagnant. The situation is exacerbated by the residents who, lacking any form of sewage, throw used water out in front of their homes.

Another health hazard is the scarcity and poor quality of drinking water. Some camps such as Dar al-Salam have water tanks, for which a monthly fee is payable. In other camps such as Mayū, Wad al-bashīr and al-Salam residents buy water from donkey carts at a price varying from 150 to 250 Sudanese pounds. Despite its high cost, it is not clean and is the cause of stomach diseases, diarrhoea and infections, especially in the younger children. Mothers who are aware of the dangers boil the water before giving it to their children, but these are a minority. Most people drink the dirty water without taking any measure to purify it.



Photo 3.4 A boy picking waste from the street in Mayū camp

It is significant that the available health services are not free: people have to pay for examination, treatments and medications. This was the most frequently heard complaint of my interviewees, and the fees and medical costs are a source of constant anxiety. The costs vary from one camp to the other. In some camps NGOs health supported services are much cheaper than government ones. For example, in Wad al-bashīr camp the Red Crescent has a health clinic for treating minor injuries, a small lab for analysis and an antenatal section, but does not perform operations and it is not open at night. Frequent complaints concern the lack of night and emergency services, the shortage of medicines and the shortage of midwives and specialised doctors. In none of the camps is there a general physician working in the health centres, only medical assistants who are equivalent to nurses. If no medicine is available at the health centre, the patient has to travel a great distance to the nearest city for medicine. The other complaints concerned the low standard of care received in the clinics, discrimination and the low level of training of the staff. One patient at Wad al-bashīr camp told to me that they want a proper doctor, meaning a trained doctor. There were complaints about preferential treatment for northerners. Children complained that the staff of the clinics did not treat them as patients or did not believe them. For example a sick child in the waiting room can be moved by one of the staff in order to make room for other patients. In chapter five I will describe in more detail the treatment of children in health centres.

The registration fee for the health centre varies from one camp to the other. In Wad al-bashīr it is 100 SDD, in Mayū camp it is 150, and in al-Salam it is 75 SDD. Some health centres are accommodating when a patient has no money, but other centres are far less understanding. One of the workers in the health centre in Wad al-bashīr said, "I know those displaced people are rich; they just say that they are poor and have no money, but they have."

The alternative treatment in case of illness is traditional medicine. This is widespread in all the camps; even the children know and use it. A student in Dar al-Salam, Hag Yousif 's AMAL school returned to school after an absence of three days: she said she had been feverish and shivering but her mother had taken her to the Sheikh<sup>10</sup> who read the Quran for her. She said her mother could not afford to pay the medical fees, so she took her to the Sheikh who charges less. The majority of people believe strongly in traditional medicine. They not only consult the Sheikh, but also use herbs and spices bought from the market such as black pepper for stomach pain, hot peppers for fever, or lemon juice against flu. People use either modern or traditional medicine, or both, depending on their situation. Some say that they do not go to the health centres because the queues are too long, so they turn to faith healing instead. Others go directly to the pharmacy and buy the medicine without a prescription. Medical assistants often complained about people not following the advice and instructions given, and that their patients do not pay sufficient attention to cleaning the house or themselves. People are dirty and live in a dirty environment that causes diseases and sickness.

People are concerned about the diseases in the camps, especially sexually transmitted diseases (STDs). People have heard of AIDS but they do not know how it is transmitted or how to protect themselves. The majority of the children interviewed said that they have heard of AIDS either via the NGOs, at school or from their friends but their knowledge is very incomplete. One fifteen- year old boy at al-Salam camp said that at school a man came and gave them a lesson

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<sup>10</sup> Arabic name given to a religious Muslim leader

about AIDS. He told them not to pick metals from the road, not to use a used or dirty razor, but never mentioned sex or condom use. It was reported from Jabal Awliya camp that STD infections occur equally in women and men, but women are reluctant to attend clinics and therefore suffer more. Women also suffer more from rape or unwanted pregnancies. Many women and girls die during attempted abortions (Loveless, 1999:35).

Moreover, there are harmful traditional practises such as female genital mutilation (FGM) that are still practiced among IDPs. The Dinka tribe traditionally did not practice FGM; only after integration with other tribes from the west did they take over the custom of female circumcision. A fourteen-year old Dinka girl at al-Salam camp said *"I was circumcised when I was ten years old. I wanted to be circumcised because I wanted to get money and presents from my relatives. Also I will get married and have children. The girls who are not circumcised do not get married. Men are afraid of them and do not like them"* (9 June 2005, al-Salam camp).

Other harmful practises include the use of creams to lighten the skin. Many girls from the south want to be light skinned like the northern girls and use creams that are possibly carcinogenic. Sexual issues and harmful practices are not properly discussed with the children. The NGOs staff do not disseminate the knowledge to ensure the children's right to proper health education, something that must be considered a priority since knowledge of health matters among IDPs is minimal. This will be discussed further in chapter five.

Most of the camps lack trained midwives, and even the available trained ones lack the proper equipments (Loveless, 1999:55). Some midwives charge rates according to the sex of the child. In Jabal Awliya, for example, they charge 6,000 SDD for a boy, and for a girl 3,000 SDD. In Wad al-bashir the rates were 3,000 and 2,000 SDD (Loveless, 1999:35). This makes clear that gender inequality is present from birth. There are private doctors but people in the camp cannot afford to pay. There is the risk of untrained midwives causing damage to mother and/or child.

The majority of NGOs in Sudan work with pregnant women and focus on improving the nutrition of pregnant and lactating women, and avoiding malnutrition. Some food had been distributed through food for work projects such as latrine digging but these programmes are no longer in operation in the camps. Now food distribution is focused on pregnant/lactating women and malnourished children under five. However, these programmes of food distribution create great competition for inclusion. Mothers sometimes borrow children in order to gain food: other women deliberately become pregnant in order to benefit from the programme. During my fieldwork at al-Salam camp health centre I observed a woman who came for examination. The midwife was shocked and said to her *"you must be out of your mind; you just gave birth a few months ago"* The woman had given birth six months ago and was now four months pregnant. This means she did not use contraceptives and put her own health and that of her children at risk.

Some NGO workers mentioned that some people bring their children to get multiple inoculations in order to benefit from the food distributions. It was also claimed that some people have several homes in different camps in order to take advantage of food distributions in a number of locations. Another misuse of the programme is the sale of the rations meant for malnourished children: this is distributed to the parents of the children and it was noted that the sale of this food was a major source of income for many displaced. That is why in al-Salam camp NGO workers started home visits and checking on the situation of malnourished children. The food programme has serious implications: it can offer immediate relief but it is not self-sustaining and does nothing to empower the people. In fact it makes the people more dependent on foreign aid. Osman and

Sahl issued a report for the Agency for International Cooperation and Development (ACCORD) about IDPs in the camp saying that “despite the importance of NGOs interventions, the contribution of these NGOs to combating poverty is questionable. The NGOs target IDPs as passive recipients of relief and assistance. Their interventions are carried out at the expense of long-term solutions that could help the displaced to be self-reliant. This type of intervention has contributed to deepening dependency among camp IDPs, eroding their self-confidence and transforming them into continuous relief seekers” (Osman and Sahl 2000)

Sickness is one of the things that people fear most in life, not only the illness itself, but also its financial consequences. A sick person is not productive, there will be no one to take care of them, and they have no income to pay for treatments. If children are sick, often no one will take care of them, as the majority of the family members, including the other children, work. Children are a source of income, therefore also their illness can be an economic blow to the family.

#### *Problems in the educational programmes*

Formal education is one of the fundamental rights for all children. According to the CRC education must be free and accessible to all children up to the age of 18 and this is of particular importance to children in vulnerable situations. In reality the majority of IDPs are not literate and formal education is a new experience for them. In rural areas it was not a necessary life-skill, but in the city it is crucial. The questionnaires revealed that more than 75% of the children felt that education is the most important thing in their life. They all wanted to finish school and be doctors, teachers or engineers. One thirteen-year old girl in al-Salam camp said:

*I will do anything to finish school. I want to be a doctor to treat the people and live in a big house and have money. I cannot do that unless I finish school and university.*

Other reasons for education are seen as getting out of the situation of being a victim, of knowing how to cope with the complexities of bureaucracy and modern life:

*When I get education I become streetwise. No one can cheat me. I know how to read and write. The city is full of documentation and administration that needs one to be literate. I feel confident in dealing with the people and more secure because no one can cheat me.* (girl, 13 years, 7 June 2004, al-Salam camp)

Even though education is seen as essential to coping with their lives, surprisingly it is seldom linked to finding employment. IDPs find employment according to their skills, rather than whether they are literate or not. The children want to go to school, to learn how to read or write but the majority of them do not finish their education, for reasons I will give later.

Those who are not educated feel excluded and jealous of the children who go to school. The majority of those from the south have not been to school and particularly among the older generation, literacy rates are low. According to a study done by Save the Children the literacy rate for adult women was 40%, older women 16%, adult men 75% and older men 39%. Also, the literacy rates varied between groups from different parts of the South. The literacy rate of those coming from Bahr-el-Ghazal is 32%, those coming from Equatoria is 62% and for Darfur 45% (Loveless, 1999: 37). Another study conducted by El-Nagar for the World Food Programme (WFP) about displaced women in the camps revealed that the illiteracy rate among women in the four camps is almost 77% (El-Nagar, 1996: 67-8). A study done by Al-Fanar centre for UNICEF on girls' education in the displaced camps in Khartoum showed that the number of primary schools in

the four main camps (Dar al-salam squatter area is not included) is thirty-six, catering for 12,900 pupils: the girls constitute 27.3% of the total school population and the boys 72.7% (Al-Fanar Center, 1998:13).

The children in the camps and shantytowns find it extremely difficult to obtain a decent education. The most important problem is finance. This is a major obstacle for all children and families. More than 90% of the children interviewed complained of high school fees. They wanted free education or fees to be subsidised. The problem is not only the registration fees, but also the cost of compulsory books, uniforms and stationery and transportation. A seventeen-year old boy Majuk from Shiluk tribe, said:

*I live in Jabal Awliya camp and I come to school in Mayū camp. I walk for one hour every day. I do not have money to pay for transport. It would cost me 100 SDD every day that means 3000 SDD a month. I have to pay a school registration of 4500 SDD and on top of that the costs of books and uniform. I have to walk a long distance in the hot sun to get to school so as to save money. Also I work in the evening in a restaurant in my area cleaning dishes. They pay me 5000 SDD a month, but I have to support my younger brothers and sisters and help my family. I am the eldest in the family of six children (21 July 2004, Mayū camp).*

This highlights some of the difficulties faced by children trying to acquire an education, including the difficulties of combining work and school. Most of the children who go to school work at the same time, like Majuk. The financial pressures on the household mean that many families cannot afford to send their children to school. Dina James, a thirteen-year old girl from Yei in the south of Sudan, said

*I hate to stay at home; every day my parents fight over money. We are six in the family and my brothers and sisters want to go to school. This will be my last year at school. I will stop so that my younger brother and elder ones can finish their school. My parents said that next year if there is enough money they will let me continue school. But I hope I find a job to work and save for my school fees (19 May 2004, Wad al-bashīr camp).*

Money matters can affect children's educational opportunities. It can create social tension and insecurity and can have negative consequences later in life.

#### *School infrastructure and facilities*

The school buildings and facilities are inadequate. Classrooms are overcrowded and sparsely furnished. Children sit on the ground because there are not enough chairs and desks for them, and the sound penetrates from one classroom to another. The rooms are not properly ventilated or lit. Some classrooms are not built with bricks but with reed mats or straw. No electricity or water is available in the school. The majority of schools have no sanitation or latrines, creating problems, especially for girls. As Mary Kol, aged sixteen from the Dinka, in a focused group discussion said: *When I want to go to the bathroom, I go to an empty area behind the school to do my private things* (21 July 2004, Mayū camp). The problems connected with sanitation and latrines are so great that they feature largely among the reasons girls drop out of school.

In the 1990s the schools supported by NGOs used to provide the children with breakfast. In 1998 this ceased, due to financial reasons. Schools then experienced a dramatic drop in attendance.

The standard of education varies greatly and has an influence on the parent's or children's decision whether to prioritise schooling or not. Many teachers are not properly qualified, having barely finished secondary school. Teachers are under great financial pressure and this has an impact on their attendance at school and their motivation when they are present. The salaries for the teachers are set by the Ministry of Education and NGOs who support schools in the camp have to follow the ministry rules. The NGOs consider their payments to the teachers as incentives and not salaries. The disadvantage of this is that employment can be terminated any time by the NGOs, and the teacher has no right to any benefits. This will be discussed further in chapter six. For many teachers the situation is intolerable: due to the low salaries they are forced to find alternative or additional employment. Who would want to work in a remote, desert area, far from the city centre and for salary equivalent to forty dollars per month? More than half the salary goes on transportation. The teachers think that the children are not motivated and lack the capacity for education. Displaced children are restless, noisy, disobedient and difficult to educate. Some teachers are afraid of the older boys because they can become aggressive.

Because the schools lack basic facilities and furnishing, children enter the class in an aggressive manner and rush for a chair: the unlucky ones must sit on the floor. Students who miss the class do not have a chance to catch up. The classes are grossly overcrowded and the number of books is limited. The habit of teachers to beat the children, as a form of learning incentive, only discourages the pupils and many leave because of such beatings.

Continuing education beyond primary level is difficult. In none of the camps that I visited is there a secondary school for girls. Some camps have one secondary school for boys. Grace Michael, 16 years old from Dinka in her 6<sup>th</sup> grade said

*There is no secondary school for girls in Mayū. According to the grade that we score they distribute us. The nearest school is half an hour from the camp by transport and it is expensive and the fees are too high for the school I doubt if I can finish school. If I find a good man I will marry and stay at home. I will be happy that I have finished primary school (21 July 2004, Mayū camp).*

This gender inequality in education is one of the problems that girls face. A study carried by UNICEF showed that in 1998 the ratio of boys to girls enrolled in the official camps schools were: Mayū camp 73:27, Jabal awaliya 68:32, Wad al-bashīr 81:19 and al-Salam 69:31 (Loveless, 1999:38). A recent study carried out by CARE and other NGOs revealed that some 44% of all IDPs of all age groups, have had no education. However, this data should only be analysed by age group as a significant percentage of IDPs are below school age (18.2% are between 0 and 4 years old) (CARE and IOM, 2003:17).

The reason for the predominance of boys in schools is normally an economic consideration. Most parents prefer boys rather than girls to be educated. An educated boy is expected to support the family once he becomes employed. Parents are often unable or unwilling to invest in their daughter's education. A girl will marry and the investment in education will be diverted to her new family (Loveless 1999, Al-Fanar 1998) There is a widespread attitude that it is inappropriate to educate girls. A fourteen-year old girl from Moro in the south sells peanuts and sweets in front of the school. She said that her mother prevented her from going to school because educated girls become spoiled and will not respect their husband later. She said that her mother believes that education is not important for girls and it is better to work and earn money rather than study.



Moreover, often a girl's labour is needed at home. They have to look after their younger siblings and do household chores while their parents work.

Another obstacle that prevents girls from finishing school is pregnancy and/or marriage. One of the teachers in Mayū camp said that the girls get pregnant and cannot face the other students. They drop out of school and stay at home: after the child is born the responsibility for the child prevents them from finishing school.

The majority of the schools in the camps are co-educational and this is also one of the reasons why parents disapprove of their girls going to school. One of the NGOs experienced a high dropout rate of girls from their schools due to the parents disapproval of co-education, which goes against their traditional and cultural beliefs that such institutions can create dangerous implications of cross gender socialisation (Loveless, 1999:38). The girls who attend school commented that they feel ill at ease and inhibited by their male schoolmates. A report by Al-Fanar centre mentioned other considerations that affect girl's enrolment at school are related to "availability of school at a reasonable distance, the attitudes of teachers and their expectations about the school performance of girls, availability of female teachers, sexual harassment in and around the school and teenage pregnancies, the quality of education and the relevance of curriculum" (Al-Fanar, 1998:14-15). These issues will be discussed in depth in chapter six.



Photo 3.5 A seventeen- year old boy at work

For boys, however much they want an education, financial considerations drive them to work, especially when they see that the social and economic position of the educated is no better than that of the illiterate: both sell water in the street and work in the market: university graduates work as shoe polishers or sell vegetables. It is little wonder that boys decide education has nothing to offer them. The street for them is seen as a route to freedom and self-reliance. Even the boys who go to school are compelled to work. They feel that they have a double burden and feel exhausted by the combination. Loveless pointed out that " the boys come into a vicious circle in

which their opportunity for employment is limited by their level of education, whilst their educational achievement is constrained by the fact that they are working long hours when they are not in school” (Loveless, 1999:38).

Boys can be removed from secondary school to carry out their military service, and those who have completed their education will not be allowed to take their certificate until they complete their military service.

The IDPs, and displaced children in particular, feel that they are excluded from normal society. Even well educated southerners have problems finding employment, compared with those from the north. The southern and western IDPs feel that their culture is threatened with extinction by the educational system of the north. The Khalwa schools are based on Islamic educational principles and some displaced believe that the curriculum in secular schools is also becoming more oriented towards the north. The southerners feel threatened by the Islamic dominance, and westerners feel that their Islamic tradition is receiving little attention. In their villages westerners would attend Koranic classes before school and would learn rules and order, but in the camps there is no means to do this. Educational indoctrination occurs in some reformatories. Street children may be taken to such institution and educated in Islamic codes and unable to contact their families during their stay. The conditions under which IDPs live make them less concerned and supportive to children’s development than those who live in more harmonious societies.

## **5. Life strategies of internally displaced populations (IDPs)**

I have described the problems and the infrastructural situation of the IDPs in the camps in general, and those of children in particular. In this section I will elaborate on the social and cultural life of the IDPs, and the employment and income generating activities in which children engage.

### *‘Living on the edge’ · A disappearing culture*

Integration was defined by Groenendijk as “active participation of the immigrant in the social, economic and public life of society” (Groenendijk, 2004:114). But for a displaced person in Khartoum it is difficult to integrate in a different culture, especially if the person is already traumatised and affected by war and natural disasters that disturb physical and mental stability. This is what has happened to the IDPs who came to Khartoum. The transition from a predominantly rural life to the urban environment in Khartoum has been traumatic for individuals, families, societies and for children.

Adults remember the south as a place of community spirit, diverse economy, plentiful of food and a sense of collective identity and compare this with Khartoum, which has scarcity of basic services, a uni-dimensional monetary economy and an atmosphere of cultural degradation. Southerners are shocked to find that money takes precedence over morality. If you have money you can acquire a property and be respected in society, even if you acquired that property through dishonest means: if you have no money then you are violated and abused.

Those forcibly displaced by war have undergone the double trauma of seeing their home communities destroyed and facing insurmountable hindrances in reconstructing their lives in an alien society. Those who have migrated for reasons of economic opportunities and declining rural livelihoods are in a better position than the refugees. They can visit their home communities and many return on a regular basis. One adolescent, Mohamed from Darfur, aged seventeen, said that he visited his village in Darfur last year with his uncle who is a merchant, but the southerners

barely visit their communities due to the expense and the danger of continuing fighting. None of the children interviewed had seen their home communities. This alienation from their cultural roots worries their parents: they are concerned about the steady erosion and diminution of their culture. They worry about family relations and the role of children in society. They see a lost generation growing up in Khartoum, ignorant of their own culture and not accepted by the northerners. They worry about the lack of respect that the children show their elders.

A clean environment for children with clear and decent moral parameters is not found in the camps. The reason is mainly economic. Men and women work long hours away from home and leave children in the care of elder siblings, often as young as ten, or even younger. From an early age children lack guidance and care, are frequently unable to attend school and sent out to work. Many of the children who manage to go to school, work after classes, some even working night shifts in factories. Under such circumstances the children do not develop to their full potential and resort to diverse methods of adaptation. Some children leave their homes to live in the streets, which they see as a greater fulfilment of their needs. This happens when there is too much tension in the family over food or money, and it is usually boys who choose this course, as they think that they are better off in the streets with the other children.

The loss of their prosperity and homes has forced the displaced to accept practices that conflict with their cultural values and dignity. For instance women, who cultivated their own land at home, now work as domestic servants in the houses of wealthy people. For many southern tribes the task of washing other people's clothes is humiliating and profoundly degrading. Mary, a mother of five children, said

*We were farmers and proud with our cattle, now we are reduced to washing clothes*

The majority of the women either work as servants or sell tea and coffee in the market. However, the market does not generate such a stable income as being a servant.

Some women practice prostitution to obtain a source of income. A UN special reporter stated ... women lack adequate means of survival for themselves and their children. Many have no choice other than to engage in beer brewing and prostitution. Displaced southern women charged with these crimes makes up 95% of Khartoum's Omdurman prison population. Another alarming feature is the imprisonment of girls as young as 10, serving sentences for petty crimes, such as theft (UN Commission on Human Rights 1999).

Sometimes prostitution is carried out in an overt manner, for example in al-Salam and Mayū camp there are streets with brothels. However, domestic workers are also often expected to provide sex in addition to their normal work and teashops are often a cover-up for commercial sex. Nafisa, fourteen years old from Nuba, said that she sells biscuits and doughnuts in front of her family house because her parents do not allow her to sell in the market, where she would run the risk of being raped or harassed by men. Girls drift into prostitution by first doing it for favours. Because of economic circumstances some schoolgirls are forced to resort to prostitution to fund their studies and finish school. Hawa a nine-year old had sex for 500 SDD to buy a school dress for herself because she had nothing to wear and her family could not afford to buy her anything. Unfortunately there is no data available on prostitution as such, but from my interviews with the girls almost 40% of them indicated that the street girls work as prostitutes to generate income. Exacerbating the problem is the fact that girls have little access to advice about reproductive

health, and the expansion of prostitution is accompanied by a rise in sexually transmitted diseases, including AIDS, and teenage extramarital pregnancies: this will be discussed in chapter five.

Another difficult element to accept as a displaced person is the dependency on aid and the related submissive behaviour. The displaced have to queue for long hours for food aid from relief agencies. They find the notion of standing in line and receiving aid undignified and humiliating. There is a difference in the degree of shame involved, people from western Sudan find it easier than the prouder people from the South.

There is a gender difference in accommodating to the new exigencies of life. Men in general are less prepared to adapt to new employment and life in the city. This makes women take the burden of financial responsibility for the household. This is not accompanied by a corresponding reduction in women's domestic burden. The reality is that women and their daughters carry out all domestic tasks as well as earning income. That does not mean that men are unproductive, some work extremely hard and take the responsibility for their families, but they lack the adaptability of women, and often their pride stands in the way.

Sudanese culture is a patriarchal one. Men traditionally are dominant in the family and hold the positions of authority in the community. These are combined with their cattle tending and defence of the community. All these roles diminished when they came to the urban environment of Khartoum. Leadership in the community was undermined by the all-pervading nature of the state. In the south there is a system of leadership of a Sultan<sup>11</sup> and his followers. It still exists in the camps, but it is not as effective as it was in the south. The Sultans complain that the people ignore their advice and they find it difficult to keep order among them. One Sultan from the Dinka in Mayū camp told me, *In the south what the Sultan says must be done immediately, but here in Khartoum no one obeys at all, especially the new generation of our children who are born in Khartoum.*

Men find that their roles are diminished and that they have lost power over their community and families. The men are traditionally farmers, pastoralists and fishermen, but in the present context, they earn marginal living as casual and seasonal labourers, petty traders and low-income labourers (Assal, 2004:12). This has made them aggressive and depressed and it is very common to see men walking in the camp talking to themselves. Others resort to drinking and aggression. Many men joined the police or army in order to find a sense of identity and fulfilment of traditional roles of authority.

Family relations are affected by the new economic circumstances. Many people described the process as being one of individualisation. That means people are retreating from collective responsibility. Networks or social capital is decreasing as people find that the resources that they command are insufficient for their own needs, let alone for the community at large. Ibrahim described this as socio-cultural displacement. He argued that the dispossession of southern agro-pastoralists of their cattle is one of the major dimensions of socio-cultural displacement. Cattle are more than a means of production or an object of consumption for the southerners. In the present situation they find it hard to accept alternatives to cattle and this resulted in an increase in psychological and psychiatric disturbances among the displaced. Schizophrenia and depression were found to be the dominant types of disorders in the psychiatric hospital in Khartoum (Ibrahim

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<sup>11</sup> Arabic name given to the chief leader of a tribe. Normally he is elected on basis of wisdom, respect, honesty and loyalty to the tribe.

1995) I noticed that many of the people are unstable, disturbed, aggressive and depressed. However, the extended family remains a vital component for most people. The new arrivals depend upon their relatives for accommodation and assistance. Most households contain relatives and friends. It is expected that the help one gives will be returned in the future.

On the public level the community as a unit is disintegrating, whilst at the household level relationships remain crucial. The groups from west Sudan, for example Fur, have managed to retain the cohesion of their society including networks of social capital better than the southerners. This is because the westerners' tribes have retained better links with their home societies than the southerners. Also their religious and economic background is more compatible with the urban life. A high proportion of westerners are Muslims and they feel less threatened by Islamic law than the Christians from the south.

The Catholic Church played a vital role as a cultural symbol for the Christians in the south. It was a powerful agent for protecting the rights of the displaced and southerners depended on it to represent their interests. It has been of great help in the provision of services such as education and health. However, since late 1999 lack of funds has curtailed the support given to the displaced. Teacher Ator in Mayū camp said:

*I came in 1990 at that time there were no schools in Mayo camp. The church helped us in building the schools with local materials. It helped us with books for the students and sometimes breakfast but now nothing at all. The church said that we have to be independent and raise our community by ourselves.* (29 September 2004, Mayū camp)

The traditional roles assigned to the members of the household are undergoing radical transformation. There is no difference between adulthood and childhood, with the exception of the very young and very old, every family member is involved in trying to generate income. The women assume multiple roles in the urban life of Khartoum. They perform reproductive and productive tasks, as child bearers, housekeepers and income earners. Domestic work for the rich families in the city obliges the women to stay away from home during the week, only visiting their children at the weekends. Work in the market means that women are away from the house until late evenings. Brewing alcohol carried out by many women at home, is highly lucrative but accompanied by high risks. It enables women to work from home and at the same time perform their other duties and watch their children. The frequent police raids, however, can result in high fines and imprisonment for the brewers. It is a common activity in all the camps that I visited and the customers are many. It is quite usual to find men sitting under the shade of a tree or under a rakūba drinking Marisa.

The alcohol that provides these women's income is an important source of conflict in the households and contributes to the disintegration of families. Men who are unemployed and frustrated resort to drinking as a way of passing time and forgetting their problems. This leads to violence among the groups, and in the home. Physical conflict between husband and wife is common and the reason is nearly always alcohol. Children who witness such fights lose their sense of family cohesion and this leads them to abandon their family home and live in the streets. Parents, by acting in such a way, make children grow up regarding the family as a source of conflict rather than a source of security.

On 25th August, 2004 I was working with the children in Mayū camp in a focused group discussion when suddenly a boy of sixteen came into the classroom. He was obviously drunk,

judging by his walk and smell. He claimed he was not drunk but another child said, "He drinks every day at breakfast time." I told him to sit down and join the discussion, but he left saying he had a class. I asked the group whether it was normal that boys drink during school hours, and was told that many boys, and even girls, drink. If caught by a teacher they are punished and beaten. Mary Ajuk a fifteen-year old girl from the Dinka tribe said:

*I hate going to the house because my father always fights with my mother. He comes home drunk every day and beats my mother. They always fight over money. My mother makes alcohol at home and I do not like that at all. I go home at two in the afternoon and find many people around the house buying Marisa. I cannot find time to study as I have to help my mother with the washing and cleaning of the utensils for the alcohol brewing. Last year my mother was in prison for three months and I had to take care of my younger brothers beside going to school (25 August 2004, Mayū camp).*

Many problems occur as a result of alcohol and many women and children are beaten by their drunken spouses and fathers. If they were still living in their village they would have the redress of traditional legislation: a woman would complain to the Sultan and he would protect her. In the city, the Sultan is not respected or obeyed. This has a great impact on the life of women and children. When the children see the police raids they run to their homes, afraid that their mothers will be arrested and if that is the case, they cry for days. They also have to deal with the humiliation of the situation, with children and adults pointing and name-calling, such as "your mother is a Marisa maker", "the son of an alcoholic mother." This has its effects on the relationship between children and their parents. Children lose respect for their parents and start thinking of leaving home.

The issue of respect is related to the relationships across the generations. In the village, the inhabitants have strictly prescribed roles according to their age, but in the city camps, this age-segregation has ceased to be practiced. A fourteen-year old boy can be a father and the breadwinner of his family. A fifteen-year old girl can be a mother of two children and a wage earner. These changes are due to economic factors and the resulting frustrations cause people to seek alcohol as a way of escape. In the village people would drink in an organised way, following certain protocols, and tension and aggression would be controlled, but in the camps alcohol induced fighting is an everyday occurrence.

The older generation is frustrated because they have no clear role in this society. In the village the elderly are accorded respect; they are deprived of this and long to return to their villages. Many children are born outside stable relationships, particularly to teenage girls (Loveless, 1999:28). Living a hard life in the camps and coming from fragmented families, the children are deprived of many things, not least a sense of traditional values. In the camps they lack the guidance of family and older people that would have been an essential part of their upbringing in their villages: nor does their situation encourage respect for such advice as they may get. The boys lose all sense of purpose and take to street life. The girls indulge in extra-marital sex and drinking. Teenage pregnancy is common among the displaced, but it is a taboo to talk of unwed mothers. As I was interviewing the girls in al-Salam camp they were very reluctant to talk about pregnancies, but one girl mentioned that she knew four girls in the school who left because they became pregnant outside marriage. The girls felt worried and embarrassed about talking of sex and pregnancy. Some tribes do not believe in abortion and girls have to keep the child, with the result

that a child is rearing a child. Some parents ask for a high bride price for their daughters, seeing this as a source of income. They sell their girls to elderly men. Akol, a fourteen-year old girl from the Dinka, had to flee her home because her father wanted her to marry a fifty-year old man. She had sex with a boy of eighteen and got pregnant. When she told her father of the pregnancy and that she did not want to abort the child, he beat her and threw her out. She fled to relatives until the birth of the child.

Girls are generally forced into early marriage by their families. They always hope that they get a good husband, as they feel they cannot survive on their own in this society. Some girls blame their parents for failing to provide them with support and security. Almost 90% of the girls interviewed wanted to finish school, as it is the only way that they can escape the cycle of dependency on others. Education, they said, will make them independent and capable of finding good jobs. However, girls can be easily seduced by wealthy boys: they think that a wealthy boy will give them security, but in the end the girl finds herself deserted and pregnant, left to cope with a baby and the disapproval of her relatives.

It is a complex society in which people have to survive in the camps and shantytowns. It is composed of a mixture of cultures from the south and west of Sudan. The new generation barely speaks their mother tongue. Arabic is the language that they use because it is practiced at schools and among friends. The retention of traditional culture is considered by many parents to be fundamental to maintain dignity and pride and they are afraid that their culture might dilute in this society. Some traditions are kept alive in one way or another, for example by performing dances. During festivals at school children perform dances and songs based on the songs they sing in the church, but there is a widespread concern that once the elders die the practice will disappear. Logistical constraints can limit social and cultural gatherings. People are so preoccupied with their daily survival that they do not have time for cultural and spiritual events. The hope is that with the peace agreement the new generation will have the chance to learn and preserve their cultural and traditional beliefs.

#### *Marriage, divorce and the family within IDPs community:*

The previous paragraphs have shown how important the family is, but also that the family is no longer a secure place for children. The institution of the family is undergoing fundamental changes in this new society. The employment practices described above threaten the family. Mothers leave the house for five days a week and fathers, when they are not unemployed, might work in agricultural areas elsewhere and come home only every six months, children work on a daily basis or stay with their relatives. It is a fragmented, disintegrated and very stressful environment resulting in a high divorce rate.

Almost 50% of the children interviewed have either divorced or separated parents. Men often feel that there are no moral rules, as there were in the village, and marry more than one woman. This does not conflict with cultural values, as polygamy is normal in the southern tribes, even Christian ones, but since they are unable to support two wives, they neglect one of them, which leads to poverty and separation. Stress also leads to domestic conflicts and divorce is the result. This has a great impact on the life of children. The majority of the children interviewed were their mothers' responsibility: they feel very proud of their mothers and hate their fathers who abandoned them.

These problems of marital instability can be linked to the difference between the marriage ceremony that normally occurred in the village and the one practiced in the city camps. In the village, cattle form the basis of marital arrangements, particularly among the Nuer, Shiluk and Dinka tribes. In the camps, marriages are settled through payment in cash in Khartoum, and by debt to be paid in cattle in the home area. However this happens less and less frequently. More commonly people enter marital arrangements in a less formal way or they pay cash just as the northerners do (Loveless, 1999: 30). Paying cash is known as *mahr*, which Jansen (1984: 6) defines as “the sum of money or gold or silver jewellery which the groom, if necessary with the help of his family, pays to his bride.” Added to this in the camps is the money given as brideprice to the father of the bride. However, in the camp most of the southerners prefer the less formal way of marriage. Men do not like to enter into formal marriage because they must pay *mahr*, and in case of divorce, they will not get it back. Not having entered into a formal marriage contract, they feel no obligation to stay with their spouse. These marital breakdowns result in a large number of households headed by a female. Single mothers have the responsibility to take care of their children. They might get assistance from relatives but their chances of that are low. They may have practised monogamy, hoping for assistance and security (Loveless, 1999: 30), but they usually end up abandoned or divorced. A sixteen-year old girl from Fur, who became pregnant by a neighbour, was rejected by her parents. She feels trapped and desperate and does not know what to do.

Some single mothers are taken in by relatives who have children of their own and the household will include unmarried relatives of the husband and wife and orphans from a variety of backgrounds. That was the case when I visited the Majuk family in Mayū camp. The house was full of children, more than nine children were playing in the yard. Two elderly women appeared, one was Majuk’s mother and the other was her sister whose husband had died in the war. Majuk has five siblings and four cousins in the household. They all live in two rooms with only four beds in the house. The dependency ratio is high, with only two persons in the family having an income.

Many women also became single as a result of the disappearance or death of husbands in the war. Southern men fight on both sides of the conflict. Some women left their husbands behind and came to Khartoum, but in other cases husbands intended to come to Khartoum but were conscripted. These single women are vulnerable to lure of the alcohol trade. They think that by trading in alcohol they generate more income and can support their children. As well as the risks of police raids, single mothers are vulnerable to thieves and drunkards who roam the camp at night. They might be attacked and raped, beaten and abused. All this affects the children, as it increases the risk that they will lose their parent. As displaced children they live in a high risk, fragmented and insecure environment.

#### *Another way of life: Street children*

The previous paragraph explained the general situation of the displaced in the camps. Because many of the children spend large parts of the day on the street they are often caught under the umbrella term of ‘street children’. Yet, the lives of these street children vary widely. Some grow up in a stable family that, although poor, is able to provide emotional support. These are classified by some as street children because most of the times they are in the street in the city centre looking for money. They return at the end of the day to their families. On the other end of the scale are the real street children who live and sleep in the street. I distinguish four categories of street children.



- *Children who go to school and work*

The majority of displaced families need children's income, so the children take jobs either in the afternoon or evening. My concern in this study will be mostly on this category of children who go to school and work at the same time.

- *Children who work full time but live at home*

Those are children who dropped out of school and work the whole day on the street for example in shoe polishing or car cleaning.

- *Children living in the street but who have contact with their families*

Those are children who live and work in the streets but they know their families and they have some contacts with them. Husna, a twelve-year old girl, left home after her stepfather abused her and her mother went to prison. She has contact with her mother but she does not want to return home. Some children also work in the street and support their other siblings, without living with them. Some NGOs are working to reunite those children with their families.

- *Children living in the street but who have no contact with their families*

Those are children whose parents died or who are in conflict with their families. They live on the street and have no contact with their families. Those are real or full-time street children. The majority ended up on the street because of bad relations with their families due to abusive parents and conflicts.



Photo 3.6 A street child sleeping in a deserted building in Khartoum

### *Survival of children in the streets*

Children in the street live and survive through different strategies: collection of unused food from restaurants or wedding parties, begging, stealing, cleaning shoes, car washing and so on. Street children create groups and networks in the street and join together for mutual support. Some form groups for car washing, while others engage in many activities including black market sale of

alcohol and tobacco, dividing the profit amongst them. Street girls roam around begging, look after their children if they have any, and sometimes form relations with street boys and are partly depended upon them.

Strikingly, street children have their own language of communication. They call it *Randük* language, which is a mixture of a dialect language and Arabic. All street children use this language and understand each other very well.

Life in the street has advantages and disadvantages for the children. Some children think that the life on the street makes them more responsible and independent. The experience might even empower children, because there is no one to teach them, they learn by themselves the good and bad things in life. This depends on the background of the child. If the child is living in a supportive family, he/she uses the street as an opportunity to contribute and support his/her family. Children then feel self-reliant and responsible. If the child was abused and violated by his/her parents he/she uses the street as a way to escape, and here the child can easily be led into habits such as sniffing glue (*sillision*), drinking alcohol, smoking cigarettes and other harmful practices (see photo number 3.6 as an example of a street child sleeping as a result of sniffing glue). One of the street children replied when I asked if he took *sillision* "Of course, to be part of the street you have to take it. It makes you strong and tough in the street and also to feel you belong in the street." Hawa, a ten-year old girl from the west of Sudan said:

*I learned a lot from the street. I learned how to find food and work. I learned where to work in the street. I learned that no one is going to take care of me and I have to take care of myself. I used to work as a beggar from the age of five years and now I know the good and bad things in the street.* (27 May 2004, al-Salam camp)

The life in the street makes children learn different things, and forces them to face many difficulties in surviving. The street to them as Nieuwenhuys (2001: 548) said "is more than a place of work, it is where children enjoy friendships, engage in recreation by playing football and card, gossiping and obtain food and money to spend on themselves in a relatively easy way." However, street children also face harassment from the police. They are scared of the police who treat them roughly and take them to reformatories. In the reformatories the treatment is harsh and there are few amenities. The older boys are at risk of being taken to the army. Street girls are vulnerable to harassment and they are sexually abused by the security guards in the reformatories, or the police. Some are forced into prostitution for a living with all the consequences for a child's development.

Despite the harsh life, some children get assistance from the public, for example, shopkeepers allow them to sleep on their premises or give them food or sweets. The public despises street children. They regard them as delinquents and criminals, but still there are kind people who want to help them.

Many NGOs have attempted to assist street children. In 1991 the government policy curtailed the direct interaction of NGOs with street children. During that time the indiscriminate collection of street children intensified. There were taken to government centres such as Abu Dom for boys and Bashayer for girls. Therefore, the NGOs changed their policy towards prevention and protecting children. In 1996 the government withdrew a little from its hard position and allowed NGOs to work with and rehabilitate street children. The NGOs have managed to return children from the reformatories to their parents or families and have others moved to new residential centres in Sūba and al-Jiryf. These centres were run by five NGOs that helped to support street children by giving them training at the vocational training centre in Būrī. The role of these NGOs

will be described further in chapter six of this study. Churches were also involved in collecting street children and putting them back in school. There has been progressive achievement from 1996 until today, but unfortunately there is still no data on what has happened to the children who followed training courses at the vocational training centres.

## 6. Income generating activities

Income generating activities are the primary concern for all the displaced. Most of the problems concern money for school fees, health treatment, food, clothing, payment for licences and so forth. Once one asks them about their problems, financial issues come into the conversation even if the subject is not referred to directly. This is because city life is a monetary economy, and the economic situation is poor. Job opportunities are extremely limited and few households are able to survive on one income. Individuals within a household often have more than two jobs and nearly all members of the household are involved in some form of income generation.

The jobs are limited and the only way that the displaced find jobs is through contacts. If one of his or her extended relatives is in a strong position, then he can help in finding a job or a place to live. This limits the opportunities for new displaced who come to the city, compared to long-term residents, and explains the importance of the extended family. Links between the displaced and the host community are limited, but some domestic workers get help from their employers in finding a job for their relatives. After establishing contact one has to have proper legal documents: skills come last in the list.

Nevertheless, the type of employment is normally unskilled labour. The men usually engage in harvesting, driving a donkey cart, labouring, construction, driving, teaching, join the army or police, engage in trade or technical work, become guards or work in a factory. The women do domestic work, brewing, selling food, dying clothes, firewood collection, prostitution, trade, sewing, basket making, washing clothes, nursing, handicrafts, and factory work. The boys drive donkey carts, sell cigarettes, polish shoes, work in factories or as casual labour, sell water and scavenge. The girls sell tea, help in the market, do domestic work, scavenge and engage in prostitution.



Photo 3.7 Women working selling tea and donuts in al-Salam camp

The majority of the displaced people hold more than one job. A woman can sell food in the market in the morning, wash clothes in the afternoon, and brew alcohol in the evening (see photo number 3.7). Children combine cigarette selling with school or scavenging. The reason for the combination of work is that wages are low, and to spread risks in case one of the jobs fails. Wages are low, ranging from 50-90 dollars per month depending on the job.

If we compare these wages with the cost of living, the struggle for the family to manage is evident. For a family with five children, expenditures on food, fuel and water would be 500 SDD per day, that is 15000 per month, equivalent to 60 dollars per month. Transport costs, especially in the distant camps like al-Salam, can reach 300 SDD per day equivalent to 12 cents. Taxes, clothes, health care, school fees and stationeries must be taken into account. The minimum school fee is 5000 SDD per year equivalent to 20 dollars, but there are registration fees for the exams and this varies from one school to another. Books cost 500 SDD equivalent to 2 dollars per book and there are seven subjects or more in year. It is obvious that a family of five must struggle to live and needs several wage earners. The numbers in extended families are increasing and so are their dependency ratios. The Darfur war had displaced thousands of families. In Mayū camp in August 2004 more than 1200 families came to the camp to live with their relatives. Although many people in the household earn some money, the total household income is seldom above the minimum level. Few families eat more than two meals and the majority eat one meal per day. Some people get assistance from their relatives who work outside Sudan or other kin within the locality. People also borrow money and obtain items on credit from shopkeepers.

The opportunities for a secure monthly salary are decreasing, therefore, the greatest potential lies in trade, but to start a business one needs capital and equipment. Some NGOs provide training in skills, for example carpentry or mechanics, but the children lack the equipment and capital even if they receive their training. Some children borrow a capital of 500 SDD from a relative or kin and buy toys, office supplies, fruits, vegetables, water, batteries, lamps, slippers or bags and try to sell these in the streets. This is risky because they can be arrested if they do not have a licence to trade. Most of those involved in business said they are affected by the increasing competition; this is the result of a growing urban population and a deteriorating economy.

## 7. Conclusion

This chapter described the general situation of life in the camps, and in particular that of displaced children. It showed that displaced children are unprotected and unsupported by their parents, peers and the community. A child from the age of five can start working in the street. Children in the camp are not cared for properly, they learn by themselves and they learn from the street. They are torn between the life in the camp and the life in the city centre. Overall, the economic situation is bleak. This is because of the instability of camp life in terms of social structure, employment or facilities habitation. Insecurity and the negligence of the government towards the displaced is a problem that every displaced person faces. The results are victimised children who are caught between their own traditional life and the city life in Khartoum. It is a different and difficult society in which children live. It is indeed 'a different world' full of small children on the road to a hidden future. Both the state and NGOs have duties to support displaced children on this road, but before learning how well NGOs can take upon themselves these duties, we will have to consider the relation between the state and the NGOs in order to understand how this relation enables or

hinders NGOs in implementing children's rights. The next chapter will describe the antagonistic and co-operative relations between the state and NGOs in Sudan.



# Co-operation and Antagonism: The Relation between the State and NGOs in Sudan

## 1. Introduction

On Monday 9 February 2004 at one o'clock in the afternoon I told Mohamed F, the logistic officer at Save the Children USA organisation, that I was going to visit the camps for my fieldwork. He immediately asked if I had a permit. When I replied that I had no permit, he told me that if I had no permit 'they' could cause trouble for me. Puzzled, I asked who 'they' were, and why I would need a permit. He said the security people wanted to know anything that occurs in the camps and without a permit from the Humanitarian Aid Commission in Khartoum I could not work in the camps. He wished me good luck in my application, as it could take months to obtain a permit. It was not clear why a permit was necessary and why it was so difficult to obtain. I found the thought disturbing and it made me consider what kind of relations existed between the state and NGOs working in Khartoum.

In every country there are policies, rules and regulations. Policies can help or hinder development work, but there are always elements of co-operation and antagonism in the process. In this research there are two main actors, the NGOs and the children, but to study the NGOs it is important to study their relation with the state, because NGOs cannot work without the approval of the state. NGOs began working in Sudan at the request of the government to help cope with the effects of war and natural disasters. This chapter will deal with questions such as 'under what rules and regulations set by the Sudanese government do NGOs work?' 'What is the role of the state in their work and how do they see this?' 'What are the facilities and obstacles the state provides for NGOs?' 'What is the basic relationship between the state and NGOs?' I will argue that the

relationship between the state and NGOs in Sudan is ambiguous and complex, that it is both co-operative and antagonistic. This ambiguity hinders the NGOs in the provision of services to the children.

## **2. Development and alternative development strategies**

In the above development practice and thinking in the past decade, the role of the state has been redefined. Since World War II the concept of development has emerged. This was first commonly defined "in terms of economic growth measured in terms of growth of national product and in terms of better health, literacy, and enlargement of choice" (Andermahr et al, 1997:48). This idea developed into an interdisciplinary field known as development studies, mainly devoted to Third World countries; it focused on macroeconomic problems, particularly those concerning global inequalities between rich and poor (see Brohman 1996, Schech et al 2000, Abdelrahman 2001). In the 1950s and 1960s these development studies delivered theories that dealt with economic growth and growth products (Brohman, 1996:9). These theories were soon criticised since they were mainly concerned with economic growth rather than the people. Thus, critics called for "alternative models of development in which the role of the state in development was redefined. The result was an ideological convergence creating a new domination of anti-government sentiment in the development discourse. The 1980s were characterised by an equal rise in enthusiasm for alternative development, civil society, people centred and trickle up models of equity and growth" (Abdelrahman, 2001:1). A range of alternative development strategies emerged to compensate for the failure of other models and to achieve equitable development and meeting human needs.

Alternative development strategy "aims to improve the conditions of life and livelihood of the excluded majority, whether on global, national or even regional scale" (Friedmann, 1992:37).

Analysts noticed non-correlation of economic growth with the achievement of other development objectives such as the reduction of poverty and inequality and the provision of basic human needs. Therefore, they argued that the focus should be on animate rather than inanimate that is on human resources and goals as measured by quality of life considerations, rather than on material resources, as measured by GNP (Brohman, 1996:203).

Development theorists went further in saying that:

...development is successful according to other people-oriented criteria, such as the universal provision of basic needs, the promotion of social equity, the enhancement of human productive and creative capabilities, and the capacities to set and meet their own development goals. Particular emphasis at the local community level and development projects should build development around people rather than people around development (Brohman, 1996:203).

Many international and bilateral aid agencies began to search for alternative, more people-oriented approaches. They developed programmes that targeted the poor in rural areas, the purpose of which was the fair distribution of income and resources by encouraging local participation and promoting small-scale projects (Brohman, 1996:204). Their focus is on "the active involvement of people in responding to and enforcing change. Their aim is to make clear that rather than being victims, people play active roles in achieving their livelihood by continuously exploiting



opportunities” (Haan and Zoomers 2005 38) Brohman characterised the alternative development strategies as

A focus on local, small-scale projects often linked with either rural development initiatives or urban, community-based development programmes It emphasizes basic needs and human-resource development, especially through the provision of public goods and services A refocusing away from a narrow, growth-first definition of development toward a more broadly based human centred conception It has the concern for local or community participation in the design and implementation of development project A stress on increased self-reliance, which might extend to a variety of scales to reduce outside dependency and create the conditions for more cooperative, socially and environmentally sustainable development (Brohman, 1996 220)

Although, these strategies seemed to be theoretically feasible and effective, in practice they revealed many flaws There was criticism of their usefulness and as to whether they really represented a viable alternative to mainstream development approaches The methods used to design and implement alternative development programmes and projects were also criticised The problems were most noticeable in the area of participation Programmes were criticised for paying only lip service to local participation, which supposedly was one of the key elements distinguishing alternative strategies from their mainstream counterparts (see Brinkerhoff 1988, Hyden 1980, Nagu 1987, Brohman 1996 220) They also extended the centralised state control through the building of patron-client relationships, enabling the establishment of administrative and political parties in the rural areas This control by the state, with the help of outside aid agencies, meant the control and/or suppression of any development initiatives of the poor (Brohman, 1996 222)

Alternative development strategies have been widely used by NGOs working in third world countries Sudan is no exception However, it remains to be seen whether the NGOs working with children indeed managed to involve the local population, in this case the children, in their projects Strategies of self-reliance or human resource development may have unplanned consequences for the involvement of the state in the development projects carried out by NGOs These are complex issues that are discussed in this chapter as they can affect the provision of services to children

### *Conceptualisation of the state in relation to development*

The last two decades witnessed debates about the state, civil society, NGOs and development (Abdelrahman, 2001 13) The state was criticised for its inadequate and inefficient role in development This does not mean that the state is a weak institution or that it is powerless The state is here defined following Johnston’s definition as “a recognisably separate institution or set of institutions, differentiated from the rest of the society to create identifiably distinct public and private spheres It is sovereign or the supreme power within its territory and applies equally, even to those in formal positions of government or rule making” (Johnston, 1996 145) In addition, “the state has the capacity to extract monetary revenues to finance its activities from its subjects (the population), while the modern state’s personnel is mostly recruited and trained for management in a bureaucratic manner” (Johnston, 1996 145)

A common feature of the state is that the government functions as the major public actor, carrying out its objectives and acting as a representative of the state For the sake of clarity, I will

use the term 'state' as the main actor in relation to NGOs throughout the thesis. According to Martinussen,

There are particular forces that manage to influence government and state, especially certain groups of people in the economy and military. State and government are not separate entities by themselves. Both are made of interrelated people who have the ability to perform and implement the forthcoming functions. A state is society-centred, where it has the characteristic of interacting with groups and power struggles between social classes and other social forces (Martinussen, 1997: 228).

The state has four main tasks. The first of these is the defence of its population by both military strength and alliances. The second task is to establish justice by regulating and ordering lives fairly and humanely. The third task is promoting general welfare for those who cannot take care of themselves, such as the infirm, aged, and blind. However, due to natural crises and problems such as drought, famine, and economic difficulties experienced by Third World countries, some states are unable to carry out this function. This has led to many governments seeking help and assistance from foreign agencies in carrying out the welfare function. NGOs fill the gap left by the governments. The final task is to ensure liberty, by this Burns and Pealtson mean that it is "the task of the government to protect elementary rights, the right to live and to have a fair trial and to enlarge the liberties and opportunities of individuals" (Burns and Pealtson, 1957: 4-7).

Weber, as cited in Abdelrahman, stated that within the state the authority of the ruling power is binding. Where a dominant class imposes its power on another class or classes the state will not be able to protect the public interest and help the poor (Weber 1968: 54 cited in Abdelrahman, 2001: 17). This is the situation in Sudan. "The state is a powerful institution that protects the interests of the power-holders as well as its own interest. Its policies are not impartial and they favour the powerful groups in society including itself, undermining the interests of the others and in some cases excluding the interests of the powerless" (Abdelrahman, 2001: 17). The role of the civil society, and in particular NGOs, is to protect the interests of the powerless and the poor. Since the state failed to achieve development for all groups of the population but, according to scholars like Abdelrahman, contributes to the maintenance of inequalities due to the influence of those in power, it finds itself in an ambiguous position vis-à-vis NGOs. It both needs them and hinders them. This ambiguous position between the state and NGOs can hinder the provision of services to the poor and children in particular, leading to deterioration in their quality of life.

### **3. Non-Governmental Organisations (NGOs)**

NGOs encompass a wide range of organisations that may differ in objectives, membership and organisational structure. Among them are charitable organisations, women's organisations, self-help groups and religious organisations. They have in common that they are distinct from the state, i.e. they do not form part of the state structure. The term NGOs in this research refers to organisations whose activities are directed to the initiation or supporting of development processes, especially in the interest of the poor, and in particular internally displaced children.

There has been a worldwide growth in the number, size and operations of NGOs in the last two decades. Their role has been redefined within the development discourse. Their methods, approaches and strategies have been praised and criticised (see Clark 1991, Van Heemest 1982,

Wils 1994; Korten 1986; Hulme and Edwards 1992 & 1997 to mention a few). Nevertheless, the impact of the work of the NGOs on the beneficiaries and how the beneficiaries view the work of NGOs has not yet received sufficient attention.

Scholars have defined NGOs in different ways, such as Padron who defined "NGOs as any organisation which is not part of the government and which has not been established as a result of an agreement" (Padron, 1987:70). This definition does not apply to NGOs in Sudan, because as I will describe later in this chapter, no organisation can work without a legal authorisation from the government, whether the organisation is national or international. Wils pointed out:

NGOs are private associations (PAs) which mobilise groupings of (semi) professionals, and domestic as well as external resources, for work with and for the poor. Non-profit organisations with social objectives, they are born out of private initiative with an interest in the alleviation or even elimination of the problem of hunger, poverty, powerlessness and/or violation of human rights in third world societies. They do so by delivering direct relief or assistance to the poor or by working directly with the poor themselves and with their organisations, by addressing certain causes of poverty in the wider society or even in the international system (Wils, 1994:1).

In this research, I define NGOs as non-profit organisations working for the people to satisfy their basic needs and rights. Their clients in this case are mostly the war affected and displaced because of drought, desertification and famine. NGOs are not engaged in commercial business or profit making; and their political objective is neither clear nor dominant.

Several studies discussed and contested the changing roles and types of NGOs (see Uphoff 1993; Fowler 1988; Farrington and Babbington 1993; Bratton 1990). Korten (1986:6) distinguishes three distinctive stages or generation in NGOs dealing in relief or development programmes.

The first generation focuses on relief and welfare, relying on private contributions to deliver welfare services to the poor. Relief here means essential response to emergencies. However, from a development perspective, relief and welfare approaches offer little more than temporary alleviation of the symptoms of underdevelopment. The second generation focuses on small-scale self-reliant local development: this means sustainable improvements in the lives of the poor, depending on their capacity to meet their own needs with the resources they control. Therefore, NGOs undertook development of capabilities to promote and fund local development in areas such as preventive health, improved farming practices, and other community development activities intended to promote local self-reliance. The third generation focuses on sustainable system development: in this generation, efforts of the NGOs, both public and private in collaboration with the government, unite to work on the development of more supportive policies, programmes and institutions so that the poor can act on their own and be self-reliant in development. This generation involves an indefinite period and the capacity required by NGOs is strategic management backed by social and institutional analysis, plus facilitation and coalition building.

A similar classification is made by Tandon, although this author distinguishes four types (Tandon, 1989): The first type is service-providing NGOs who provide relief and services for the poor and marginalised communities. Many of their services are in health, education, water and sanitation, re-forestation etc. The second type is development-oriented NGOs that work directly on the question of organisation and empowerment, or work through educational interventions in

certain development sectors. The third type are support NGOs. These are newly emerging NGOs that provide a variety of support functions to different grass-roots organisations. The work of these support institutions has been to provide input that would strengthen the capacities of grassroots NGOs to function more effectively. The work of support is comprised of training, evaluation and programme planning. The fourth type is umbrella or network NGOs. Umbrella NGOs are more formal, linking NGOs together. The main reason for their emergence is their need for bringing together the experiences in different micro settings to bear in addressing an issue that requires collective strength, advocacy and wider perspectives. Many of these umbrella NGOs take an important role in raising the issues to the level of national and international policy debate, to contribute towards changing the frameworks and strategies of development based on the experiences of grass-roots NGOs operating in local setting (Tandon, 1989 7-9)

In Sudan, the majority of the NGOs work in the first and second generation fields. The case studies in this research focus mainly on the first and second type of NGOs providing services to the poor. NGOs in Sudan assist in the educational and health interventions, as part of the development of the country, but they do not fully engage in the empowerment of the poor. NGOs in Sudan that focus on sustainable system development are very few. This is because sustainable development requires an indefinite period and NGOs in Sudan are limited in funds and duration of the projects. The most they can do is to assist in constructing schools or health centres, and provide some assistance. However, sustainable development is not achieved by only building schools or health centres. The ability of the people to be self-reliant and to act on their own is one of the important elements in alternative development strategies, but, the state can be an obstacle for NGOs' engagement in sustainable development.

#### **4. State and NGOs relation in Sudan**

The relation between NGOs and the state has been traditionally one of natural suspicion. "Their relationship varies between ignoring to outright hostility. States in general are suspicious of NGOs, and their relationship in Africa is like that of cat and mouse" (Bratton, 1990 16). In theory, there are three main relations between NGOs and the state: complementary, substitution and opposition.

Complementary relations exist when the state and NGOs work together to respond to natural crises such as famine, draughts, desertification and economic instability, over which people have no control. NGOs can act complementarily to the government, and be involved in areas where the government fails, that is, in reaching the poor through grassroots organisations, which mobilise them for fuller participation in development, often at the request of the host government (Farrington et al 1993, Salih 1997). Substitution refers to those relations in which the government ignores the crisis that takes place in the country and NGOs step in to take the role of the government to resolve a humanitarian crisis. Opposition occurs when NGOs defy the government, as often happens in the case of authoritarian regimes. The state here is characterised by dictatorship, military rule, and autocratic or authoritarian functioning (OECD, 1987 11). Here the function of NGOs is to act in opposition to the government by training the groups they support. Thus, the NGOs come to represent a political opposition to the state. At the same time the state does not allow NGOs the freedom to operate and can repress NGOs' movement and inhibits progressive social change (Tandon, 1987 4-5).

Nevertheless, looking at the above three main relation between the state and NGOs I concur with Van Heemst's statement that the state plays an important role in the life of NGOs and their activities (Van Heemst, 1982: 58). Sometimes it provides support to NGOs, at other times, it hampers NGOs activities in various ways and reduces their manoeuvrability. In some cases, the organisational structure of the state co-operates with NGOs at certain levels. In other cases, the state does not co-operate with NGOs, even if a mutual wish to co-operate exists. In Sudan, I suggest a new term to characterise the state-NGO relation 'complementary authoritarian relation'.

NGOs in Sudan emerged at the request from the state to fill the gap in providing basic needs, theoretically a complementary function. However, the authoritarian Islamic military regime in Sudan does not give much space in which NGOs can work. It permits them, according to an agreement between the state and the NGOs, to work in certain areas and on certain projects. The state can benefit from their knowledge and experience and hence the state and NGOs work co-operatively to a certain extent. For example, the Convention on the Right of the Child is the responsibility of the state, but the state does not have the required resources and capabilities to implement the CRC. Hence, it requests the NGOs to enforce and implement the CRC in their projects. However, for NGOs to start implementation they have to go through the regulations set by the state. NGOs must submit project proposals to the state for approval before implementation. Once approved, the government supervises their work in the camps. This can limit the manoeuvrability of the NGOs to work freely, especially on sensitive issues such as gender.

Some NGOs have partnership projects with the state, for instance in education. The state has an agreement with the NGOs to contribute in the training of teachers or the cost of educational books. This means that the state, in an indirect way, has a supervisory role. In this chapter I examine the role of state and the role of NGOs. I look at the boundaries and limits of each, and the state's supervision of the NGOs. Different state agents have different roles both hindering and facilitating NGOs work and thereby influencing what NGOs can do for children. The next section will examine the role of the various actors on behalf of the state and the role of the NGOs in Sudan.

#### *Humanitarian Aid Commission (HAC)*

In 1988, a ministerial decision number 310 from the Ministry of Health and Social Welfare established the Locality for Displacements. However, in 1996, the Locality for Displacements was under the Ministry of Culture and renamed Humanitarian Administrative Aid. In 2000 it was renamed Humanitarian Aid Commission (HAC) and had its own identity. HAC operates under the supervision of the Ministry of Social and Cultural Welfare (Ministry of Social and Cultural Welfare, 2000: 1-6). The objective of HAC is to activate social voluntary work, assist people in emergencies and provide support to special groups. It coordinates the relief and voluntary work at the national level. It prepares the overall planning and policy formulation through extensive research studies. It proposes laws and legislation that are required to implement policies. It mobilises efforts for voluntary work and provision of required relief. It endorses administrative and technical plans and co-ordinates other related institutions. It is responsible for the supervision of donated aid and the proper use of it. It must ensure that there is enough stored aid in case of disaster (Ministry of Social and Cultural Welfare, 2000: 1-6).

In addition, HAC has to register all NGOs working in relief, rehabilitation or development. It monitors, supervises and co-ordinates the work of NGOs in order to improve their performance,

and directs their efforts to correspond with the state policies. It has the right to terminate any project for security reasons and recommend cancellation of registration of the NGOs if it sees that it has no benefit to the recipients. It has to approve the NGOs policies and project location before registering the NGOs. Also, HAC has the right to review fund raising methods for each NGO project and approve of it. It has the right to disapprove the work of the NGOs without any further explanation from their side (Ministry of Social and Cultural Welfare 2000: 1-6, Country Agreement 1997: 1-8). Overall, HAC is an agent of the state for monitoring and evaluating the work of all NGOs working in Sudan. It has the right to prepare all data and information on the NGOs work.

There are several ways in which the functioning of the HAC can hinder NGOs in their work. Technical details may hinder the process of establishing developmental NGOs in Sudan. One example is the procedure for the employment of expatriates. The majority of NGOs has at least one international expatriate staff member. It is the responsibility of the NGOs to submit a justification for the need to have an expatriate to fill a particular position based on qualification and experience. HAC provides a response to or comments on these proposals within two weeks. Then the expatriate has to have an initial work permit and entry visa valid for three months (Country Agreement, 1997: 1-8). According to one of the programme managers interviewed, it takes more than two weeks and sometimes much longer to get a reply to any request they submit to HAC. Delays are common in the HAC administration. To these initial delays are added the delays caused by the Ministry of Labour to get a work and residency permit. The Ministry of Labour issues one-year renewable work and resident permits. This is supposed to take one week, but in personnel practice it is usually more than two months. The reasons given for these delays are that the directors have not yet seen the request, or still are investigating the request and other unacceptable excuses.

Another hindrance in the establishment of NGOs in Sudan is the involvement of the state in the selection procedure of local staff, leading to delays, but also limiting the choice of NGOs. Within one week, the Ministry of Labour will issue to the NGOs a permit to advertise for the job. The applicant for the job has to fill in an application form from the Ministry of Labour. The applicant has two weeks from the date of advertisement to submit his or her application to the Ministry of Labour and HAC. The Ministry of Labour conducts a first selection in coordination with the NGOs to identify those who are eligible to compete for the job. This step takes one week. A joint committee then invites the applicant to an interview with HAC and the NGO. The process should take a maximum of one month, but in practice, it takes much more than a month. The conduct of the process is under HAC supervision. They delay the advertisement of the job and they can refuse an application if they are suspicious of the applicant. HAC delays the recruitment of applicants when they fear that NGOs recruit anti-government persons. The issue is not only the delay in the recruitment process but also the involvement of HAC on the selection procedure. While this should be the responsibility of the NGOs, HAC is often suspicious of the people selected, thinking they might have hidden agendas. This suspicion is also evident in the monitoring and supervision of the work of the NGOs from employees to programmes and projects.

The delay and involvement caused by HAC affect the operation of the NGOs and the services to the children. NGOs feel frustrated that they cannot perform their work according to plan. They see their plans disturbed by the administrative procedures of HAC. If HAC performs its

job according to the policy stated, there would be less of a problem. A programme manager from one of the NGOs said,

*We had to wait more than three months until we got the approval for recruiting new employees and after all that they did not approve of the applicant and we had to redo the process again. This affected our work because we started a new project and we needed employees. One of the reasons they gave was that the applicant is not qualified, but we thought that the applicant was suitable. It turned out to be that HAC wanted us to recruit someone from their commission. This made the situation worse and we had to advertise for the job again. The problem was solved after almost 9 months from the start of the project (7 October 2004, Khartoum).*

Nevertheless, a good example of complementary working is the formulation of an agreement between HAC and the NGO facilitating the exemption from all customs duties, taxes and charges on all goods imported by the NGOs for achieving its objectives set in the plan of operations. According to the agreement between HAC and the NGOs expatriate staff is allowed to import personal effects free of customs duties and to re-export these personal effects upon completion of their assignment; it is also exempted from taxes within a six months period from the date of arrival to the country. Also, the government levies no taxes or fees on the salaries, allowances or other remuneration for personal services paid by the NGOs to expatriate staff.. Moreover, the state should ensure that no fund or commodity furnished by the NGOs be utilized for any purpose other than that required to maintain its operations and to implement its projects (Country Agreement, 1997:14). This agreement is an example of a co-operative arrangement between HAC and the NGOs. It helped the NGOs operation, because it facilitated the import of vehicles, computers and other materials needed for their daily work. It is also profitable to HAC as the NGOs give all exempted products to HAC after the termination of the project.

There are obligations of the NGOs to HAC. The NGOs have to meet obligations towards the state and its representative HAC in order to work in Sudan in humanitarian projects. They must first submit an application form to register with HAC. Attached to it must be the constitution of the NGO, names of the board members of the NGO and a certificate from the locality to establish the NGO. The NGO must prove to have an office and an empowered appointed representative in Sudan. Without those papers, NGOs cannot proceed with their work. HAC then reviews everything and approves registration, and a technical agreement between the NGO and HAC is signed. However, if HAC suspects that one of the board members of the NGO has a political agenda, they will not approve of registration (Country Agreement, 1997: 14). For example, a group of scholars requested registration for a Network combating Female Genital Mutilation. HAC refused, saying that this can cause religious discussions and conflict with Islamic leaders in the country.

The technical agreement contains an important article saying that "NGOs shall ensure that their activities in Sudan are humanitarian, non-profit making, non-sectarian, non-political and serving people in need regardless of their religion, race, ethnicity, beliefs and political convictions"(Country Agreement, 1997:14). The NGO will identify its project activities in consultation and collaboration with the government and NGO partners and develop a project document. A copy of this document goes to the government agencies concerned, usually HAC. HAC raises any objection or observation to the proposed document within 30 days. Provided there

are no objections, they draw up a technical agreement between the NGOs and HAC. A copy of the signed agreement goes to HAC.

The process seems to be applicable theoretically, but most of the time there are objections to the proposed project, and the discussion within HAC takes more than thirty days. HAC's objections are usually to the location of the project or the target group, arguing that the area is dangerous and inaccessible for NGOs. Sometimes, they give other reasons, for instance that other NGOs or governmental agencies are working in the area and that there is no need for double work. This is despite the fact that NGOs normally survey the area beforehand and write proposals based on the requirements needed for the area.

Another obligation for the NGOs is the submission of a list of positions for staff. Expatriate staff and national staff require the approval of the state. The number of positions for expatriates is according to the size and needs of the programme and the projects agreed upon with the state. The state can reject the recruitment of staff even if the project needs more staff. Reasons are mainly political, for example international NGOs could not recruit any American citizens from 1995-2000 because of unstable political relations between the USA and Sudan (Country Agreement, 1997:13). The same applies to the recruitment of national staff. According to the country agreement, the organisation should fill in as many positions as possible with national staff. The extent to which this is possible depends on the ability of the organisation to recruit suitably qualified and experienced national staff within the time available (Country Agreement, 1997:13). However, HAC can reject national staff.

HAC monitors the NGOs not only through the registration process and the hiring of personnel but also by requesting reports and evaluating the NGOs. NGOs should submit to HAC semi-annual progress reports and a comprehensive annual report. The annual report includes a summary of projects and activities, an evaluation of activities and accomplishments and a financial statement. This is one way of monitoring the NGOs work. If HAC has suspicions or is not satisfied with the NGOs work, it has the right to terminate the contract. Nevertheless, despite the administrative hindrances that the NGOs encounter in starting their work, they provide assistance to the government through project activities in the field of relief, rehabilitation and development. They design such assistance with the goal of strengthening local capacities. In this respect, the NGOs will endeavour to develop a partner relationship with local representation and national NGOs.

It is obvious that the state creates hindrances for the NGOs working in Sudan. Those hindrances range from the procedure of employment of expatriates, the registration of the NGOs, the interference in the selection procedure of national staff, the supervision of the selected candidates and the requesting of reports to monitor the work of the NGOs. These set severe limitations and create obstacles for the NGOs endeavouring to work freely in the provision of basic needs for the children. The continuous supervision of NGOs by HAC does not facilitate their work: despite the areas of cooperation, there are more limitations than facilities. Apart from the delays in administration there are severe limits set on NGO projects: these are related to the choice of topics, location, quality control, imposition of values and norms, gender, religion and age. These matters must be negotiated with NGOs, and all of which affect the NGOs' ability to provide services for children's development. Examples of some of these interferences are given in the next section.



### 5. Antagonistic relation between the State and NGOs affecting children

The Sudanese state supervises and monitors the topics that the NGOs discuss with the target groups. Especially if they are sensitive issues related to standards values or religion.

On 15 July 2004 I went with one of the organisations to conduct a session on the CRC and how to implement it in Dar al-Salam Squatter area. Mr. B. Mohamed was the session co-ordinator, and the event was organised for teachers from the different schools in the area. The coordinator started the session with an introduction on the CRC, its articles, ratification in Sudan and its importance for children. He defined the rights of children and I noticed that the coordinator was emphasising two main articles, which were the right of education and health, and wondered why the other articles were ignored. After the session had finished I asked Mr. B. Mohamed why he emphasised health and education rights rather than the other articles. He said

*The CRC has been signed by the state, but we as an NGO have to respect the culture of our society, we can not implement the CRC because there are certain articles that are difficult to implement in Sudan. For example, article 13, freedom of expression, and article 14, freedom of thought, conscience, and religion The state will not allow us to exercise these rights because they will say that it is against our religion, norms, and values. So, we have to go according to rules and regulation of the state. We are an NGO and the state monitors our work (15 July 2004, Dar-al-Salam camp).*

He went further, saying that they are one of the oldest national organisations in Khartoum and they are working with the CRC in their projects for children, but that they have to train teachers in how to use the CRC, taking the most important articles such as health and education. Other articles can follow later on. That means the NGOs have no freedom in choosing the topics they want to discuss with the teachers and children if it hinders the values, norms and religion of the country. This was emphasised further when I interviewed one of the programme assistants at Save the Children UK. She said,

*We are responsible for maintaining, training and facilitating schools in different camps in Khartoum state, but we are not allowed to change the curriculum of education. All the schools we support must follow the Ministry of Education curriculum We know that children from the south have difficulties with the curriculum but the state does not allow us to change anything in the curriculum. The curriculum is gender insensitive and we commented on this in one of our education workshops to the Ministry of Education but no change has taken place (29 June 2004, Save the Children UK).*

Other NGOs encounter problems in putting to the fore other sensitive topics. Recently, on 30 May 2005, two aid workers of MSF-Holland were charged by the State for releasing a report on rape in Darfur, which led to the closure of the organisation. "Rape is a sensitive subject for the Sudanese government. The government had always maintained that, as it runs contrary to Islam, rape is not taking place on the scale that numerous United Nations and international agencies have claimed" (BBC NEWS, 2005). This is one of the gender issues that cause antagonistic relations between the state and NGOs. Topics like rape, Female Genital Mutilation and even sexual reproductive rights are sensitive issues with which NGOs might face difficulties. A group of organisations, among them the Sudanese Red Crescent organisation, wanted to set up a network

for reproductive health HAC did not agree on the topic and name given to the network. They advised the organisation to change the network name from reproductive health to Sudanese Planning Association and then they would register the network and allow them to perform their work. As harassments from the state might lead to termination of the project or closure of the NGO, it makes NGOs cautious about their projects and leads to self censoring.

Another issue that NGOs face is the location of the project. Once the NGO registers with HAC, then the affiliated ministry assigns the location for its operation. For example, Sudanese Red Crescent organisation works mainly in health. The Ministry of Health discusses the location with the Red Crescent and appoints a certain location for the operation of the organisation. As Dr M Ahmed the programme manager for the health department in Sudanese Red Crescent said,

*The Ministry of Health appoints for us the location to work. They tell us that they prefer us to work in this and that area and that there is a need in health in that particular area. They prefer us to work in the areas distant from Khartoum because they are remote areas and need more health care. If we selected an area to work in they can object if they see that there are other organisations working in the same area. They said they avoid overlapping of work between NGOs. We have no choice of location, it is the Ministry's choice (15 May 2004, Sudanese Red Crescent organisation)*

The restriction of location was confirmed when I interviewed the director of Medair organisation. He also said that the choice of location is the responsibility of HAC or the ministry. He said, "When we registered the organisation with HAC, they requested us to take over al-Salam health centre because the Ministry of Health could not manage it. They needed our help in managing and directing the health centre and they told us where to work" (28 June 2004, Medair organisation). These restrictions apply to the whole of Sudan. This might frustrate the work of NGOs in Sudan, but according to the code of conduct and principles that NGOs sign with the state, they have to follow the rules and regulations of the host country.

Another issue that hinders the work of NGOs is the imposition of certain values and norms. According to the code of conduct principles and guidelines governing NGOs work in Sudan, there should be

Respect for the customs, traditions and values of the society and avoidance of any behaviour that impinges on these values or to be insulting to feelings of individuals or groups. The sovereignty and territorial integrity, laws and norms of the country should be respected and safeguarded. The NGOs should comply with the relevant laws, regulations, and agreements. (Country Agreement, 1997: 10)

That means the state does not allow NGOs to interfere or reformulate any customs, standards or values of the country, unless it is really a dangerous practice, such as Female Genital Mutilation, there are also religious institutions that think those NGOs and other private institutions should not interfere in FGM. Some NGOs work for the abolition of harmful traditional practices such as Female Genital Mutilation by conducting seminars, workshops, lobbying in rural and urban areas in and outside Khartoum. This is a delicate area, but the NGOs try to find a balance between respecting customs and promoting change and development. Such practices cannot be abolished overnight, and NGOs move cautiously, not advocating the compulsory cessation of traditional practices regarded as harmful, but simply trying to raise awareness of the issues involved.

Mrs N Suliman, Youth Programme Co-ordinator at AMAL organisation said,

*The norms and values of the country should be respected but we try to advocate for better ways to enhance development Sometimes there are customs and traditions that affect our children Our role is to make the community and the children aware of the implications in following these traditions but we cannot enforce or abolish it It is up to the parents or guardian to decide* (23 June 2004, AMAL organisation)

This delicate balance and caution are found as well in respect to other issues such as wearing a veil or scarf

I saw the precariousness of the situation that Mrs Suliman described while I was working with the children in the schools at the camps, all the girls, Christian or Moslem, wear the *tarha* (veil or scarf) The schools are mainly public schools and that means they have to follow the rules of the Ministry of Education, which is a long dress and a white scarf All girls in public schools must wear this uniform, if a girl is not wearing a scarf, the teacher does not allow her into the class NGOs cannot interfere with this rule, those are norms and values of the country, and they have to respect them One of the teachers in the camp said, "If the girls are not wearing this uniform and a scarf on their head, the ministry can close the school We need the school for our children, so we have to do what the ministry says" (29 September 2004, Mayū camp)

NGOs, besides respecting norms and values of the country, also have to respect the religion and the religiously based rules of behaviour imposed by the state During my fieldwork, I noticed that most of the schools in the camps are co-educational This is because of the limitation of space, funding and teachers Most NGOs support co-educational schools, but there are restrictions that the NGOs and schools have to follow, such as spatial segregation of boys and girls Usually the first benches in front are for girls and the rest of the benches for boys I asked one of the teachers Mr Mabior in Mayū Rahma school why girls sit in the front and boys at the back He said,

*This is a restriction from the Ministry of Education that girls should sit in the front seats and boys at the back so that they do not interact with each other during class To avoid misbehaviour and interaction of boys and girls that might lead to misconduct and distraction in the class In addition from a religious point of view boys are not to interact with girls and sit next to each other because it can create sexual harassment between the sexes Girls have to wear the scarf and cover their bodies so that their bodies are not attractive to the boys That is why the Ministry of Education prefers that girls sit in the front and boys in the back to avoid any sexual relation* (15 April 2004, Mayū camp)

Although the schools are coeducational a segregation of the sexes is maintained I noticed throughout the camps I visited that separation of sexes in the classroom prevailed Even in the playground the boys do not play with girls, boys and girls having their own games Gender segregation from childhood is based on the societal, cultural and religious belief that the interaction of sexes can lead to unwanted sexual relations

The majority of the NGOs programme managers whom I interviewed said that those are issues related to cultural and religious factors and they could not interfere in them It would be against the agreement with the state on respecting cultural, norms and values of the country They say they can work in advocacy and awareness if they think that it is necessary, but issues such as separation of boys and girls in the classroom are not their responsibility This is the responsibility of the schools and the schools have to follow the rules of the Ministry of Education This means that any gender related NGO project in schools can encounter difficulties Although gender is an

important issue within the NGOs agenda and the enhancement of gender equality is seen as necessary in all NGOs' policy, I think its implementation is difficult for NGOs. There are still cultural beliefs that hinder gender equality, ranging from dress code, seating arrangement and playground codes to curriculum and teachers attention. Although NGOs work in training and empowering women, there is little attention to training and empowering girls or making children aware of gender inequalities.

The state has preferences in the target groups with which the NGOs work. The state prefers NGOs to work mainly in health projects and in particular for the mother and childcare protection units, thereby ensuring the provision of health care for the mothers and children under five-years old. A factor of age here frustrates the work of NGOs. NGOs are not forbidden to work with children over five, but the state pressures the NGOs work for mother and children below the age of five years. Dr. M. Ahmed from Sudanese Red Crescent stated, *"The most important section in our health centre is the mother and child care unit. It is the only unit that has free medication and a midwife. If in any case, the midwife is absent or there is no medication, the Ministry of Health has the right to close the centre immediately. The state insists that the mother and child care unit must be working all the time"* (15 May 2004, Sudanese Red Crescent Organisation)

This preference of the state for mothers and their young children as main target groups might divert and hinder NGOs in the areas in which they would prefer to work. Moreover, it disadvantages children over five. If the state gives preference to one age group, imposes cultural and religious restrictions, restricts the topic and the location, how can the CRC be applied effectively?

Despite the antagonistic relation between the NGOs and HAC, other governmental bodies facilitate and co-operate with the NGOs for children's development. These are the National Council for Child Welfare and Khartoum Council for Child Welfare. The analysis, given below, of the relation of these state institutions with the NGOs studied here will show that the relation between the state and development organisations for children is more complex, and can also have more positive aspects.

## **6. National Council for Child Welfare (NCCW)**

The National Council for Child Welfare (NCCW) was established in September 1991 as a national institution. The head of the NCCW is the president of the country, and the board consists of members from the different provinces and ministers. The NCCW headquarter is in Khartoum and there are 23 councils in different states of Sudan, starting with the Khartoum Council for Child Welfare. The main strategy of the NCCW is to plan and co-ordinate between the NGOs and their partners to secure children's rights and children's protection, survival and welfare.

The NCCW policy is to achieve the application of the CRC and other signed conventions such as the African Charter for the survival and development of children. It increases awareness of children's issues and contributes to the security of family life and the provision of basic and social needs to create a stable family atmosphere that is necessary for rearing children. In addition, the NCCW aims to provide full medical care for the children, with both prevention and treatment programmes. It aims to establish social services for poor families with children. Most important is the coordination of development studies or projects between the government bodies and the NGOs to follow up with their activities and make necessary evaluation for these efforts. The NCCW

provides the NGOs with the necessary information from researches and reports on issues concerning children. They conduct researches, seminars and workshops regularly in different provinces. Overall, it is the body that implements the CRC and ensures that all concerned NGOs and institutions follow the CRC (NCCW Report, 1998b: 1-20).

However, the NGOs programme managers interviewed think that the NCCW is not fully capable of implementing the CRC. For the tasks assigned to the NCCW it needs more and better skilled workers and more funds from the state to pay for them. As a result, local councils like the Khartoum Council for Child Welfare have limited funds to implement their interesting developmental projects for children.

## 7. Khartoum Council for Child Welfare (KCCW)

Khartoum Council for Child Welfare (KCCW) was established in 1993 with the objective of setting up policies and plans for the welfare of children throughout the province in coordination with national and international organisations working for children with special needs. It aims to provide a data base with information on children throughout the province. It conducts awareness-raising sessions for children and establishes committees for the welfare of children in the entire province.

The priorities of the KCCW are to establish cultural clubs and child centres in the different provinces and localities throughout the state. It plans and conducts research on a regular basis in order to update information. It participates in the annual festivals, as well as the national and international occasions such as the African Child Day. It sets up policies and regulations for the establishment of elementary teaching for working children. It disseminates comprehensive care projects for primary schools. KCCW works in partnership with the national and international NGOs. However, the state does not supply them with enough funds to implement their projects (KCCW Report, 2000: 1-10).

The NCCW and the KCCW are working towards the protection and survival of children in Khartoum. They co-operate with NGOs to conduct research and enhance their network facilities. For example, *Children of the Suq* was a study conducted jointly by NCCW and some NGOs. On the one hand, they facilitate the work of the NGOs, but on the other hand, they monitor what NGOs do, and also learn from NGOs. NGOs conduct training sessions for data collection and writing reports. However, the NCCW does not interfere with the NGOs project implementation, nor does it request annual reports or other administrative requirements as HAC does. In the interviews conducted with the NGO project managers, no one complained about the NCCW or KCCW. However, Nafisa, a project coordinator in AMEL organisation said

*The NCCW is trying their best to help and cooperate with the civil society organisations, but their funds and resources are too limited to perform developmental work. In addition, the role of the NCCW towards children is not effective in the society. Sometimes there is an overlap in the projects between NCCW and KCCW. The roles and tasks of NCCW and KCCW are not clear to the NGOs. The NGOs feel confused in the hierarchy between the two councils. However, there is no oppression from the council side towards NGOs projects and no interference. The relation is working towards a more co-operative one. The NCCW is trying to have promising positive work for the children, but decisions are*

*always late and this is not for the benefit of the children* (6 October, 2004, AMAL organisation)

The NCCW and KCCW are trying to link NGOs with each other to work co-operatively. There is a monthly meeting linking all national and international organisations working in Khartoum, to discuss joint projects and achievements, resolve obstacles, and talk about future prospects. The NCCW gives the NGOs the opportunity to work because the NGOs have better resources and funds. It benefits from the work of the NGOs and learns from their skills and trainings. From this description of the NCCW and KCCW, it is clear that both are state agents and it seems that they work with the NGOs in a co-operative manner, facilitating different issues that are of importance to the children, and working towards the satisfaction of the best interest of the children.

## **8. Conclusion**

This chapter has described the relation between the state and NGOs theoretically and in practice in Sudan. The relationship between the state and NGOs in Sudan is ambiguous, it is both co-operative and antagonistic. This ambiguity is seen in the relations between HAC and the NGOs. On one hand, HAC hinders the work of the NGOs by imposing and interfering in issues that can affect the provision and improvement of services to the children, such as the selection of employees, supervision of selected candidates, the request of reports to monitor the work of NGOs, registration of the organisations, choice of topics, location of the projects, target group etc. These hindrances affect adversely the facilitation of services to the children, with the result that the children are victimized. The antagonistic relationship between the state and the NGO's might result in the inability of the NGOs to implement projects leading to empowerment or affect the sustainability of projects. On the other hand, HAC does cooperate with the NGOs in facilitating exemption from all customs duties, taxes and charges on imported goods by the NGOs. Nevertheless, NGOs cannot work without the authority of the state. The state is prepared to cooperate with NGOs to some extent in order to benefit from their experience. This is evident in the work of state agents such as NCCW and KCCW that work with NGOs in projects, and in return profit and learn from their expertise. Thus, from the practices shown in this chapter, one can say that the relation between the state and NGOs in Sudan is a complex one that might lead to ineffectiveness and inefficiency, affecting the services to the children and the poor.

# NGOs, Health Services and Displaced Children in Khartoum

## 1. Introduction

“Stand in line! Stand in line or sit on the benches and wait your turn. Come one by one to the window to pay!” shouted the administrator responsible for registering the patients at Red Crescent health centre in Wad al-bashīr camp. The numerous patients in the waiting room looked impatient, exhausted and weak. “We want better health services, we want more medicines and doctors,” said Akol, a fourteen-year old girl from south Sudan, during a focused group discussion at Wad al-bashīr camp.

Health services are considered essential to every human being; they are one of the priorities for poor and vulnerable people. In this chapter I will examine the role of NGOs in Khartoum in the provision of health for displaced children. What health services do NGOs provide, and are these in line with article 24 of the CRC? (See appendix 1) Are these effective in the eyes of the children? What health activities do NGOs undertake? Do NGOs apply the CRC? Do they take into account gender and age difference in their health project? What are the views of the children on the help provided?

To answer these questions, I selected two NGOs working in Khartoum and providing health services for displaced children, Medair and Sudanese Red Crescent Society. I will deal first with Medair, giving background information, and then discussing its policy and activities. This will be followed by a similar consideration of the Sudanese Red Crescent Society (SRCS). This should facilitate a comparison of the policies and activities of the two organisations. I will analyse how NGOs take into account gender, age, participation, needs and rights stipulated in articles 2, 3, 6 and 12 of the CRC (see chapter one). Finally, the views of the children will be heard on the help provided by the NGOs. I will argue that despite the humanitarian conventions to which the NGOs adhere, there are discrepancies between the NGOs policies and their application. These discrepancies affect the different approaches to age, gender, participation, needs and rights of the beneficiaries, and lead to inaccessibility of health services and other rights. While the CRC aims to

protect children and their rights, it can only be effective when its provisions are applied by the NGOs working with children, knowing their situation and needs. However, the application of the four main principles of the CRC must be done sensitively, taking into account not only age and gender, but the cultures involved. Only with such an attitude can projects be both sustainable and effective, and meet the needs of children on more than the most basic level of relief. The discrepancies noted make it clear that for various reasons, including the conflict of cultural values, the NGOs are failing to apply the CRC in a way that would be beneficial for the children in the long term.

## **2. Medair Organisation**

### **2.1. Background**

Medair is a relief and rehabilitation humanitarian organisation dedicated to assist in crisis situations in order to alleviate the suffering of people caught in wars and/or natural disasters. It was established in 1988 as a Swiss registered NGO (Medair 2005c:1). It has projects in different parts of Africa and Asia. Medair attempts

To identify a people, group or region that is hit by crisis and to meet the needs of this community by providing appropriate aid. This aid may be in the areas of health, water, sanitation, reconstruction, rehabilitation, and household and food security. This is all to help the affected group to re-establish a more sustainable way of life. Also Medair strengthens the local capacities by employing and training local staff, purchasing local materials and involving the beneficiaries in the design, management and implementation of the programs. Funding for projects is received from various institutional donors and private supporters (Medair, 2005d: 1).

Medair has worked in southern Sudan since 1992. In 2000, Medair was registered as an NGO with the government of Sudan and since then has been active in the northern part of Sudan. It started working in Khartoum in the Primary Health Care Centre (PHCC) in Omdurman al-Salam IDPs camp in June 2000. Medair took over this health centre from MSF-Holland, who ran the centre from 1996-1999, but, due to lack of funding, the centre was handed over to the Ministry of Health in 1999. The Ministry of Health was not able to operate the centre and the work deteriorated. In 2000 the Ministry of Health invited several NGOs to take over the centre; Medair was chosen and started operating the centre with the help of the Swedish International Development Agency and the Swiss Agency for Development and Cooperation.

I chose Medair for my case study, because of its long experience in the camp. Also it is the only international NGO working in al-Salam camp and has the capacity and funds to accept more than 100 patients per day. Its activities and staff in the camp are more extensive than those of the national organisations.

### **2.2. Medair's Policy**

The mission policy of Medair is discussed in this section in order to determine whether the organisation takes into account, directly or indirectly, the Convention on the Rights of the Child.

Medair's charter "provides assistance to victims of natural disaster, war situations or other catastrophic events without racial, political or religious discrimination. It does not permit any interference in the internal affairs of the states, the government and the



parties of the country where it is serving, but expects full freedom to exercise internationally accepted humanitarian principles and standards especially with regard to access to victims, medical ethics, integrity, confidentiality and neutrality. It mobilises its available human and material resources to be dispatched on behalf of the distressed populations with all due haste and with efficiency, dedication and competence. The personnel of field status will be given specific training to adapt their professional or technical qualifications for best practice in emergency situations (Medair, 2005a:2).

In Medair's operating principles,

The humanitarian imperative comes first. Our shared values compel to provide humanitarian assistance wherever it is needed. The prime motivation of our response to disaster is our desire to alleviate human suffering amongst those least able to withstand the stress caused by disaster. It places a high priority on assisting communities hit by forgotten crises and/or receiving little or no other help. In order to reach them, Medair strives to ensure financial independence, by maintaining a broad constituency of private donors. It is a multisectoral organisation so as to answer varied needs. In keeping with its priority of serving the victims of crisis, Medair seeks to develop programmes adapted to the specific vital needs of their communities and not the way round. Medair is subsequently organised to enable the implementation of a broad scope of programmes that address all the vital sectors of humanitarian aid such as health, shelter, water, food and nutrition. Assistance is given regardless of the race, creed, nationality and gender of the recipients and without adverse distinction of any kind. Aid priorities are set on the basis of need and vulnerability alone (Medair, 2005b:1).

The stated principles of Medair show that their intent is to help all those who suffer in crisis situations, especially those who are not receiving help from elsewhere. However, there is no mention of children as a specific target group, indeed, from their statement they have no other target group than those in crisis situations. While the operating principle states that humanitarian imperatives come first, it seeks to develop programmes adapted to the specific needs of the communities: however, there is no mention of how such programmes are to be developed, nor is the involvement of beneficiaries explicitly mentioned. The question arises as to whether Medair adapts to the needs of the community in al-Salam camp and to the children in particular.

The policy statement went further by saying that:

It is subsequently organised to enable the implementation of a broad scope of programmes that address all the vital sectors of humanitarian aid such as health, shelter, water, food and nutrition. Assistance is given regardless of the race, creed, nationality and gender of the recipients and without adverse distinction of any kind. Aid priorities are set on the basis of need and vulnerability alone.

Thus, it is clear from the policy that organisation aims at the implementation of important programmes based on the needs of the communities, but it does not specify the criteria on which the organisation sets these priorities. On what basis, for example, are dental services given priority over educational sessions on AIDS/HIV? Is this based on the needs of the community, and who decides those needs?

The statement also refers to help given without discrimination. However, neither gender nor age is mentioned specifically. Does the organisation take these into account? What is its attitude to gender and age? That means both gender and age are possibly not taken into full consideration in the policy of Medair. I asked the director of Medair about this omission. He said:

*We provide services to the community including children, but we concentrate more on the mother and children under five years to reduce the morbidity and mortality rate. But we are not an organisation that is specifically targeting children or adolescents and we do not have programmes that target children in particular. Although we abide by the human rights conventions we are not focusing on the CRC nor are we implementing it. Children are part of our target group and included in the community. We have limited budget and we try to do our best and assist the most needy in the community (28 June 2004, Medair organisation office, Khartoum).*

Medair strives to promote excellence in programme management and administration.

We demonstrate optimal quality, honesty, and effectiveness by being accountable and transparent to the donors and to the communities we serve. Evaluation is an intrinsic part of our projects. We are committed, initially and corporately to continuous learning as we seek to attain the highest internationally recognised standards for emergency relief and rehabilitation. Innovation and creativity in project design and implementation are encouraged. Most importantly Medair recognises that the process of development goes on before and after a disaster situation. We endeavour to make a positive contribution to the long-term development of communities by applying principles such as capacity building, sustainability and participatory evaluation in the context of our relief and rehabilitation projects. We seek to attain the highest level of involvement by the local population in order to ensure sustainability of improvements and renewed independence (Medair, 2005b:1).

Another criticism of the policy is that it is not transparent to the communities they serve. Close contact between the organisation and the community, and awareness of the projects and their intentions would foster understanding. The lack of transparency is evident in the failure to explain the role of the organisation once the immediate crisis has passed. They claim to apply principles such as capacity building, sustainability, and participatory evaluation in relief and rehabilitation projects, but they do not explain which tools will be used to achieve these objects. Capacity building is a broad area that might involve training of staff and beneficiaries in different areas such as gender, project management, logistics, fundraising and health education. The policy of Medair does not explain whose capacities they are going to enhance. The capacity building of children is not mentioned in the policy. Moreover, while sustainability is one of their avowed principles, they do not define to which projects this applies. Sustainability for children's projects is not an issue for Medair. There is no indication that they want to sustain children's projects or if they have taken into consideration sustainability in projects for children. Participatory evaluation is one of the principles of the organisation; but they do not indicate who is participating in the projects; the children are not mentioned in the participatory evaluation. Participation has many stages in which

people can be involved, but in this policy the organisation only mentions participatory evaluation in the most general terms, but without explicitly referring to children as main actors and participants in their projects.

Most importantly they seek to attain the highest level of involvement by local population in order to ensure sustainability. By the local population, I understand people of different ages and sex, regardless of race, ethnicity, political or religious beliefs; but we do not know if the organisation achieves this involvement of the local population. We do not know if they actually involve children in their activities. It is not clear how the local population is defined and involved in order to ensure sustainability, or which group of people they target.

Medair's culture depends on the importance of relationships and focuses on individuals:

The end goal of our projects is to see people's lives restored for the better. Despite the large populations involved in relief programmes, we are committed to making assistance as personal as possible. We endeavour to recruit suitable balance of young and more experienced professionals into Medair and to ensure that their time of service is a source of personal and professional growth. We believe in upholding the disaster victim as an equal partner in action. Medair initiates a response at their invitation. We highlight the capacities and aspirations of the victims and not just their vulnerabilities in their project planning and implementation as well as in their public information. Respect for the victims implies sensitivity to local, culture, tradition, resources and knowledge (Medair 2005b:1).

The culture of Medair believes in supporting the disaster victims as equal partners in action, but again which disaster victims they take as equal partners is not defined. It is possible that they take women, and especially pregnant women, into this partnership rather than children. They intend that the beneficiaries be involved in the design, management and implementation of the assistance programmes, but we do not know if the organisation does this in practice. There is no information of who is involved in each of these stages: children are not mentioned, nor the role of age and gender in such involvement. The organisation is a signatory to the code of conduct for the International Red Cross and Red Crescent Movement. This code of conduct has principles similar to those stated above. Aid will not be used to further a particular political or religious standpoint. They endeavour not to act as instruments of government foreign policy. They respect culture and custom and attempt to build disaster response on local capacities. All people and communities, even in times of disaster, possess capacities as well as needs. They strengthen these capacities by employing local staff, purchasing local materials and trading with local companies (Medair 2005d: 1).

Most important

Is the involvement of programme beneficiaries in the management of relief aid. Disaster response assistance should never be imposed upon the beneficiaries. Effective relief and lasting rehabilitation can best be achieved where the intended beneficiaries are involved in the design, management and implementation of the assistance programme. They strive to achieve full community participation in their relief and rehabilitation programmes (Medair 2005d: 1).

Especially this policy to involve the beneficiaries will be questioned in terms of gender and age.

According to Medair policy, relief aid must strive to reduce future vulnerability to disaster, as well as meeting basic needs. They strive to implement relief programmes that will achieve this and help create sustainable lifestyles. Particular attention is paid to environmental concerns in the design and management of relief programmes. They endeavour to minimise the negative impact of humanitarian assistance, seeking to avoid long-term beneficiary dependence upon external aid. They hold themselves accountable to both those who seek assistance and those from whom they accept resources. In their publicity, information and advertising activities they recognise disaster victims as dignified human beings, not hopeless objects (Medair, 2005d: 1).

The code of conduct has also recommendations to the governments of disaster-affected countries, in respect of the recognition and respect of the independent humanitarian and impartial actions of NGOs, the facilitation of rapid access to disaster victims, and the timely flow of relief goods and information during disasters. They also ask that governments should provide co-ordinated disaster information and planning services (Medair, 2005d: 2).

Considering the policy of Medair, we can conclude that the organisation is not adhering to the CRC, but to other humanitarian conventions such as the International Red Cross. The policy indicated such important elements in the humanitarian field as considering the beneficiaries and how best to work for them, but the mention of children as a target group was missing. That the organisation is not working with the CRC is evident by their lack of usage of any of the vocabulary that is used in the CRC, such as the provision for protecting and supporting children's rights to health, education, shelter, food etc. The assurance of the organisation is providing basic needs for the children is not mentioned in the policy of Medair. The equal opportunities, non-discrimination in age and gender, the best interest of the child, the survival and development of children, the participation of children in projects, the freedom of expression are all important principles in the CRC, and all are absent in the policy of Medair. Analysis of the policy papers of Medair has shown that there is no mention of adherence to the CRC, nor explicitly of gender and age when talking about beneficiaries, let alone details about the specific difficulties that could be expected when taking special note of women or children. The policies do adhere to human right conventions, however, so there are implications for gender and age in their policy. How the policy to "treat the disaster victims as an equal partner in action" is implemented in practice when the victims are children will be treated later in the chapter. The following description and analysis of Medair's activities will show that children are frequently marginalised and scarcely treated as equal partners.

### 2.3. Activities

#### *Clinics*

Medair operates a Primary Health Care Centre (PHCC) in Omdurman al-Salam camp, which is the largest camp in Khartoum. The duration of the project was initially a year, but it has been renewed every year since 2000, with each year the NGO writing a proposal to the donors for the following year. During my field work the project ran from July 2003-June 2004, but by the time I left approval had been granted for the period July 2004- June 2005. On my second field trip I found the project had been further extended to June 2006.

One of the most important activities that Medair performs is the community health promotion activities and clinic services. By analysing those and the reactions of the children who should

profit from them, we can gain an insight into whether the NGO applies the CRC effectively and if so, how and how they consider gender and age in their activities

The camp has a population of over 100,000. However, the various NGOs working in al-Salam camp have agreed on the allocation of specific parts of the camp as the target areas of different NGOs. Medair is responsible for the largest of these, with approximately 25,000 people. However, it was noted that people from other sectors of the camp also attend the Medair health centre, due to the relatively high quality of the services offered.

The health centre is built from local straw and canes. It is divided into sixteen rooms, separated by canes, but it is very clean and organised, with chairs and benches for the patients. There is a big waiting room in the middle of the centre with several benches. Due to its location in the centre of the camp, surrounded by a large open space, it suffers from frequent winds and blown sand, an inconvenience that was exacerbated by the demolition of the surrounding houses. This caused dissatisfaction among the staff, who complained that they need a brick building to protect their papers and medical equipment. The amount of sand blowing into the PHCC also affects the hygiene of the patients, and can cause more diseases and infections. The patients themselves complain of the discomfort of the sand during the long hours they have to wait for the medical assistants.

After the demolition of a large part of the camp in August 2003, the target areas were completely disorganised. Fortunately, the health centre was not demolished since it was in a planned area, but the Community Health Promoters have problems in locating the homes of their patients. They are supposed to monitor the health situation and report any illness to the PHCC. However, after the demolition people were scattered all over the camp: some moved away from the camp and went to live with relatives in other urban areas, while others moved within the camp but to different areas. One of the CHPs told me:

*It is very difficult to keep track of people. I was doing my rounds one day when I found that some families who were living in the other side of the camp came to my target area. After a few days I found that they moved again to another area. This makes my work difficult and not easily accomplished. I walk long distances to look for my target households until I locate them (29 May 2004, al-Salam camp)*

Indeed it was hard work for the CHPs, but they had to continue with their home visits in order to monitor the health situation in the camp. The situation was the same when I visited the camp in my second period of fieldwork in December 2005. People were still living in unprotected houses waiting to be allocated a piece of land.

Medair also supports twelve traditional birth attendants (TBAs) who attend to the majority of births. In 2002 it distributed 1,400 mosquito nets and re-impregnated another 5,150 to combat malaria, which is one of the most common diseases in the camp. In addition, blankets and plastic sheeting were distributed to every household in order to counter the damages done by rains.

Medair provides clinic services at its centre, where there are five medical assistants, three administrators, a pharmacist, a head midwife, three nurses, a laboratory technician with one laboratory, a receptionist, four guards and a cleaner. There is no fully licensed medical doctor. The medical assistants have diplomas in medical care only. All of them are from the south of Sudan. The centre has the capacity to see 3,000 outpatients a month. The services provided are consultations, referral to patients from the community to the hospital, laboratory testing, vaccinations, dentistry, growth-monitoring for children under five, antenatal care and short-stay

dehydration treatment. Training is provided for the staff through both on-the-job coaching and specific refresher courses (Medair, 2003:8).

The PHCC operates six days per week from 8-4pm. The organisation ensures a designated water source, functioning latrines, adequate client-waiting areas, supplies and essential drugs, but not all types of drugs are available. It runs a separate emergency room, antenatal care and a growth-monitoring department. It runs and monitors a laboratory providing basic diagnostic tests such as stool, blood and urine examinations and general STD tests (not professional analysis in STD). It has vaccines against measles, tuberculosis, polio, chicken pox, whooping cough, tetanus sufficient for 8,000 children. In addition, emergency preparedness is one of the activities of the organisation, the organisation co-ordinates with other NGOs and relevant actors to ensure an adequate and co-ordinated response in any emergencies. However, despite the services that they provide, their main concern is the lactating and pregnant women and children under five years old, concentrated in the antenatal section. The income generated from the PHCC comes mainly from the antenatal care and the general clinic: at least twenty pregnant women visit the centre each day and paying 25 SDD. For example, in the month of May 2004 there were 1821 women and children under five who visited the clinic: they came for growth monitoring, antenatal care or vaccinations for their children. There were 1995 patients who visited the general clinic for other treatments.

#### *Community health promotion activity*

One of the most important services that NGOs perform in Sudan is the provision of community health promotion activities or, as it they are sometimes known, community health activities. It is considered as one of the tools to disseminate information to vulnerable people, and a way to enhance development. It includes the important task of health education, which is generally the responsibility of the Community Health Promoters (Medair, 2002:1). In this section I will describe and analyse how the CHPs disseminate information on health education, ask how the CHPs perform their community health promotion activities in relation to children, and how age and gender are included in these activities. Health education:

includes organised individual and group instructions on how to be protected against diseases and health issues. It can be carried out in homes, schools, factories, clinics, hospitals and among organised community groups. It is the cheapest and most effective way to correct the basic causes of the main health problems and should be carefully planned at the core of health programs around which all other activities such as immunization, sanitation work, insect control or medical treatment are grouped. Health education is connected with establishing or inducing changes in personal and group attitudes and behaviour that promote healthier living (Medair, 2002:1).

To my understanding health education is the transmission of information about health and the prevention of diseases to the poor and to patients. It has an effect on the health practices of people and in the knowledge and attitudes related to such changes. It aims to equip people with skills, knowledge and attitudes to enable them to solve their problems by their own actions and efforts. It further promotes the proper use of health services. How do the CHPs disseminate this essential information?

The Medair Primary Health Care Centre has eighteen Community Health Promoters (CHPs), most of whom are from the south of Sudan and live in the camp. Based on the information they collect, they try to improve health knowledge and awareness. Health education is also given to

patients coming to the clinic, and through regular community workshops and health days, conducted in formal classes (Medair, 2003:6).

This team of community health promoters focuses on the prevention and early treatment of disease by visiting 4,500 households in Medair's target area at least once every two months. They provide health and hygiene education and refer the sick to the health centre. This is backed up by teaching sessions at the health centre, and events such as health exhibitions. Promoters used to visit schools to give sessions on different topics, but this has not happened in recent years. The health education activities are now confined to home visits, patients' visits to the centre and classes held there.

### *Home visits*

It was hot and sunny on 27 May 2004, the day I went to Medair health centre in al-Salam camp with the intention of working with the Community Health Promoters (CHPs) and seeing how they do their work. I arrived at the camp at 8am and noticed that the reception area was already almost full, mostly pregnant women or mothers carrying their children. I went to the back of the centre where the health promoters were all gathered in the larger of the two rooms they share. Among them there was a chief supervisor and assistant to the chief. This was the usual morning meeting of the seven female and eleven male CHPs. If there is a health emergency situation in the camp such as cholera, the chief supervisor focuses on this topic and the CHPs will disseminate the information about it while conducting their home visits. After signing the attendance register they prepare for their home visits. These home visits last from 8am to 12.30pm.

Each health promoter is responsible for 260 households, which they visit once every month. If one of the households has a serious health problem, it receives another visit. Each health promoter visits between eight and ten houses per day in order to cover the allocated target households. There is no way of noting any problems that arise between visits. The CHPs concentrate on supervising and monitoring the health of women and children under five. They monitor lactating women and the Medium Upper Arm Circumference (MUAC) to detect mild, moderate or severe malnutrition in children. In cases of severe malnourishment they immediately refer the child to the health centre for further examination. The community promoters also engage in vaccination campaigns. They register the general health condition of each household in their own home visit book. From these books the team leader compiles a monthly report that is forwarded to headquarters in Khartoum. In practice the home visits are more about observation than education.

I went with S. Bala, one of the health promoters, to see how she conducts her home visits and which issues she addresses. We left the centre at 8:30am, but due to the demolition of the houses, we had to walk quite a distance until we reached her target area. The road was full of bricks and sand; people were living in houses made of straw or waste or mud. Some families had been allocated land and had started building their houses; others were still waiting for their turn.

We arrived at the first home: this family had moved from their original place due to demolition. She already knew the family: the two women greeted each other in the normal Sudanese way. We were welcomed and invited to enter the small house that was made of straw; there was a small bed and a cupboard with kitchen utensils. A child of almost two was playing. Bala asked the mother about the child, and whether she had taken him to the health centre - *al-Markaz* as they call it in Arabic - to check his weight and condition. Did she have any health

problems? Did she attend the health education sessions on Thursdays? Did she get her quota of food? Then Bala inspected the room to see if there were any hygiene problems. She noticed that the uncovered food was attracting flies and recommended that they cover the food to avoid infection.

This procedure was repeated with each household – a quick general inspection of the place and routine questions about the health of the children the mother. I noticed that Bala knew all the members of the household, but showed no concern nor asked questions about children above the age of five. The questions were directed always to the mothers and mostly concerned the condition of babies and parents. Bala said that at the beginning it was hard to locate her target families but after several visits to the area she managed to locate each household, although some households had not settled in one place. As we were leaving, she asked this family about the whereabouts of another family, and they told her that they moved to the other side of the camp.

We continued our round until midday and then returned to the PHCC where Bala made her report on the number of homes visited and any incidences of such problems as diarrhoea or malnutrition. If a major health problem is noted by a CHP, a health education session on that topic is held for the CHPs, and a plan is set up to disseminate information on the subject to the community.

It was obvious that the health promoters concentrate on women and children under five. Children and men are excluded from their observation and questions, even in families where there were children over five. Bala told me,

*We normally concentrate on the pregnant and lactating women and their children. Children above five years old, if they are sick, go to the clinic by themselves or with their guardians. Normally children above five would either be working or at school, they are rarely in the house while I conduct my home visits. The same goes for the men; they either work from early morning or they are living away from the house somewhere.*

This means that only part of the community is participating in the role of the organisation, and that men and older children are not considered as beneficiaries who have to receive aid and assistance. This is clearly discriminatory; the promoters are targeting a specific group of people and ignoring others. The home visits display a gender and age inequality that is in contradiction to the policy statement that insists on work according to the needs of the people. It would be logical to look at the needs of the children who are considered vulnerable without prioritising one age over the other.

Home visits are important because they make the community aware that there is an organisation looking after them. It is positive that the promoters inspect and observe any dangerous or serious situations in the camp. However, the exclusion of men and older children is a serious omission. Children over five also need health and medical care. Home visits could be conducted later in the day when the men and children are more likely to be present or the promoters could make appointments to ensure their attendance while conducting their home visits. There is no difference between male or female promoters in conducting home visits. The male promoters are welcomed by the women in the camp (as it is usually they who are available while conducting home visits) usually they know him and sometimes they are related or from the same tribe. If the male promoter does not know the family, he usually introduces himself and starts conducting his survey. By introducing himself, the women will welcome him to her house for his visit and engage in conversation.



General inspection and observation does not guarantee that the needs of the community are fulfilled. Without proper follow-up and thorough examination of the different members in the household, efficacy of home visits will be restricted. The superficial nature of home visits can lead CHPs to miss important indicators that could affect the health of one of the members of the family. More time should be allocated for each household to obtain as much information as possible.

The fact that most CHP live in the camp, or at least have relatives there, creates a close relationship between the health promoters and the people they serve. This could lead to the situation in which personal considerations impinge on their function: some promoters are tempted to visit their relatives and rest for a while, or spend more time with the people they know than with other households. Such inequalities can impair the efficiency and effectiveness of the project.

#### *Informal health education for patients awaiting treatment*

Health education is given to patients when they come to the centre, but not on a regular basis. Once or twice a month the CHPs give information on a health education topic, such as malaria, AIDS/HIV, meningitis etc. If there is a serious situation in the camp then the health promoters conduct the session more frequently to ensure that as many people as possible receive the information.

The health promoters bring posters, pamphlets and papers to the waiting room and discuss the subject. The aim is to give information on the positive and negative effects of diseases and how to prevent them. The number of patients can vary from thirty to fifty or more, and of various ages, though there are usually fewer children over five than adults or infants. The promoter starts the session by giving an introduction to the topic. He/she will then explain the causes of the disease, and the different ways of prevention. Usually there are drawings to illustrate the session to give additional explanation. For example, a drawing of a mosquito on a poster about malaria indicates that this fly is the cause of the disease. Then the promoter explains what attracts mosquitoes, such as dirty water, and there would be a drawing of dirty water in front of a house. These sessions use simple illustrations so that the patients can understand and follow what the promoter says, but there is no distribution of pamphlets or written information. The sessions are informal with people entering and leaving as they come to the centre or are seen by a medical attendant, with the result that even those patients who are present may get only a very incomplete picture of the subject.

There is no guarantee that those present at these sessions are those who are most interested or for whom the information is most relevant. In particular, children may not be present and the information might not reach them. A further point is the irregularity and unstructured nature of the sessions: if they were conducted on a regular basis then people could plan attendance, preferably when they are not distracted by the circumstances that bring them for treatment. The waiting area is certainly not the ideal location for such sessions with people constantly coming and going: the unsuitability is increased by the fact that the waiting area is in an open space, with no walls or doors. It is obvious that this method of health education is random; it shows that the needs of the community are not considered and does not take into account gender and age.

#### *Formal health education during classes*

There are three types of formal health education sessions, one for pregnant and lactating women, one for the community, and the third is dental health education for the children at schools.

Every Thursday there is a class for twenty to thirty pregnant and lactating women, usually related to childcare and protection. Their attendance can be considered compulsory because only when following such sessions do they receive a monthly allocation of food. Each Thursday there is a specific topic discussed with a group of young people, mainly between the ages of twenty-five to thirty-five, selected by the community promoters. The duration for this course is three months and deals with such topics as HIV/AIDS, Sexually transmitted diseases (STDs), Diarrhoea, First Aid, bilharzia, sanitation or environmental control and malaria. Only the third type of health education that of dental care is especially directed at children and therefore analysed here more fully.

### *Dental health education*

One of the most important and intriguing things that I noticed about the Medair organisation is the emphasis on dental care. None of the other NGOs in any of the camps in Khartoum pay attention to dentistry or education in dental care, an important omission on their part.

Dental health education is the responsibility of Ester. She is a medical assistant who comes from Juba in south Sudan. She has been working in the health centre since 1996 and has a diploma in dentistry from Omdurman Institute for Dentistry. There is a dentistry section at the health centre, but it only provides initial services such as fillings, drugs and removal of teeth. Ester is responsible for all dressing, dentistry and injections. The sessions for education in dentistry take place once a week.

Ester goes to three schools in the area, two mixed and one for boys. The majority of her audience are boys since fewer girls attend school. However, Ester tries her best to transfer as much information as possible to children, especially the girls. She said that unfortunately she cannot visit homes in the camp, but when she treats female patients at the centre she tries her best to give them information.

I went with Ester several times to see how she teaches children to take proper care of their teeth. She visits a school every Thursday, sometimes spending the whole day inspecting the teeth of one class, as each class usually has between forty and fifty students. Ester takes with her a modern toothbrush, a *mūswak* (traditional twig toothbrush) and sweets. She has a poster that explains how to prevent the tooth decay and disease. She explains that it is necessary to brush your teeth every day, and if they have no brush then they should use the *mūswak*. She explains the harmful effects of too many sweets, and then examines each student's teeth: if there is an infection, cavity or cleaning needed she refers them to the clinic. To help the children, Ester buys the *mūswak* from the PHCC budget and distributes it to the children at schools, but she feels that not enough is being done for the children, especially girls: her workload is very high and she would welcome an assistant, but there are insufficient funds for this.

Ester remarked that the majority of the children do not use a brush or did not use it correctly: some do not clean their teeth at all. She blames the family for not taking care of their children, but, in my opinion, the mothers themselves have no knowledge of dental hygiene. Ester said that before this school dental programme, children used to come to the PHCC with numerous infections, but since the start of the programme the number has decreased and more children know how to protect their teeth. Unfortunately, the lack of follow up and continuity of the programme causes children to forget the information given to them. Another point is that the schools that Ester visits are primary/basic schools, where the majority of children are under the age of fifteen, thus youngsters

from fifteen to eighteen are excluded from information on dental hygiene. Moreover, due to the fact that fewer girls than boys attend school, many girls receive no dental education.

Despite the gender and age inequality in dental health education, it was useful for the children to know how to protect their teeth, since this can affect their general health too. The work that Ester does could be extended to other areas such as general health education, HIV/AIDS or reproductive health. Health education for children should not only be about dental care, but include other topics of importance to children.

The above overview of the activities of Medair showed that the organisation targets certain groups of people only in the camp, mainly women and children under five. Children above five are not considered in home visits, nor in informal and formal health education. The exception is the dental health programme. This gender and age differentiation could have an impact on the effectiveness of the project. Moreover, this age and gender differentiation is in contradiction to the policy of Medair, which is non-discriminatory in race, gender, ethnicity etc. The approach that the community promoters are following is gender and age -insensitive as they are not considering children over five in their home visits. The CHPs are not trained in a gender sensitive approach, nor do they consider gender and age while conducting home visits, as was clear from the way in which Bala conducted these. Before considering the children's view, the next section will explain the Sudanese Red Crescent Society (SRCS) background, policy and activities relevant to children.

### **3. Sudanese Red Crescent Society (SRCS)**

#### **3.1. Background**

The Sudanese Red Crescent Society (SRCS) was founded in 1956 and joined the movement of the Red Cross and Red Crescent in 1957. It is considered as one of the oldest national NGOs in Sudan operating in humanitarian activities. During the twenty-three years of the civil war in Sudan, the SRCS assisted in providing relief and rehabilitation aid to different areas in Sudan. It has twenty-one branches in all the different provinces. A remarkable point is that it has active Sudanese volunteers all over the country. In 2001 it had 400,000 members, but the number of active volunteers is estimated to be 10,000, an encouragingly high number. Many NGOs have no volunteers at all (Red Crescent Society, 2005: 1).

It has 400 staff members spread over the branches, of which 70 work at headquarters. Of these 25% are professionals in medicine, management and the environment, 45% are administrative clerks, 10% drivers, 10% guards and 10% cleaners/messengers/labourers. The organisation has found it difficult to attract staff of high calibre because of the modest salaries and benefits it offers. However, the participation of volunteers helps in the organisation's various health and social activities (Red Crescent Society, 2005: 1).

Since its foundation the Sudanese Red Crescent Society has accumulated considerable experience in medical, social and developmental activities. It has become known through its traditional work in the health field, such as primary health care, first aid vaccination, sanitation and training of cadres, and recently a Malaria Control Programme and an AIDS programme have been added to these activities (Sudanese Red Crescent Society, 1996: 1). It played a vital role in the field of relief and disaster preparedness and also took part in educational activities, including building and maintaining schools and kindergartens, and supplying educational materials. Clean drinking water, women's development and youth programmes are among the central services provided.

(Sudanese Red Crescent Society, 1996:1). The Red Crescent is considered a national organisation in Sudan; it has its own influence and projects within Sudanese society, but it abides by the Geneva Conventions of 12 August 1949 and the fundamental principles of the International Red Cross and Red Crescent Movement.

The SRCS was chosen for this study because of its long experience in working with the displaced in Sudan and particularly in Khartoum. It has many projects and activities in the camps and has branches and health centres in most of the camps in Khartoum.

### 3.2. SRCS Policy

The SRCS fully embraces the fundamental principles of the International Red Cross and Red Crescent Movement. The mission of the movement is “to improve the lives of vulnerable people by mobilizing the power of humanity. Vulnerable people are those who are at greatest risk from situations that threaten their survival or their capacity to live with an acceptable level of social and economic security and human dignity” (Internasjonalreporter, 2005:1). Its policy line is stated as follows:

The International Committee of the Red Cross and the International Federation of Red Cross and Red Crescent Societies together constitute a worldwide humanitarian movement, whose mission is to prevent and alleviate human suffering wherever it may be found, to protect life and health and ensure respect for the human being, in particular in times of armed conflict and other emergencies, to work for the prevention of disease and for the promotion of health and social welfare, to encourage voluntary service and a constant readiness to give help by the members of the Movement, and a universal sense of solidarity towards all those in need of its protection and assistance. Reaffirms that, in pursuing its mission, the Movement shall be guided by its fundamental principles, which are:

**Humanity** The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, co-operation and lasting peace amongst all peoples.

**Impartiality** It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

**Neutrality** In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a Political, racial, religious, or ideological nature.

**Independence** The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

**Voluntary Service** It is a voluntary relief movement not prompted in any manner by desire for gain.

**Unity** There can be only one Red Cross or one Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

**Universality** The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

*Recalls* that the mottoes of the Movement, *Inter arma caritas* and *Per humanitatem ad pacem*, together express its ideals.

*Declares* that, by its humanitarian work and the dissemination of its ideals, the Movement promotes a lasting peace, which is not simply the absence of war, but is a dynamic process of co-operation among all States and peoples, co-operation founded on respect for freedom, independence, national sovereignty, equality, human rights, as well as on a fair and equitable distribution of resources to meet the needs of peoples (ICRC, 2005:1-3).

Although in this policy paper the SRCS claims impartiality and that it makes no discrimination as to nationality, race, religion, beliefs, class or political opinions, discrimination based on gender or age is not explicitly mentioned. The SRCS does not follow the CRC, although it adheres to other human right conventions. The mission of the movement is to improve the lives of vulnerable people, but they do not mention children among the vulnerable. This might mean that the organisation targets specific categories of people in society that they consider vulnerable, but which could exclude children over five. The principles of humanity and impartiality imply equal assistance to the wounded and the suffering, with no discrimination, but it is uncertain whether age and gender are taken into consideration in this avowal of impartiality or in their activities.

The organisation declares that it works co-operatively with all states and people and that co-operation is based on respect, freedom, independence, national sovereignty, equality, human rights and fair equitable distribution of resources to meet the needs of the people, but 'people' is not defined: does this include children? We do not know if the organisation is fairly and equitably distributing resources to meet the needs of children. This will be shown in the practice and activities of this organisation.

As with Medair, there is no specific mention of the CRC, and the role of age and gender in their policy is vague. There is no specific mention of protecting or supporting children's rights in their policy paper. The vocabulary used in the CRC and the implementation of children's right is not of importance to the SRCS. The simplest basic needs and rights to health, shelter, food and education for children under eighteen is not mentioned in the policy. Since the main principles of the CRC are not mentioned in the policy, it can be assumed that the organisation is not following the CRC.

### 3.3. Activities

#### *General Health Care*

The SRCS has health centres (HC) in most of the camps in Khartoum with the exception of Mayū camp. Its long experience and work in relief and rehabilitation throughout the Sudan means it is well known to the majority of the population, especially in remote areas.

SRCS has had a health centre (HC) at Wad al-bashīr camp since 1993. This was built in a planned area, which made it easier for the organisation to continue its operations after the demolition of houses in the camp. The camp has over 100,000 inhabitants, but as in al-Salam camp, every organisation was allocated a certain area. SRCS is responsible for Ebīd Khatīm, an area with 25,000 - 30,000 people. The health centre is located in the middle of the camp, surrounded by a market, a primary school and three water pumps that distribute water for the whole camp.

The health centre of the SRCS at Wad al-albashīr camp has a laboratory and a pharmacy, plus a room for antenatal care and a room for the family planning project. There is one medical assistant, two laboratory technicians, one pharmacist, two midwives, a receptionist and a cleaner. As in the Medair clinic there is not trained doctor. All members of the staff with the exception of the cleaner are from the north and west of Sudan, making communication with their patients difficult because of linguistic, cultural and political differences. Asma, one of the midwives said, *"At the beginning it was very difficult to treat pregnant women from the south they are scared of us because we are from the north and they do not understand Arabic. But now they come more frequently but still we face some problems in treating them."*

The health centre has health promoters, but they only work in the family planning project. The main concern of the health centre is to provide medical assistance, treatment and laboratory tests to the displaced people including the children. The health centre is open from 8 am to 3pm. There is no provision for emergencies in the afternoon and at night. Only the basic and cheap medicines for diseases such as chest infections, coughing, ear infection, and diarrhoea or stomach infection are available at the centre's pharmacy. General antibiotics, mainly syrups and tablets, are also available. The narrow range of medicine at the HC is because, unlike the pharmacies in the city, the SRCS gets subsidised medicine from factories. This is to reduce the costs for the displaced, who cannot afford expensive medicines. The most expensive medicine in the health centre costs 400 SDD, and even that is quite expensive to the majority of the displaced.

Another important section in the health centre is devoted to antenatal care. Each Monday and Wednesday there are more than forty pregnant women coming for their check up. The health centre derives most of its income from the antenatal section. The antenatal check ups are done in a dependence of the health centre in the middle of the camp to avoid pregnant women have to walk long distances. Unlike Medair, Red Cross do not distribute food to the pregnant and lactating women, but only provide general examination and treatment.

There are eight schools in the area, but the health centre of the SRCS is responsible for health services for only three of them. There is a special service for the pupils at those schools. Pupils can obtain a special pass for free treatment and pay only for medication. Unfortunately, this service is not always available. There are normally ten to twenty school children visiting the health centre each day.

The administrator of the health centre registers the pupils and notes down any major sicknesses such as typhoid, tetanus etc. At the end of the month she sends a report to the SRCS headquarters who then send it on to the Ministry of Health. Only pupils of the three schools officially in the care of SRCS can make use of the free pass system, and even they must pay for the medicines and tests, and for consultations during the vacation periods. Amani, the administrator, said:

*We face problems with the students coming from other schools. They always complain that they have no money and want treatment, but I cannot let them see the doctor without paying because headquarters will ask me later. The operation of the centre depends on the paid consultations and the medicine sold. But sometimes when there are severe cases of sick children who have no money, I can make an exception* (29 May 2004, Wad al-bashīr camp)

The administrator insists that fees must be paid in advance, which is difficult for displaced people to understand. Until 2003 consultation and medication were free, and the new rules are difficult for the displaced to accept. Although the SRCS officially abides by the Geneva conventions and human rights laws that take into consideration humanitarian relief, it seems that in the implementation stage things can be different. Other issues, such as how to keep operating the HC and generate more income, half of which goes in salaries to the employees, override humanitarian assistance. Most of the many activities of SRCS in Khartoum are not operating fully due to lack of funds or the termination of the project. They do operate outside Khartoum in the rural areas where assistance is more urgent.

#### *Reproductive health and family planning*

One of the most important activities in the organisation is the reproductive health and family planning programme. The programme is funded by the Planned Parenthood Federation of America with the objective of maximizing birth spacing, childcare, pre-and post-natal services, counselling and treatment of sexually transmitted infections and the eradication of harmful traditional practices. How are children included in this programme?

The residents of the camp lack consistent and accurate information on all aspects of reproductive health. As a result, there was a need for emergency obstetric services in these areas. Many clinics provide assisted deliveries, but have no capacity for emergency obstetric care or treatment for the complications of miscarriages. Few health centres provide family planning education, assistance and services. These clinics report extremely limited supplies of contraceptives and a lack of trained outreach workers to distribute them. There is no access to HIV testing in these clinics, although there is some counselling provided for people already diagnosed with HIV. The project aims at integrating reproductive health services in the Red Crescent health centres and to establish linkages with the SRCS as well as referral system for complications that cannot be managed at the health centres (Red Crescent Society, 2003:2).

By October 2004, when I was almost at the end of my field work, the reproductive health and family planning project had achieved an expanded access to comprehensive reproductive health services in six squatter areas in Khartoum state (including camps). They had thirty youth peer educators trained in sexual education, counselling and contraceptive techniques. They managed to give ninety refresher courses to CHPs, trained and updated twenty staff members in family planning, counselling, infection, prevention and HIV/STI/AIDS, in total of 120 CHPs providing

effective sexual and reproductive health education, 9,000 clients were provided with contraceptive services at clinic and referrals to hospitals. In addition they had a total of 12,000 child care clients, 5,000 clients provided with pre and post-natal services, and 120,000 adults and youths reached with reproductive health information through home visits, information education communication sessions (IEC), sensitisation sessions, the media and other channels. Also an active youth network was formed and trained on leadership, communication and community mobilization skills (Red Crescent Society, 2003:7).

The reproductive health and family planning project is indeed one of the most important projects of the SRCS and it is of vital importance to the community. However, I wondered whether and how the project takes children into consideration? I found out that the project is not targeting children under eighteen. The CHPs who disseminate the information to the youth and adults including women and men, ignore pregnant and lactating girls between fifteen and eighteen. From late 2004 some adolescents were included in the project, but they were not from Wad al-bashīr camp. I did not find any adolescent informed on family planning. One of the CHPs working in the project said, "We do home visits mainly to check the women and men for family planning issues. We see if there are complaints of STI and refer these to the clinic, but the IEC sessions are conducted for adults mainly."

One of the CHPs who works as a volunteer on the project and as a teacher in one of the schools told me, *"I transfer what I learned from the project to the pupils in the school. I did that on a voluntary basis but it is not included in the project principles. It was a voluntary job, because I felt that the children under eighteen need to know, and have the right to know, of STI/HIV/AIDS, harmful practices and their reproductive health."* (15 May 2004, Wad al-bashīr camp). Children clearly receive virtually no general sexual or reproductive health education from the SRCS, but this will be elaborated further under the section in voices of children.

#### **4. Gender in the projects of the two NGOs**

Women have been systematically subordinated to men, which is why feminist scholars demanded a further study of the social relation between men and women (See chapter two). To do that a gender and development approach was introduced which "emphasizes a focus on gender relations, when designing measures to 'help' women in the development process" (Moser, 1993:3). The approach involves major cultural and structural transformation if poor men and women are to be the main beneficiaries of development. In this section I will analyse how gender is involved in the projects of the two NGOs and whether it impacts on the development of the project, and if so how.

The description of the activities of Medair shows that there is a differentiation between and among the genders. The project proposals that the organisation submits to the donors give special emphasis and attention to women and children under five years old. For example, in their proposal for the year 2004 the first objective was the provision of a comprehensive preventative health programme, focusing on health and hygiene promotion and involving the community by building local capacity. The indicators for this objective are the number of women visited by the health promoters during each three month period, the percentage of women administering oral dehydration syrup during the last episode of a child's diarrhoeas, the percentage of women and community leader correctly citing at least three ways to prevent malaria at home and at least three signs of acute respiratory infection (Medair, 2003:1-4).



Another objective in the proposal is to offer quality services by the health centre and selected additional services (STD treatment, dental services) to the target population in the camp. The indicators are the percentage of women who attended antenatal care clinics at least once during pregnancy, percentage of births attended by trained health personnel or trained TBA, the percentage of women receiving at least two tetanus toxic vaccines during the latest pregnancy, the percentage of children under five having diarrhoea episodes in the last two weeks, the percentage of children under five having signs and symptoms of acute respiratory infection in the last two weeks, and the percentage of children under five who are vaccinated against measles. Other indicators were the extended programme of immunization drop out rate, the percentage of patient referrals in relation to monthly number of outpatients treated, the percentage of correct diagnoses made and correct treatment given by the medical assistants for the main childhood disease (Medair, 2003 1-4). Other categories than women and infants, men and children from five to eighteen, are not included in the indicators. Hence, children are not involved in the indicators for health and hygiene promotion, nor are they involved in the community to build local capacity. The focus is on women, small children, and community leaders only.

Analysis of the formal health education sessions given to pregnant and lactating women at Medair organisation allows us to gain further insight into how gender and age are considered by Medair and what effect this has for girls.

The activities of SRCS showed that there is also a differentiation between and among the genders. The objective of the project proposal of the family planning project is to maximise birth spacing, childcare, pre-natal and postnatal services, treatment of sexually transmitted infection and the eradication of harmful traditional practices. In this objective the target group is not mentioned, but the performance indicators used demonstrate that they are targeting youths over eighteen and adults only. Youth educators were trained on sexuality education, counselling and contraceptive techniques. Community health promoters received refresher courses, adult clients were provided with contraceptives services, health services and vaccination, adults and youths were reached with reproductive health information through home visits, education sessions, sensitisation sessions and the media. These indicators do not mention children under eighteen at all. Hence, children are not involved in the indicators for the family planning project nor they are involved in the project to receive information in reproductive health and sexuality. The focus is on youths and adults only. The children are only included in the general health services that the clinic provides for the whole community, and that is not sufficient as it will be shown later in this chapter.

#### *Health education for pregnant and lactating women*

The Thursday sessions for lactating women usually take place from 9 30-10 30 am in a room at the back of the PHCC. Women from fifteen to forty-five gather in the room and sit on the ground waiting for one of the CHPs to give them the lecture. One session I observed began with a greeting and an introduction to the subject of the lecture. That day it was about harmful traditional practices related to pregnancy. For example, southern and western tribes have traditions and beliefs that prohibit eating meat during pregnancy. Other tribes avoid eggs believing that this will lead to dumbness. The CHPs stressed the importance of these foods in pregnancy, and the fallacies of such traditional beliefs. The session was mainly a monologue about the quality of food and what kinds of food pregnant and lactating women should take. The health promoter used a poster showing the different types of food, their constituents and importance to the baby. He explained what to eat and

that was it. After that the women left; no pamphlets or other information had been distributed. This means that there is a danger that when the women leave the PHCC they forget the information. Dialogue is rare: I attended three sessions and noticed that most of the women usually sit and stare. They just agree to what they are told, or repeat what was said. In one of the sessions the CHPs tried to initiate a dialogue, but the women started arguing and the session threatened to turn into a conflict between the tribes. In another session the CHP dealt with the topic in a somewhat authoritarian way, and some women were too intimidated to respond. Only five out of the thirty-five women who attended responded, which is a higher response than that of other sessions that I attended where the women only sat and repeated what the CHPs told them to say.

Communication is a problem due to the different ages of women. A girl of fifteen knows less and has less experience of pregnancy than women of thirty-five. The young girls are not given separate sessions and this makes it difficult for them to grasp the information given. Older women have attended these sessions several times since they have been living in the camp and registered with the organisation, but girls are hearing the information about pregnancy and childcare for the first time. The problem goes beyond this, because the community considers those girls as women, despite their age. A girl, once married, is considered a woman and treated as one. Her rights as a child are abused. As I interviewed Fatima, a seventeen-year old mother of a three-month old boy, I noticed how ignorant she is in matters of childcare. She hardly knows how to carry the child. She said that she wants to go to school and play with other girls, but the community treats her as an adult woman. She has to take full responsibility of her house and her children. Culture turns a child into a woman and her rights as a child are violated.

When I interviewed pregnant girls they said that they would prefer sessions without the older women present and that they need more information and lectures. One lecture per week is not sufficient. They said that they acquired a great deal of useful knowledge about childcare and pregnancy from the PHCC, but they need more in-depth health sessions and follow up. Active participation in the sessions is mostly confined to the older women. The younger pregnant women said that they feel ignorant and powerless in the face of the greater knowledge and experience of the older women, and this makes participation in the group more difficult.

Communication is also a problem at a linguistic level: most of the women in the camp speak their own dialect, and little or no Arabic, the language in which the information is provided. The problem is exacerbated by the scientific terminology used to describe such things as the constituents of food. The CHPs try to explain to the women in very simple Arabic, but even so most of the women understand less than half of what is told them.

A further problem is the relevance and practicality of information given. For example, pregnant women can be given theoretically important information on food during pregnancy and the value of such foods as eggs, chicken and fish. This type of food is rarely available in the camp, and the women cannot afford to buy it, even if it is available. This calls into doubt the value of such advice, since it cannot be followed. It raises the question of whether the organisation is really working towards the needs of the community as the policy states.

Medair targets women and children under five in order to reduce the mortality and morbidity rate of small children. This can have a negative effect on the rights of women, who are regarded by the organisation simply as mothers who have to keep their offspring alive, but are not persons in their own right. No concern is shown for the women's views on childbearing or whether they want (more) children. There is no family planning programme for pregnant women. Sometimes advice

is given to the women during the health education sessions and when they come for check-ups, but the organisation has no organised programme of family planning, nor does it distribute contraceptives. This indicates that the organisation is not supporting women in their own right, but regarding them as bearers and carers of young children.

Reproductive health concerns not only the number of children, but must consider the whole spectrum of people's sexual well-being (Mosse, 1994: 10). Reproductive health also concerns the empowerment of women in sexual and reproductive matters. It is an approach that emerged as a result of the criticism of the international women's movement on population control that ignored women's needs and concerns. As a result, claims were made for reproductive and sexual health and rights, in which the concern was not demographic objectives but women's health and bodily autonomy (van Eerdewijk, 2007: 12). The reproductive health approach looked at sexuality and gender in terms of social relations, the power processes between women and men in which reproduction and sexuality take place and the underlying power inequalities. Reproductive rights for women include:

the rights of all individuals, women and men, to make decisions concerning procreation and sexuality. They encompass, *inter alia*, the right to the highest attainable standard of sexual and reproductive health, the freedom to decide when, if, with whom and how to express one's sexuality, as well as the freedom to decide on the number, timing and spacing of one's children, the right to regulate one's fertility safely and effectively, the right to understand and enjoy one's sexuality and the right to make these decisions free of discrimination, coercion and violence (van Eerdewijk, 2007: 13).

Women have to be aware of and challenge the socio-economic and cultural factors that determine their choices. This would involve "an increase in the understanding of the factors that determine fertility. These include the existing number of children, the conditions under which they are borne, pregnancy outcomes, health and well-being during pregnancy, birth and lactation, control or lack of control over conception, infections brought about by sexual contact, the incidence of marital violence and infertility" (Mosse, 1994: 9).

Medair does not work towards empowering women in this way, but concentrates on saving mothers and their infants. It does not follow a reproductive rights approach. To have a reproductive health approach within the organisation means that reproductive health issues are not only discussed with women, but also that it recognised that reproductive health is not the responsibility of women alone. The involvement of women in the activities of Medair does not guarantee empowerment of women. Women are involved in the activities of Medair in receiving health education sessions about childcare and protection, but not as women who have their own interests and bodily autonomy. Empowerment was defined in chapter two as bringing people who are outside the decision-making process into it, and raising their awareness of their own interests. In Medair's activities the women are not brought into the decision-making process, nor are they asked about their own interests. Women are regarded as only producing children, without considering their interests in health and their decisions about their own reproductive health and sexuality. Women are involved in the care of their infant while pregnant and after the birth, without considering that women have reproductive rights such as family planning, breast feeding etc (discussed below). The level of empowerment that Medair is implementing for women is the lowest, which is "power to," whereby women still need more control over their own lives and

bodies. Women are not aware of their own interests and are not involved in decision-making and do not influence decisions. As was shown in the health education session conducted for pregnant women, women are regarded as a receiving object for information, without participating or communicating. Although the topics are of interest to them, the chances to participate are almost nil. Women are not given a chance to decide for themselves what they want from the health services, nor are they given the awareness that they need to take part in decision-making in the reproductive health process. They are treated only as caretakers for the infants under five years old.

Medair is more concerned with infants than the health of women. The project proposal is to offer quality services to the target population in the camp. The indicators for this objective were mainly concerned with young children, the reduction of infant mortality and morbidity, diarrhoea and signs of acute respiratory infections, and an extended programme of immunization. Clearly the organisation is mainly targeting infants under five without considering that women are the primary carers of children, and need more attention to their health. This is especially the case in such remote areas as IDP camps where pregnant and lactating women need a healthier environment and proper feeding and care. Medair does not consider seriously either women's reproductive health, or the health hazards for children between the ages of five and eighteen. These, too, are omitted from the objectives of the proposal.

I have not observed or heard of any Medair sessions given to men in relation to reproductive health. There were sessions on STI, but not on sexual violence, abortion, sexual needs, sexuality, family planning etc. Husbands do not take part in the health education sessions given to pregnant or lactating women. This is an indication that women are seen as the only ones responsible for conception and childcare. The existing power relations between men and women are not dealt with: women are powerless and lack awareness of their rights. An approach of gender equality in the organisation's projects cannot be effective while the role of men is ignored. The development of the project cannot be sustainable when major actors, men - the most usual cause of women's disempowerment and vulnerability - are not targeted. The organisation is focusing on women, segregating them from men. Although it is doing positive work by reducing the mortality and morbidity rate in the camp, it has not affected the relative cultural and social positions of females and males.

The differing needs of women and men are not considered in the projects of Medair. It is essential to identify the different gender needs and interests, and disseminate the information on each topic equally. Needs, as Thomas said, are a sense of identity, stimulation and opportunities to explore. If the aim of development is to produce active and vocal members of society who can engage in dialogue and negotiation, then it is important to create opportunities to exercise choice from an early age (Thomas, 2000:31). Chances to develop autonomy are limited and opportunities to explore are minimal, since opportunities to exercise choice are not given.

The situation is worsened when power is exercised by the staff of the organisation over women of varying ages and needs, and in particular young mothers. Power here takes the form of power over, because it is exercised by dominant social groups. In this case the health promoters have the power over the women as they are in control of the health education sessions. In this way people will remain unaware of their own interests: women will not be empowered because they are still incapable of seeing themselves as having the capacity and the right to act and influence decisions.

A pregnant fifteen-year old has very limited power, both compared to the health promoter and to older women. In chapter two I described the differentiation made in the literature between power over, power to and power within. This can be demonstrated in the case of Fatima. She tried to exercise her power by asking an older woman about something in the session, but the woman refused to answer, telling her that she is now a woman and should understand by herself. The older woman held power over Fatima because of her age, and thereby reduced the girl's ability to exercise her rights. Due to her age Fatima was not aware of her rights and had less power and capacity to take decisions. The case study revealed power wielded by women over women can lead to marginalisation, reducing the "power within" to change the situation. Medair has not developed the skills and capacity of the health promoters to deal with power inequalities based on age and gender, nor does it make the community aware of the power dynamics in their life, nor seek to empower them without infringing upon the rights of others (Chapter two). While the organisation's focus on women and children under five indicates that they are caring for those most vulnerable within the displaced community, they do not follow a systemized gender approach in development.

Like Medair, the SRCS organisation differentiates gender in their activities but fails to take full note of the implications. SRCS has only one activity - the family planning programme and their attitude to gender is similar to that of Medair. In this programme the objective was to maximise birth spacing, childcare etc (see section on reproductive health and family planning), but they excluded children under eighteen. Even in the health education activities of the project the family planning sessions were for adults, not children or adolescents although fifteen year-old mothers are not uncommon in the camps. Since it is not unusual for boys and girls under eighteen in the camps to be sexually active, it would be thought that they should know of their health and reproductive rights. Targeting this group would also reduce their vulnerability, especially that of girls, to the risk of HIV/AIDS.

Although both men and women are invited to attend sessions on family planning at the health centre, the number of women always exceeds that of men. However, men dominate in terms of speaking and participating. This creates an imbalance in the participation process and an unequal distribution of the information. As with Medair, the needs of women and men differ, as each has their own interests and needs, but these are not taken into consideration by the health promoters when conducting the health education sessions. The women agreed that they wanted to have a separate session so that they could understand and participate more fully. There is a gender power problem in disseminating the information and a communication problem between the genders. The power exercised by the men over the women makes these subordinate and prevents them from engaging in the participation and decision making processes.

There is also a problem of communication between young mothers and older more experienced women in the health education sessions. This too can be seen as a power relationship with the young mothers at the bottom of the hierarchy. This issue is not taken into consideration while the health promoters disseminate their information. They treat women of all ages in the same way, not bearing in mind that younger women are less experienced in reproductive health issues than older women. All in all, there is no systemized gender or age approach followed by SRCS while working with the community at a practical level.

## 5. Age in the NGOs activities

The organisations' policies and mandates state that there should be no discrimination. However, both organisations discriminate among children according to age. In their activities they give great attention to the under-fives, ignoring, to a very large extent, older children and adolescents. To illustrate this I will present a case study from Medair organisation of their formal health education session on HIV/AIDS for the community, and tell about the problems of a 10 year old who needed medical care.

### *HIV/AIDS health education*

I selected HIV/AIDS as an example because it is one of the most critical health issues in Africa today, but nevertheless, not taken seriously when it concerns the displaced, particularly children. Most of the children in the camp either live alone, with relatives other than their parents or a single parent. Even if a child has a parent or guardian this person is usually unable to provide health information. For these children their only hope of information is the NGO health education programmes. The adults in the camps seem to consider HIV/AIDS to be like any other disease that can be cured, but only minor STIs can be treated in the health centres, certainly not HIV/AIDS. Therefore, the health promoters try to disseminate as much information as possible to the community on this topic.

A study on internally displaced people done by the Sudan National AIDS Control Program revealed that at least one quarter of the displaced people have erroneous beliefs about the transmission of AIDS. From the sample selected, 31.2% believe that AIDS is transmitted through mosquito bites, 25.3% mentioned transmissions through eating with an AIDS patient, while 55.1% mentioned the reuse of syringes. AIDS is considered as a stigma in the community, 53% said that they would not buy food from a food-seller who had AIDS, 31.4% said that teachers with AIDS should be prohibited from teaching in the schools, and 35% would even prohibit their own children from going to school to avoid infection (Ahmed, 2004:12-13). In the face of such misapprehension, how is education on HIV/AIDS provided, and how is age taken into account?

Gabriel Gali, the assistant team leader of the health promoters, explained whom they target and how they transmit health information. Medair administration prepares pamphlets to distribute to the attendees. Sessions are held at the centre and each health promoter is expected to bring at least two members from the community. They target the age group twenty to forty, both sexes in groups of thirty to forty people. The sessions are from 9:30-10:30 on Thursday morning, which is a working day and therefore not convenient, as most of people work. The sessions are conducted four times a month for three months, sometimes less, depending on the topic.

In the case of HIV/AIDS, every week the same group gathers at the health centre to get information about the infection. They learn what HIV/AIDS is, how the virus is spread, how it is not spread, who gets the infection, factors contributing to the spread, how to prevent the transmission and what children should know about the factors of HIV/AIDS transmission and how they can protect themselves against infection. At the end of the three months each participant receives a certificate that they have attended a course on how to prevent infection from HIV/AIDS.

The group does not include children below the age of 18. When I asked Mr. Gali why they are excluded he said: *"Children under eighteen are not vocal and not attentive. They like to play and it is hard for the CHPs to gather the children in the PHCC from early morning. We prefer to teach adults of twenty and older and then they transmit the information to the other children If*

*they have younger children or siblings they transmit the knowledge to them*" (14 June 2004, al-Salam camp).

This means that children do not have the opportunity to learn anything about HIV/AIDS or any other topic in a formal session, although they might have occasionally listened in when informally information was given to waiting patients at the centre. The participation of children is not recommended by the health promoters or by the administration. This might result in young people having no sense of responsibility and no stake in the health projects. Anyone younger than eighteen might feel neglected, even though their only source of information is the NGOs. Half of the population living in the camp is under the age of eighteen, that means there is a highly possibility that a high proportion do not receive any education on HIV/AIDS prevention.

The health promoters encourage an equal number of men and women to participate in health education, but in practice the number of women always surpasses that of men. Many men work in the mornings and cannot attend the sessions. Mr Gali also pointed out that the number of people graduating at the end of the course is less than those who enrol.

The needs of a ten-year old child are different from those of a seventeen-year old, and adolescents have different health education needs than adults. For example, adolescents need to be aware of their reproductive and sexual rights because many marry in their teens or have premarital sexual contact or suffer from sexual abuse. HIV/AIDS awareness and protection that the organisation is providing for the adult community does not reach them. Young people might be more interested in knowing about sexual and reproductive health than in dental care or environmental control. Here I refer to what Wolfson said:

If children's interests are attended with an eye to protect the child's later project interest whatever this will turn out to be, then the child has a right that we act only in his or her welfare interest and this only in so far as the capacity to act in his or her own interests that has not yet developed. So we as adults must have the obligation to provide those conditions for the capacities to develop. Beyond that the child will be able to act in his/her own interest and we have the obligation to let him/her do so (Wolfson, 1992:23) (See chapter two).

If the organisation gives the children a chance to pursue their interests, their capacity to develop would be greater, and the child could exercise the right to act in his or her interest.

#### *A child's request for medical care*

This story will indicate the problems that children under 12 years old experience in getting health services from Medair clinic in al-Salam camp. It was on June 10, 2004, while I was interviewing B. Rose, the clinic administrator at Medair health centre, when a boy about ten came in crying. He looked to be in a terrible condition with his clothes torn and dirty. He approached Rose saying that he wanted to see the doctor. His eyes were red and he was shivering. Rose told him to sit down, then asked him about his mother or father. He said his father was dead and that his mother was in the village. He was staying with his uncle in the camp. His uncle had given him money and told him to go to the health centre to see a doctor. He said he had fever from the day before and was vomiting and shivering a lot. Rose asked him his age and when he replied that he was ten she said that she could not let him in to see the doctor because he was under twelve. The rule is that any child under the age of twelve must be escorted by a guardian to ensure that the treatment is understood. When Rose told him that he had to bring his uncle, the child replied that his uncle had left for work and that there was no one else at the house. Rose went to consult one of the medical

assistants, but when she returned she said that the medical assistants refused to see the boy without an older person present

There was no way round this rule it is the organisation's policy and the medical assistants did not want to take any responsibility for an infringement. The boy was in such a poor condition that Rose again tried to persuade a medical assistant to see him, but again they refused. She asked the boy to go and get someone, a neighbour or someone he knew. The boy was so weak and faint he could not move. Rose then tried to persuade the clinic manager. He told her he could not do anything, the rule stood and she could better see if she could find an adult who knew the boy. She went to the waiting room that was full of people and asked if anyone knew the boy. One man said he knew the boy and his uncle and he agreed to escort the boy to the medical assistant and be responsible for him.

The story is a clear indication that there is age discrimination between children. The age of children is discriminated in Medair activities although their policy abides to human right conventions which generally take into account non-discrimination. A boy of ten years old was denied basic and necessary health care. The rule was designed for the protection of children, but given the difficult and complicated family situation of many of these children it leads de facto to discrimination of younger children. Since adults leave for work early, even the children who do live with an adult are often unable to be escorted on a visit to the health centre, and must fend for themselves at home when they are sick. The strict adherence to the rule could even result in the death of a child.

This brings me to Archard's ideas on the conception of childhood. He argued that there are different conceptions of childhood according to the society. In the camps, five and six-year olds can and do perform adult work and face many challenges in life. Adults consider those children as mature and responsible for their actions. In fact, adults encourage children to work from an early age to support the family and generate income but when it comes to medical treatment of such children, they are considered immature, and incapable of being responsible for themselves. A contradiction between how the society perceives children in different situations is confusing for children and detrimental to their rights.

The emphasis on children under five in the programmes of the organisations can lead to ineffective humanitarian assistance and is against the principles of the organisation, humanity, impartiality, neutrality and independence. The policy of the organisation is to strive to achieve full community participation in their relief and rehabilitation programmes, as well as meeting basic needs, is not implemented in the same way for adults and children.

## 6. Participation in the NGOs activities

Participation is one way to empowerment. Participation of the beneficiary is recommended in the policies of both organisations, and participation of vulnerable people is explicitly stated. Does that mean that vulnerable children are considered as participant clients? Participation can take place at different levels within the project cycle, as we saw in chapter two: in manipulation, which is the lowest level of participation, then decoration as second level, tokenism as third level, fourth is assigned but informed, fifth is consulted and informed participation, sixth adult initiated projects, seventh is child initiated and directed and finally child-initiated projects. Thus, using these levels I will analyse the data and indicate which level are children participating.



There is participation in the dental health education session conducted by Medair, in the form of a dialogue between the health promoter and the children at school. The children felt that they are taking part in the session and were very interested (this will be shown under in the section on the voices of children). The feeling that they were participating made them more relaxed and co-operative with the health promoter. As Ester said, *The children do not get scared of my examination and treatment for the teeth. This is because I treat them nicely and work co-operatively in a nice environment.* I observed how the children laughed and talked to Ester when she goes to the school.

Participation, when taking place, usually first involved the head of chiefs or Sultans of the tribes, that is adult men only. If the organisation wants to conduct any sessions, workshops, training or home visits in the community, they ask the leaders of tribes and discuss the issue with them. If the organisation wants to develop the project or ask about the needs of the community they would again involve men. Leaders of tribes are the ones who participate at the initiation, implementation, monitoring and evaluation stages of the project. They represent the women and children who are seldom participants in the planning stage.

In the formal health education sessions for pregnant and lactating women, women were participants but not very active ones. Dialogue and a participatory approach were hardly used in the sessions I observed. On the home visits the health promoter would ask women about their health but not engage in a discussion. Women seldom volunteered information, although they might ask questions about health as described. Children are more excluded as active participants during health information sessions and home visits.

In the health education sessions neither women nor men showed themselves as active agents. The health promoter does not allow time for the participants to engage in discussions, they can only listen. The traditions and beliefs in the camp limit women's engagement in a discussion with men. Older women and men do sometimes discuss topics, but the young, especially women, are too shy to engage in a discussion.

Although the policies of the two organisations encouraged the participation of the community, only the male chiefs were consistently regarded as participants while younger men and women, and in particular younger women and children, were given less voice and space to participate. There is no participation of children the initiation or the implementation stage, the only exception being the dental health project of Medair.

Most women and all children under eighteen are excluded from the decision-making sphere. Children over five are not involved in health education sessions, home visits and the other activities of Medair. There are no direct courses or training for the children in relation to their health rights. Under such circumstances how can development be achieved? Participation of children in Red Crescent activities is also lacking. Children are not allowed to participate in the project appraisal or application nor do they receive health education sessions on a formal basis.

Participation implies joint ownership of the decision making process and active involvement of all parties. Power is shared. Participation offers children the opportunity to express and understand their own feelings and needs of others. It helps children to develop the skills of communication, debate, negotiation and compromise and to achieve a balance between their needs and those of others. Children then develop skills of decision-making both individually and as a group, when children's

ideas, feeling and capabilities are treated with respect, their confidence and self-esteem grow (Miller, 1997 16)

If both the organisations allowed children to participate, gave them respect and listened to their interests and needs, and allowed them to take part in the decision making, their skills would develop and their empowerment increase. In reality children are badly treated and disbelieved by the organisations, and their identity as human beings who have the right to express themselves and freedom of choice is denied.

“Participation is a way to the empowerment of the poor. Participation is both a road to and an outcome of empowerment” (Abdelrahman, 2001 73, see chapter two). Children who are not allowed to fully participate are obstructed in following the road to empowerment. While neither organisation follows the CRC, they both follow human right conventions that take into consideration the survival and development of children. Nevertheless, the specific exclusion of children from target groups in project proposals, in the dissemination of information and in treatment, means that the rights and needs of children are ignored. With the single exception of the dental health education, no health education sessions were targeted at the children. It can be said that the level of participation of children in the projects of these organisations is level two, which is manipulation and the obedience to adults (See chapter two under participation).

## **7. Health rights and needs in the NGOs activities**

Article 24 of the CRC, mentioned the right of the child to the enjoyment of the highest attainable standard of health, and facilities for treatment of illness and rehabilitation of health. It should ensure that no child is deprived of his or her right of access to such health care services. The article went further by saying that appropriate measure should be taken to diminish infant and child mortality, to ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care and, most importantly, to ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents. Moreover, the aim is to develop preventive health care, guidance for parents, family planning education and services, and take effective measures to abolish traditional practices prejudicial to the health of children. I ask the following questions: if we take this article and the policy of the organisation and compare it to what is actually happening in the camp, are children enjoying the highest attainable standard of health facilities? Are children provided with primary health care? Are children informed, educated and supported in basic health matters? Are children aware of family planning education services and harmful traditional practices?

Rights have been defined in chapter two as entitlement to have or do something or an authority to perform a particular work, and that rights involve power, duty and claims. That adherence of the organisations to the CRC means that they will work towards meeting the rights of the children. In this case I will look at how the organisations meet the rights of the children in health.

The activities of the organisations revealed that there is no specific health activity for children. Children are treated in case of illness, but rarely involved in the health education sessions. Both carers and staff have power over children as they can determine the level of care.

and education information. The organisations have power over the community as a whole in providing health services according to their interest rather than the interest of the community. The organisations have activities that work towards reducing infant mortality rates and the provision of primary health care, but even the available activities, as we have seen, do not give children an opportunity to claim their rights. Later on we will meet Fatima who as a 17 year old mother and discover what she felt during the sessions for pregnant women. The health promoter has the power to control the session, making it difficult for the women to engage in a dialogue. This results in the rights of pregnant girls to health information being violated. The case of the ten year old boy who was refused care because he had no accompanying adult showed the power of the staff to overrule the rights of children to the best health service.

Right was described in chapter two as correlative to duties, and I will examine the duties of the organisations in providing health services to the children. It was stated in the policy of the organisations that they will carry out the duty of ensuring the maximum possible health services to the community, but it was obvious from the activities described above that the community, and in particular the children, are not getting a satisfactory health service from the organisations. The duty of the organisations is to provide primary health care to the community without any discrimination, but in the case of pregnant and lactating women, the provisions are inadequate and inefficient. The miscommunication, lack of understanding, lack of coordination and the insufficiency of information given on health (family planning, sexuality etc) mean that the organisations are failing in their duty to provide appropriate health services to the children and women.

The policy of the organisations states that they have a duty to make disaster victims partners in action and involve them in the design, implementation and management of the programme. However, it is very clear that only one section of the community, male leaders, is in any way involved with these. The opinion of the children on their rights and needs in health is never ascertained, nor their specific problems in respect to a healthy life in the camps. Moreover, information regarding the abolition of harmful traditional practices is not supplied by the organisations. In these respects too, the organisations are not fulfilling their self-appointed duties.

The children in the camps do not know of their rights, so they rarely claim anything in health. To claim a right one needs a knowledge thereof as well as a degree of power, and the children have little knowledge and power as was demonstrated by the case of the unaccompanied boy asking for medical help. The children lack information about health and hygiene, environment etc but do not know they have the right to that information. When I asked one of the program managers in SRCS about why they are not involving children in health projects, giving them a chance to express what they need, he said:

*It is not our practice to include children in health projects. We normally assess the situation before we set up a proposal by asking the chief leaders in the community what they lack and what they need. The inclusion of women and children in the assessment and setting up of projects is not among our tasks. Mainly we depend on the recommendations from the government and the male leaders in the area (25 July 2004: SRCS office).*

This reveals that children are not made aware of the setting up of the activities, nor they are asked about their health problems. The organisations look to satisfying the needs of the community at large by providing a health clinic and a primary health care service. This is a positive attitude and a laudable practice, but it does not go beyond the relief stage, as it only alleviates the suffering

of the people without treating the root cause of the problem. This might lead the people in the community to be dependent on the organisations and less confident in developing their own projects. These issues reveal a discrepancy between the policy of the organisations and the actual practice at grass root level. What are the views of the children about the health services provided by the organisations in a displaced community? The next section lets the voices of children be heard and reflects on how children perceive the work of the organisation in terms of gender, age, participation, needs and rights.

## **8. Voices of the children**

In this section I will examine the views and thoughts of children in the health services provided by the two NGOs. Little research has been done on the views and opinions of children in Sudan. Children in a Sudanese society are considered as receiving agents, not as participants in a dialogue. I noticed this when I was working with the children in focused group discussions. The children were very enthusiastic and motivated when they found that finally someone was listening to them. They needed the attention, care and respect that they lack at school and home. I will present case studies revealing the perceptions and views of children of NGOs health activities, and their understanding of their health rights and needs.

At the beginning of my fieldwork I was uncertain of how to work with the children. To do an anthropological field study on and with children is a complicated matter (see Colton et al 2001). I discovered that it needed patience, tolerance, care, respect and attention. Children are fragile, vulnerable human beings, and within Sudanese society they are considered as receiving agents and not human beings having their own identity. An acceptable level of counselling and social work for children has not been achieved. As a result, at the start of my fieldwork I found that the children were scared and suspicious of me. For example, in one of the focused group discussion there were eleven children, boys and girls. They sat separately, boys on one side of the room and the girls on the other side. They were very quiet, folding their hands on their laps and waiting for me to give them a lesson. The looks in their faces reminded me of when I first went to school and was terrified of the unknown. The atmosphere was tense, and I decided that I needed to break the ice and make those children feel relaxed. I placed my chair in the middle of the room and said "I want you to sit in a circle, boys and girls mixed, and we will play a game in which you tell something about yourself when you catch the ball." This play worked and they soon relaxed and made jokes: I felt then that I could discuss various issues with them concerning health.

The children in al-Salam and Wad al-bashīr camps had similar views and perceptions about the services provided from the NGOs. I filled 35 questionnaires by interviewing children from Wad-al- bashīr camp and 23 questionnaires from al-Salam camp making a total of 58 questionnaires from both camps. The children have opinions regarding health activities that the NGOs perform. For example all the children interviewed said that they pay for health treatment. To make it clearer I will divide this section according to what the children think of the treatment services, health education sessions, health rights and needs. Within each of these categories I will discuss the issue of age, gender, participation, rights and needs in respect of achieving a more sustainable development for the children.

### 8.1. Perception of children towards treatment services

In Wad al-bashīr camp I interviewed thirty-five children between the ages of ten and eighteen and held six focused group discussions with a total of forty-eight children there were eight to twelve participants in a group. At al-Salam camp I interviewed twenty-three children, and held seven focused group discussion with seven to twelve participants in each, with a total of fifty-seven children. At the beginning it was difficult to interview children, especially those between the ages of ten and fourteen. The older children were quite vocal and understood the purpose of my visit, and why I was interviewing them. Over time, however, conducting interviews by filling in questionnaires and focused group discussions became much easier, to the extent that when one of the children saw me in the camp he/she went and called all the other children to meet me, wanting to talk and discuss more issues. All interviews and discussions were taped and transcribed verbatim. They were then coded and analysed for recurring themes. I asked children to make drawings in order to facilitate discussion on various aspects. I found that the children were very interested in drawing and this made it easier for them to talk about their lives. The following themes came out of these group discussions and individual interviews.

#### *Inaccessibility of medication and insufficient treatment*

On May 19<sup>th</sup> 2004, I was conducting a focused group discussion with 4 boys and 7 girls at Wad al-bashīr camp where SRCS has their health centre. Their ages ranged from twelve to eighteen and the majority came from the south and west of Sudan. They had been living in Wad al-bashīr for the past ten years or so, all of them go to school but not regularly.

The discussion was about health in the camp and what the children think of the treatment provided. They all agreed that they need more treatment and health services in the camp. Also from the completed questionnaires, 60% of the children indicated that they needed more health services in Wad-al-bashīr camp. The camp has only two clinics and that is insufficient for a population of more than 100,000 people who suffer from a deficient diet, low levels of sanitation and unhealthy living conditions. The distance between the two clinics is a long way for a child to walk. Transportation is needed but the majority of the displaced, including children, cannot afford to pay for transport. If there is no medicine at the clinic they have to go to the nearest city to buy medicine, which presents a problem, especially for the girls, because they are not allowed by the parents or guardians to go to the city pharmacy. The complaints made by the children can be categorised as disrespectful treatment, insufficient medical facilities (including lack of doctors/lack of medicine/attention/facilities/emergency aid) and payment of entrance fees.

Ester James, a seventeen-year old girl from Yei in south Sudan, had lived in Wad al-bashīr camp for the past six years. She goes to school and is in her seventh grade. She has four siblings, her father died in the war. She came to Khartoum when she was very young. Her mother does not work; her elder brother takes care of them. She said, "*There are always fights about money matters. Everyday my brother is threatening that he will not pay for my school fees and that I have to find work. He fights with the other brothers too and always about money.*" Ester lives almost half an hour's walk from the Sudanese Red Crescent clinic at Wad al-bashīr camp.

One day she felt very ill and went to the clinic for treatment. She recalled, "*I arrived at nine in the morning and paid the registration fee of 100 SD and was waiting for the doctor to see me. I waited more than three hours and I noticed that the patients who came after me were given permission to see the doctor. I said to the lady*

*who was responsible for the patients that I was waiting for hours and that my turn had come, but she replied saying "Ya but amshi hinak" (meaning you girl go there) in a harsh manner. I went to sit on the bench and after a while I noticed that more patients arrived in the clinic and found no place to sit. The nurse then came and shouted at me and said "Get up, move and stand there, let the older people sit." I was very sick and I do not know why she treated me like that. After another hour they let me go to see the doctor and the doctor prescribed medicine for me, but it was not available in the clinic. I had to go home and wait for my brothers to come and get the medicine for me, because I was not allowed to go alone to the city pharmacy. My brother would fight with me if I went alone. I had fever and was shivering, my mother made me some hot tea and gave me hot pepper with bread to eat to reduce the fever. My brother came after two days and went to the nearest city to get the medicine for me. I was lying in bed for ten days and I could not go to school. She went on: Medicine is never available in the SRCS clinic and they treat people harshly and in a bad manner. I do not like to go to them but when I or my family members get sick we have no choice but to go to the SRCS clinic.*

The disrespectful treatment at the SRCS clinic was an issue for the majority of the children and in particular the girls of all ages. Rita Friday, a twelve-year old girl from the Baria tribe of south Sudan, said, *'Whenever I go to the clinic I am always treated harshly by the nurses. They shout at people and they do not respect the patients. They think that I lie and that I am not sick.'* The complaints of the disrespect also came from the boys. Augustin Aleso, a sixteen-year old boy from Latuka, south Sudan, said, *'People working in the clinic are not treating the patients in a good manner. They shout at boys and girls of my age and they think that we are not sick, and we come to the clinic to escape from school.'*

Another problem is the lack of medicine to dispense. Dina James, a thirteen-year girl from Yei, south Sudan, said, *'The problem is that after I see the doctor, medicine is not available at the clinic and we have to buy medicine at a high cost from the nearest city. The treatment is not good at the clinic.'* Akol Tom, a sixteen-year old girl from the Dinka, said, *I came one day to the SRCS clinic with a broken hand. I paid 100 SDD for the ticket to see the doctor. The doctor said that I need to be transferred to the nearest hospital because they have no facilities here for a broken hand. He prescribed medicine for me but that was not available at the clinic. I had to go to the nearest pharmacy which is more than forty minutes by public transportation to get it and go to the hospital to bandage my hand.*

The inaccessibility of medications at the SRCS was due to administrative protocols between the HC and the SRCS office. As the pharmacist said:

*When I notice that the medications are running out of stock, I immediately write an order and give it to the health programme co-ordinator at the head office. But it takes some time until they get the funds to buy the medicine and bring it to the HC at the camp. Medicine is mostly late because of the administration protocols and time management. That is why the community complains that there are no medicines at the HC (22 May 2004, Wad al-bashir camp).*

He went further, saying that the patients do not use the medicine correctly: they do not follow the instructions on the box, or given by the doctor and before the medicine is finished they claim it is not effective and want an alternative. He recommended that the community awareness of

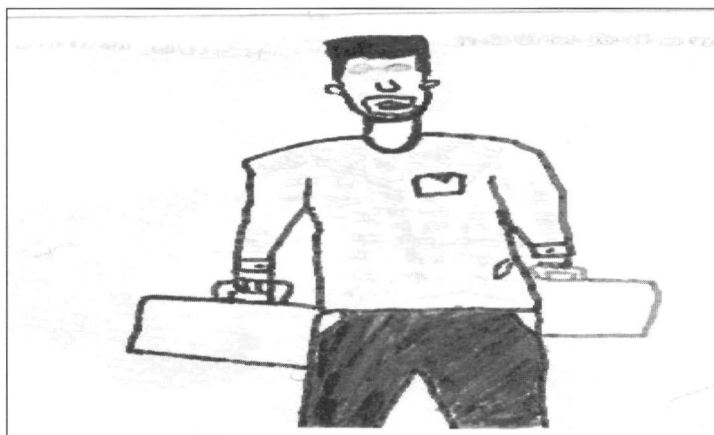
medications and their proper use should be raised. He cannot do this job alone; it is the job of the health promoters to transmit this information.

Strikingly, the lack of doctors was a problem also. Julia Edwards, another thirteen-year old, said,

*We need more doctors to treat us. There is only one doctor and he is not available at all times. When there is no doctor we do not know what to do: we have to go to the other health clinic, which is far away from our house. Sometimes we do not go to see the doctor. We take traditional medicine and if I do not get better then I come here at the SRCS to see the doctor, but most of the times the medicine that they prescribe is not available at the clinic.*

This was confirmed by Joseph, a twelve-year old boy from the Dinka tribe, who expressed it by a drawing showing the need for more doctors (see drawing 5.1 below).

Tereza James a seventeen -year old girl from the Dinka tribe, south Sudan, said,  
*There should be more doctors to examine us. There is only one doctor and not a specialised one. We need more doctors at the clinic. The services and treatment we get are low quality compared to the other health clinics in the camp. Also the entrance fees should be lower, or free. At the other centre they treat people better than this one and they have lower entrance fees and if someone has no money they let him in, not like the SRCS. The first thing they ask here is money. If I do not have money they do not allow me to see the doctor. They tell me to go home and bring money.*



Drawing 5.1: Joseph (12, boy), A doctor

The children complained not only about the harsh treatment and lack of facilities, but also about the attention and care received from the doctors. Joseph Martin, an eleven-year old boy from south Sudan, complained about the doctor. He said, *"The doctor is wad Arab (a word in Arabic meaning from the north of Sudan). I had fever and diarrhoea; he examined me and said, "Get up boy, you have nothing, this is a normal fever" and prescribed for me medicine to take from the pharmacy. When I went to the pharmacy, the pharmacist shouted at me saying ya walad ahaa malak inta Kaman (meaning what's wrong with you too) and he took the paper from my hand fiercely and gave me the medicine after I paid for it"*

Aida Nour, a fifteen-year girl from the Nuba tribe, had a similar experience to that of Joseph. She said that she went from school because she had a fever and cough. The administrator at the reception shouted at her and told her that if she had no money she could not see the doctor. She paid the entrance fees, but when she saw the doctor, he said to her *"I know you children all escape from school to come to the clinic so that you can pretend that you are sick and quit school for few days"*. She told him that she was not lying and was really sick. He asked her symptoms and when she replied that they were a cough and fever he wrote a prescription for cough medicine without examining her. She paid 300 SDD for the medicine and went home. After a few days she got better and went back to school.

Complaints did not stop here, but went further to the need for emergency aid. Suliman Mohamed, twelve, said *"There is no emergency room in the clinic. We need an emergency room in case of injuries. I cut my hand with a knife and when I came to the clinic they bandaged it and said that I have to go to the hospital to stitch it. They have no facilities for emergency in the clinic"*. It is strange that a health clinic does not have emergency aid in such a remote area, but Suliman's claim was supported by the pharmacist of the clinic when I interviewed him. He recommended that there should be an emergency ward and that it should be open until late evening. The clinic does not open at night and there is no provision for night emergencies. This is a problem, especially as the nearest hospital is almost forty minutes by transportation and transport stops at 20:00 in such remote areas.

There were complaints of the payment for entrance fees being a problem to the children. Like Terza James above who complained of entrance fees, Again Peter, a fourteen-year old from the Dinka, south Sudan, recalled,

*Last year we did not have to pay entrance fees to see the doctor. Now this year we have to pay 100 SDD and for the medicine on top of that. After all that sometimes we do not find the doctor or the medicine. We need more doctors and medicine in the clinic because this is the only one clinic nearby.*

Despite the lack of medicine, mistreatment and insufficient health care, the majority of the children interviewed were grateful that at least there is a health clinic in the camp. Although medicine is not always available they think that it is better to have a clinic than nothing. The personnel's aggressiveness and arrogance towards the children becomes more understandable in the light of their own difficult circumstances. As the pharmacist said,

*I have been working with SRCS for more than three years now, but they pay us very low salaries and we travel a long distance to come to work. I have to pay rent for my house, take care of my three children and pay for transportation everyday to work plus other expenses. The salary is not enough for this all and sometimes even we receive it late. That is why I am not motivated to work and looking for another job.*

The same complaint was made by the receptionist. She said that her salary is low and not in accordance with her skills. Sometimes she works more than eight hours and there are no bonuses or overtime pay. She gets frustrated and demotivated by the work environment. The work is hard and needs practice. She has to have a great deal of patience with the patients because most of them do not understand Arabic and communication is a problem. The personnel in the clinic are trying their best to treat the people in the camp, but they meet dissatisfaction, which irritates them.

The clinic is in the centre of the camp near to the main market and transport. As James, a sixteen-year old, said, *"The services in the clinic are not very good, but at least it is better than*



*nothing. It helped the people in the camp a lot in the autumn by telling us about malaria and how to prevent it. Also they distributed mosquito nets some years ago.*

Also seventeen-year old Fatima said that several times she went to the clinic and the personnel treated her nicely. Although the medicine was not available at the clinic, the medical assistant told her where she could get it. She said that once she had no money for entrance fees but the personnel let her in. The comments of Fatima and James were quite rare in my interviews, but they were positive about the work of the organisation and health services provided.

The children, despite their differences in age and sex, all have similar complaints about the SRCS health treatment. Several issues emerged from the interviews and focused group discussions. Children are being poorly treated and disbelieved, they are not respected, the child is seen as having no rights of participating or expressing an opinion in the treatment process. The cost of medicine and entrance fees are high for the displaced children to pay, the availability and accessibility of medical staff and medicine is insufficient in the health centre. Freedom of expression and choice for children is ignored and most of the times children, unless escorted by their parents or an older person, are neglected and abused.

Unlike in Wad al-bashīr, the children at al-Salam camp did not complain about the treatment provided by Medair. Mimi Kofi, a fifteen-year old girl from the Nuba tribe, said,

*The health clinic is helping a lot of people in the camp. I was sick and my mother told me to go alone to the health centre. I went and I paid 50 Sudanese Dinars and they let me wait until my turn came to see the doctor. The doctor asked me about my complaints and examined me and gave me a prescription for the medicine.*

Similarly, Mohamed Ismail, a thirteen-year old boy from the Nuba, said,

*several times I came to the PHCC and I am always treated nicely. The treatment that they provide is satisfactory and the doctors treat me nicely. Sometimes I come with my mother but when I come alone they examine me and give me the medicine. But sometimes the medicine is not available and I have to go to a far away pharmacy to buy it.*

Hagir Farag, a thirteen-year old girl from the west of Sudan, said that she never went alone to the PHCC, either her mother or her elder brother takes her. She is not allowed to go alone because of traditional beliefs that girls are not to leave the house alone. She said she received good treatment and medicine, and it always helped her. Musa Abdullah, a sixteen-year old boy from the west of Sudan, went to the health centre alone several times when he suffered from malaria, flu and a chest infection. They treated him well, but one time the medicine was not available and he had to go to the nearest pharmacy to buy it. He has no complaint of harsh treatment or disrespect from the doctors or nurses. A comparison of the views of the children on the services provided by SRCS and Medair shows that they are far more negative about the Red Crescent. Although Medair apparently provides better services, both NGOs do not meet the children's needs for low cost care and medicine.

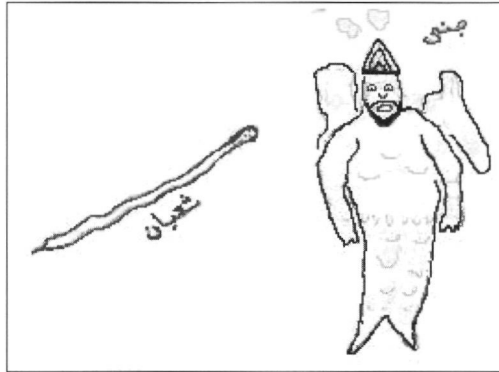
## **8.2. Gender and health service in the camps**

Girls encounter the problem of unavailable medication more than boys because of traditional beliefs and customs. They are not allowed to walk alone in the camp, or to go alone to the health centre if they are sick. Most of the girls I interviewed complained of the lack of freedom and the priority given to boys. As in the case of Ester, the majority of them are restricted in going to the

health centre whether in al-Salam or Wad al-bashīr camp, although some of the girls avoid this rule by going from school. While I was conducting interviews and focused group discussions they complained of the lack of freedom of movement and expression. Mary Ajok, a fourteen-year old girl in Wad al-bashīr told an interesting story.

*One day I woke up with very high fever and pain in my stomach, I told my mother that I have fever and pain, she said this is nothing probably because I was playing in the sun the previous day. The fever and the pain continued the second day. In the morning of the second day I told my mother that I would go to the health centre: she refused and told me that my elder brother would disagree if went alone. I asked her to go with me, but she said she had no money for the medicine and cost of treatment. By the end of the second day the fever was very bad and I was shaking from heat. My mother told my elder brother, who is responsible for the family, that I had this fever for two days: he told her to take me to the health centre of SRCS. It was Friday and the health centre was closed. The pharmacy is far away from our house. We would need to take public transport to reach the nearest pharmacy or health centre and that costs money and we do not have much. My mother took me back to the house and told my brother; he told her to take me to the traditional healer sheikh, he might be able to help reduce the fever. My mother took me to the sheikh, a fifteen-minute walk from home. He was a huge, fat old man with big eyes and looked scary. He looked at me, asking me what I had and gave me some herbs to drink. He said this is probably an evil eye and started talking about devils and how that can happen at my age because I am becoming an adult meaning puberty stage. When he said evil eye I imagined a devil and a snake coming to bite me. I felt scared of the Sheikh and this frightened me a lot. My mother gave him some money but it was very cheap and we went home. I drank the herbs and my mother brought me hot pepper and onion saying that it would reduce the fever. The fever continued and the pain in the stomach was on and off. The third day the pain and the fever increased, my mother started to worry about me. I felt terrified and I remembered the evil eye and the devil. My mother waited until the evening when my brother came and told him to give her money to take me to the health centre the next day. He said to her that he had no money and that it was probably the flu. He almost had a fight with my mother on the issue and I remember that I cried with pain and fever. The fourth day my mother took me to the SRCS health centre. She borrowed money from one of the neighbours and we went. The assistant doctor examined me and said that I had a severe infection in the stomach and gave me medicine to take. Unfortunately, the medicine was not available at the centre and my mother had to go to the pharmacy in town to get it for me. It cost a lot of money but when I took the medicine after two days I recovered and went back to school. But I always feel that my elder brother has more freedom to do what he wants. If he would have been sick he would have gone to the doctor in the nearest city without anyone questioning him. But when I got sick I almost died before I could get treatment. It is unfair and this is all because I am a girl, I sometimes wish that I am a boy.*

Mary made a drawing of a devil and a snake when she was telling her story. (See drawing number 5.2 below).



Drawing 5.2: Mary (14, girl) snake and devil coming to bite

Alex Andrew, a fourteen-year old girl who was attending one of the focused group discussions cried when she drew and recounted her story: She said

*I do not like to go to the house because my father always fights and hits me. He argues about the money and says to me and my other younger brothers that we have to go to work. One day I was sick and I told him that I wanted to go to the clinic. He refused and said that I am not allowed to go alone. My mother spoke with him and he screamed at her and told her not to let me go alone to the clinic. The second day I felt more tired and I told my mother. She took me to the clinic without telling my father. I felt very scared of my father because he drinks alcohol everyday and fights and hits us and my mother. Alex drew a picture showing her fear for her father and her running away from him (see drawing number 5.3).*



Drawing 5.3: Alex (14, girl): girl running away from her violent father

The stories of Mary and Alex revealed various issues. Firstly, the gender inequality in treatment by the guardians. The mother or the elder brother did not take the illness of Mary

seriously, thinking that it is a normal complaint. She was taken to a traditional healer who terrified her even more and made her sicker. Secondly, the power relation between boys and girls in the house showed that boys have authority and control over the girls as well as their mothers. Mary, as a girl, has to respect and obey her brother, even the mother has to defer to him: although Mary had the right to go for treatment, the power and authority of brother overruled her right. Alex and her mother both initially obeyed her father. Thirdly, the negligence and ignorance made Mary feel bitter and hateful towards her brother, and to wish she were a boy. Alex was afraid of the violent repercussions of her disobedience of her father. All this can hinder the social development and personality of girls. The social environment in which girls and boys are raised determines the development of their personality.

Girls are not allowed to go out alone without the permission of their guardians, a cultural belief that girls are more at risk when alone than boys. At that age the personality of the child develops, so when girls are not allowed to walk alone and are subject to greater restrictions than the boys, they can develop fear, tension, hatred and bitterness towards males. The priority given to boys by adults can hinder the development of individuality and identity of girls. This does not allow them to develop their own personality and character, and to be responsible and decisive. As Mead said "the social relationships are the key to the individual's developing sense of identity" (Mead 1943).

Power is used in various situations, leading to children becoming less able to exercise any power to claim their rights. Power of the guardians imposes restrictions that shape the girl's life (The case of Ester James and Mary Ajok). It is at this stage, adolescence, when gender difference intensifies and boys are given more priority over girls. Although in most cases girls have the right to do something, they have insufficient power and no one to help claim their rights.

Power also is imposed by the staff of the organisations on the children in their treatment of them and by doubting their credibility. The staff power is based on the children's and community's need for health care. The people's dependency on medication and treatment is a powerful weapon to wield against them. It is the duty of the organisation to treat people without discrimination and work towards achieving their health rights, but this is not being done. The organisation structure in both the clinics does not encourage a gender and age sensitive approach. The difference between the two organisations is that in Medair organisation the staff is mainly from the south, mostly lives in the camp and has better communicative skills. The personnel feel a responsibility towards the community, a sense of belonging and can identify with the patients. This explains why the children are far more positive about Medair's interventions than of those of the SRCS. In contrast, the Red Crescent personnel are mainly from the north and recruited from outside the community. This can affect the efficiency and effectiveness of the work, because the personnel recruited have difficulty in communicating with the displaced people. They have no sense of belonging to the community, and could be intolerant in certain situations because of communication problems and different cultures and traditions. Their disrespect towards children might well be part of a general disrespect and lack of patience with people from the south in general. There are fewer female staff members and this can make women patients reluctant to visit the clinic when their male relatives do not want them to be treated by male staff. The next section will examine the views of the children on the health education sessions that they receive from the two NGOs.

### 8.3. The views of children on health education sessions

Both Medair and Red Crescent provide health education sessions to the community, including children, but little has been done to evaluate these or to discover what the children think of them. In this section I will examine the views of the children on the NGO health education sessions.

#### *Deficiency of health education*

While conducting focused group discussion at al-Salam camp I noticed that most of the children were satisfied with the services that Medair provides for them. The community, including the children, complained of the lack of services provided during the period when the Ministry of Health was running the centre. They wanted an NGO like MSF/Holland, which had run the centre previously, because they felt they would receive more and better help and services. That hope seems to have been realised with Medair: the majority of the interviewed children approved of the organisation's facilities and functioning. This does not mean that there are no deficiencies in certain areas.

Health education sessions by Medair consist of dental care instructions for school children, home visits by the health promoters and the health education sessions conducted at the PHCC, for those over eighteen. I wondered what the views of the children are and what they think of health education.

A focused group discussion at al-Salam camp concerned health education and what Medair is teaching them. There were nine girls in the group, between the ages of eleven and eighteen, and all attending school. The last time they had received health education was one to two years ago. To them health education meant awareness sessions given on malaria, AIDS, how to be clean and avoid diseases, how to avoid dirt during the different seasons, and how to take care of their teeth.

Lemia, a twelve-year old from the west of Sudan, recalled: *One day a woman came and visited the school. She said she was from Medair organisation and is going to teach us how to clean our teeth. She brought with her a brush and toothpaste and some posters. She showed us how to clean our teeth with the brush and how to use it. She said that if the brush is expensive then we could buy the traditional Miswak. This is because if we did not clean our teeth then infections can happen and we get sick.*

Magda Ismail, an eighteen-year old from the Nuba, in grade eight said, *The organisation (Medair) helped us a lot. Last time they told us how to protect ourselves against meningitis and not to walk too much in the sun. They told us how to clean the house to avoid diseases.*

The diseases that the children heard about were mainly malaria, diarrhoea and meningitis but not recently. When I brought up AIDS or HIV as a topic, the majority of the children had heard of it, but again not recently. Kawja Musa, an eighteen-year old boy from the Nuba, told me, *The last time I saw a video on AIDS was in 2001. They showed us the video at the health centre. It was about AIDS and how people get sick and what we should do to avoid it. But since that time I have not had any session about it.*

Kawja, a fifteen-year old boy from south Sudan who does not go to school, confessed, *I never heard of AIDS. I know malaria and meningitis but not AIDS.* Fatima, a fifteen-year old girl from the west of Sudan who never went to school, said, *I have not heard of AIDS and I do not know what it is.* Yet, the majority of the children at al-Salam camp had heard of AIDS, although none of them said that they had received an informative session on it recently. The latest awareness campaign was in 2002, either at the schools or at the health centre.

Reen Abok, fifteen, from the Dinka tribe, said, *"Last year someone from the organisation came and told us not to take dirty things from the floor like razors, pins, etc and not to play in dirty water."* Khalda Elwakil said, *"Last year two men came to the school and talked about houseflies and that we have to cover our food and not leave the house dirty. They told us to always clean the house everyday and not to walk under the sun too much."*

It turned out that most of the school-going children had received some health education, but most of them did so a year or more ago but not recently. This means the children who do not go to school might not have the opportunity to attend any awareness sessions. The following case of Intisar Elnour, who never went to school and works to earn a living, illustrates this.

I learned her story when I went to al-Salam camp to collect my data and work with the children. I usually arrived at the camp at 7am to observe the arrival of the staff at the health centre and to observe the flow of work. Everyday I saw a young girl sitting in front of the main entrance of the PHCC. She sat on a rock, her torn clothes scarcely covering her body, wearing slippers and her feet and legs covered with sand and dust. She seemed sad and desperate just sitting on the rock trying to sell homemade ice cream from a thermos flask. I wondered why she did not go to school and what her story was.

Intisar is a fourteen-year old girl from the Nuba who came to Khartoum when she was two as a result of the war. She has four full sisters and six full brothers. Her father works as a guard: her mother is blind and cannot work. Her eldest brother, who is 24 years old, takes care of the household. From the age of nine she worked, selling tea in the market. Recently she made a deal with a lady who makes homemade ice cream and now she sells this in front of the health centre. She divides what she earns with the lady: her usual take home pay is 200-500 SDD per day.

Intisar has never been to school in her whole life. When I asked her why she replied, *I wanted to go to school, but when I went with my father to register me, the schoolmaster said they needed a birth certificate and I do not have one For the birth certificate we need more than 5,000 SDD and I do not have that amount of money because what I earn I give to my family to buy food for my other siblings."* She said that several times her father tried to get a birth certificate for her, but it needed more papers and the offices that issue birth certificates are in the capital, and that is far from the camp Her dream is to go to school and learn how to read and write but now she can only look on sadly as she sees other girls going to school

I asked her if she ever attended sessions on health education about AIDS, malaria etc. She said,

*Once I was sick with malaria and I came to the PHCC and they gave me medicine and told me that there will be a session on malaria and how to prevent it. I went to the session on malaria but that was more than a year ago but I never heard of AIDS or HIV, only malaria and meningitis.*

It is ironic that Intisar, who works everyday in front of the health centre, has not participated in the health education offered to the community, nor heard of AIDS or HIV, which are subjects on which the health promoters said they conduct regular sessions. It seems that she does not have information about those sessions because she does not go to school and most announcements of awareness sessions are made at school. This is an indication that children who do not attend school, seldom get any health education.

Children, especially between ten and eighteen, are the most exposed and vulnerable to diseases such as HIV/AIDS. It is estimated that the total HIV infected population, up to age of forty-nine is 400,000. There are 380,000 people between the ages of fifteen and forty-nine living with HIV in Sudan, of whom 220,000 are women and the total number of children infected with HIV up to the age of fifteen years is 20,000 (UNAIDS, 2004a 1). No regular follow-up means an increase in the risks of infection and problems for infected children. Even the most rudimentary treatment for such diseases is lacking. In the poor and violent camp environment the risk of getting infected by AIDS/HIV, especially for the girls, is high. They lack awareness and knowledge about such harmful diseases. A study showed that 78% of the displaced in Sudan have never received educational materials about AIDS, 60% of the respondents have not heard of condoms and only 5% have used condoms. However, from the answers given by respondents, at least 25% of sexual intercourse takes place outside marriage (Ahmed, 2004 14-16). The study did not show number of rapes and pre-marital pregnancies. The WHO strongly advocates disseminating information on HIV/AIDS, and to adolescents in particular. It stated that

In order for adolescents to take the risks that are important for their development and avoid those that will do them irreparable harm, their rights to health and development need to be fulfilled. This includes their right to information and skills, a range of services, a safe and supportive environment, and opportunities to participate. Frequently, this is not the case. HIV/AIDS flourishes where human rights are not protected (WHO, 2007 1)

Children and adolescents are vulnerable because they do not know how serious the problem of HIV/AIDS is, how it is caused and what to do to protect themselves. Many adolescents do not go to school, do not have access to information or, having the information, lack opportunities to develop the life-skills needed to turn this information into action. They do not have access to services provided by such organisations as Medair and SRCS that take their specific needs into consideration. Unfortunately, those organisations are falling short in their services and in meeting the needs of the children and adolescents in one of the most important aspects of health issues. Even if they provide such services, the organisations distribute condoms to those above eighteen only. There are no condoms distributed to girls or women by the NGOs in the camps. Despite moral pressure against it, premarital sex does exist and girls may also suffer from rape and sexual violence. The next case study reveals that girls are at risk of rape and pre-marital pregnancy.

Samira is a fifteen-year old girl from Dar Hamid in west Sudan. I heard her story when I was conducting a focused group discussion at al-Salam camp. She was quite shy and seemed withdrawn while I was discussing issues with the group. After the discussion ended, Samira approached me and asked me if I could help her with a money problem. I asked why she needed the money. She hesitated, then she replied, "I need it for my child." I asked her, "Are you married?" After a pause she replied, "No." I asked where the father was. She was silent for some time, looking at me or staring round. I sensed that she was tense and afraid of something. I calmed her and invited her to tell me her story. Samira said,

*I used to know a man from the Nuba tribe. I loved him and he promised me that he would marry me. I told my parents that I wanted to marry him, but my father refused and told me that he is not from our tribe. I should marry someone from my tribe and not an outsider. Moreover, he is from a completely different ethnic background. My father refused completely and I did not know what to do. My mother tried to convince*

*my father but always got a refusal. One day I was alone in the house and someone knocked at the door. I opened it and I found it was my man. He asked if I was alone. I told him yes. He wanted to speak to me and I let him in. While we were talking I became scared of him. I had the feeling that he wanted to do something bad to me. I told him to go and leave the house but he kept talking. Suddenly he grasped my arm and after that I did not know what happened. We had sex and I was so scared, I tried to stop him but he refused. After he finished I cried and I felt terrified of what would happen to me if my parents knew. I did not see him until after few months. I discovered that I was pregnant. I met him secretly and told him that I was pregnant. He said that he was still willing to marry me. At that time I had to tell my parents. I had no choice. I told my mother and she was so scared that my father might kill me. She asked who the father was and I told her. She went and told my father and he was very furious and started hitting me and saying bad names. He accused me saying that it was my fault and he said that he would kill the man. I told him I would marry him but my father refused. After a few days my father came to the house with an old man almost twenty-five years older than me. My father told my mother that this man was going to marry me. That day I almost wanted to kill myself. I got married to the old man but when he discovered that I was pregnant from another man he treated me badly and divorced me. Now I am living with my parents and there is no one to take care of me or my child. The child's father rarely gives me money on which to survive. My mother helps me but my father hates me for what I did and does not accept me. I still face problems with him. he said he will not take care of me or my child.*

The story of Samira clearly demonstrates abuse, rape and violations of her rights. The risk of her and other girls being infected and having pre-marital pregnancies in such risky areas can be high. Even mentioning pre-marital sex and pregnancies is shameful to the girls. Their family's wrath leads to exclusion. Thus they end up by taking complete responsibility for themselves and their child.

The average age of marriage among the displaced girls is eighteen, but according to Ibrahim and others, marriage is legal for females at age 11 under Muslim Sharia law (Ibrahim et al, 2006: 54). This means that some of them marry younger and that adolescents need knowledge and information about sexually transmitted diseases including AIDs. Education on STDs and AIDs is not reaching the people who need it most urgently. In sub-Saharan Africa, only 8% of young people not in school and slightly more of those attending school have access to information on prevention. They need access to health information and condoms. "Protecting the rights of young girls is also the key to lowering HIV prevalence among young people" (UNAIDS, 2004b: 11). The realisation of the importance of teaching adolescents about sexual and reproductive health is missing in the activities of the organisations. Most adolescents need support and care during this transition to adulthood, and some need special help. "The lives of millions of adolescents worldwide are at risk because they do not have the information, skills, health services and support they need to go through sexual development during adolescence and to postpone sex until they are physically and socially mature, and able to make well informed, responsible decisions" (WHO, 2007: 1). Children and adolescents need information on sexual development and sexuality (including puberty), sexually transmitted diseases HIV/AIDS and unsafe sex practices that can lead to unwanted pregnancies or STDs, but this is lacking in the activities of Medair and SRCS. A



study conducted by van Eerdewijk revealed the incomplete and incorrect information about contraceptives methods and the limited practise of safe sex (see van Eerdewijk 2007) Some of this information, might be given in secondary schools but not primary schools But most of the children and adolescents in the camps do not go to secondary school Thus, the organisations can play a much greater role in disseminating this information to the adolescents in order to prevent diseases and unwanted pregnancies

#### 8.4. Participation in health education sessions

Participation is mentioned in the policy of the organisations, but as we have seen the involvement of children and adolescence in the project design and application does not take place In this section I will examine the views of the children about how they communicate and participate in health education sessions The problem of disseminating health information to children who do not attend school, and the organisation's lack of concern for this problem is exemplified by the case of Fatima

Fatima, a seventeen- year old girl from the Nuba got married at the age of fifteen and came to Khartoum as a fourth wife to a man in his late forties She does not speak Arabic very well and is illiterate At the age of fourteen she was circumcised, and at the age of sixteen she gave birth to her first child She lives in the camp in the same house as the third wife, the first two wives remaining in the village During their home visits the CHPs noticed that Fatima was pregnant They told her that she could come to the PHCC for examination and regular check ups She told her husband and after he approved she started to come to the PHCC with the third wife who translated for her, because initially she did not understand any Arabic

Normally pregnant women have monthly check-ups, until the end of the seventh month, when they visit the health centre each week During Fatima's pregnancy there was a health education session for lactating women about childcare and protection every Thursday She used to attend these sessions but she said,

*Sometimes I didn't understand what the man (by man she means the male health promoter) said to us He talks a lot and gives us much information about the baby but I do not understand what he says I understand when he puts the posters on the blackboard to show us the food for the baby But there are things like how to stop getting babies (here she means family planning) I do not understand The other women are older than me and they have much more experience in pregnancy than me Sometimes I am too shy to ask questions of the male mentor So I ask the other women when I have a question but they do not pay much attention to me They say to me you are adult now and should be able to understand by yourself Most of the times I just go and listen because if I do not go they will not give me the flour and sugar for the baby*

This case shows that there is a communication problem in involving teenage mothers in the courses of pregnant and lactating women The situation of seventeen-year old Christine John is worse When I interviewed her she was pregnant and had been living in the camp for several years She had a problem in speaking and understanding Arabic, but attended the health education sessions She told me,

*I have a problem of communicating with the health promoter and the other women in the session Several times I tried to tell the promoter that I cannot understand but the*

*older women in the session do not give me a chance to say so. Sometimes I feel shy about asking questions. The older women communicate and understand better, some of them even attended these sessions before, and I feel neglected. The level of communication and participation between the participants is not fair. Some promoters, they just give the session without even asking us if we have questions or not. I feel like I need to know many things in taking care of children and pregnancy.*

I asked Christine about whether she knows of family planning and safe and unsafe sex. She replied *"I do not know of family planning as this is my first baby and the health promoters did not teach us about family planning. The information that they give us is about the food for the baby and how to have a safe pregnancy and delivery."* The way these information sessions are conducted makes it difficult for the young girls to absorb the information. Young women might be shy to ask questions; they have little experience in pregnancy and sexuality and can feel neglected and isolated from the rest of the group. Fatima said that the older women were jealous of her because she is very young and got pregnant at an early age. She felt that was the reason some women are not nice to her.

It seems that the participation level in the health education sessions varies depending on the person conducting the session. At al-Salam camp the dental care sessions given by Ester to the schools took the form of a dialogue. I participated and observed four of these sessions and I noticed that the children participated in the discussion and were given a chance to talk by the mentor. Faroug, who is working as a CHP with the SRCS at Wad al-bashīr and is a teacher in one of the schools, said, *"I give my students a chance to participate in the discussion and engage in a dialogue. If the students have questions I answer them. This will disseminate more information to the students."* However, these are the only two educators who engage in a dialogue with the children. None of the children that I interviewed said that they ever received pamphlets or papers. All the information was given either through posters or videos but no written information was distributed. As a result most of the children might have heard of AIDS, but have forgotten about it since. The lack of participation and dialogue means that the information given is less likely to be retained, and there is no written information through which the children could increase their understanding and which would serve to remind them of what they had been told. Children are treated as passive recipients, not as active participants in their own health education. Ignorant of their rights in this matter, they cannot claim them, and lack the power to do so.

Unlike the children in al-Salam, the children at Wad al-bashīr, have mainly negative impressions of the health education services that SRCS provides. Most of the children interviewed complained of both the scarcity and lack of follow-up of the awareness sessions on essential health problems. Adam Malual, sixteen, from the Dinka tribe said, *'We need more visits to be conducted in the schools on topics such as AIDS/HIV or how to take care of our health, dental check-ups.'* Adam was pointing to his body to show what needs to be done to have a healthy, fit body. He went to say, *"We need to know what type of healthy food we need to eat, what to drink and how to prevent disease. It would be good if we have regular sessions conducted at the school and not nothing from one year to another."* Amel Mohamed, a fifteen-year old girl from the Nuba said

*I would prefer to know more about the diseases that I hear about. For example cholera, eye infections. I hear about these diseases in the camp and I do not know how to avoid them. I would like to know more about these and I wish that the teachers*

*at the school or the health centre would give us sessions on the different diseases that people encounter in the camp.*

Most of the children in Wad al-bashīr camp, boys and girls, had similar comments on the health education sessions conducted by SRCS. They all think that they need more sessions on more topics.

When I spoke to these children about reproductive rights and health none of them knew anything about such rights. Their knowledge is limited to how to avoid dirt and malaria and be clean. Reproductive rights, AIDS/HIV, sexuality, contraception are not usually discussed with the children at Wad al-bashīr camp. Nora Hussein a fourteen-year old girl who goes to school said, *"I remember last year a man came to the school from the SRCS centre and said that he will give us a lesson on AIDS. He said that AIDS can be transferred by metals or pins so we should not pick up dirty metals and pins from the street and we should not use the razors unless they are new."* Mohamed Goma, a seventeen-year old boy from west Sudan, goes to school and works as well. He said, *"Teacher Faroug gives us awareness sessions on AIDS and how to prevent it. He described what AIDS and sexual intercourse are, and that we should not have sex without protecting ourselves. He also described to us how to clean ourselves and our houses. That was last year. This year he did not give us any more sessions."* Fourteen-year old Sabit Atem from the Dinka tribe said that the last time he heard of AIDS was two years ago.

With the exception of Mohamed Goma, none of the girls or boys said that AIDS can be transferred through sexual intercourse. When I discussed this with the girls they laughed or became embarrassed. Aida Hamd, fifteen, said to me, *"Hey Miss, we do not speak of these things. It is aib (meaning shameful) to talk of sex. I do not know that AIDS can be transferred through sex."* As the children do not know that AIDS can be sexually transmitted, they are defenceless and open to infection, since they have no way of knowing how to prevent it. I was surprised when Nora Hussein said that the SRCS man did not mention that AIDS can be transferred by sex. It was quite shocking to me because I would assume that such information is of the greatest importance to the children, especially since children in the camp are sexually active, as in the case of Samira who has had sex from the age of fifteen. When Aida Hamd said that talking about sex is *aib* (shameful) I related this to the fact that the health promoter had not told the children that AIDS is sexually transferred, and that he felt it would be shameful and embarrassing to talk of sex with the children. This shows that the mentality and attitude of the health promoters in the organisation greatly limits the transmission of information, even knowing that sex does occur among the children under eighteen. It could mean that the organisation is not involved in any sexual education with the children because they either consider it *aib* or because they respect the culture in the camp.

The participation of children in the health education sessions varies from one child to the next. In a focused group discussion with eight girls, they agreed that the discussion on health education was based on a dialogue, but another group found that there was no exchange, only one-way information. The person who comes from the SRCS just gives the information and leaves. Awatif a sixteen-year old girl from the Dinka tribe, said,

*A man came to the school and said that he was from SRCS centre. He said that he wanted to tell us about malaria and cleanliness. He told us that malaria comes from the stinky water that people throw in front of their houses. So we should not leave any stinky water around and we should always have our house clean. After that he*

*showed us some posters and left the class (FGD18, 11 May 2004, Wad al-bashīr camp)*

Unlike Awatif, Augustino from the Dinka tribe, sixteen, reported,

*The man who came from the SRCS talked about AIDS and other diseases. He asked us questions and we answered. He asked us, "Do we clean our houses? Do we leave the food uncovered? Do we clean our hands after we go to the toilet? And we answered his questions. Also he asked us if we had questions."*

It is clear that children are rarely given a chance to engage in any of the decisions or discussions that concern them. The importance of issues of reproductive health are not adequately transmitted to them. The sessions that are conducted for them mostly take the form of a monologue, without giving the children a chance to engage in a dialogue, all of which can limit the chance of children accessing appropriate information on health that could protect them from harmful infections and diseases.

### **8.5. Unfulfilled health rights and needs of children**

I found it intriguing and interesting to discuss with the children their views on their health rights and what they understand by these. One of the programme officers I interviewed asked me, "Do you think that children know of their health rights? Adults do not know of their health rights let alone children." This statement was true. Children do not know anything about their health rights. Health rights are not taught at schools or at the health centres in the camps. When I asked the children "What are your health rights?" they stared at me and asked me what are rights. The word "right" is complex and difficult for children, only the boys and girls between sixteen and eighteen have some idea about what it might mean.

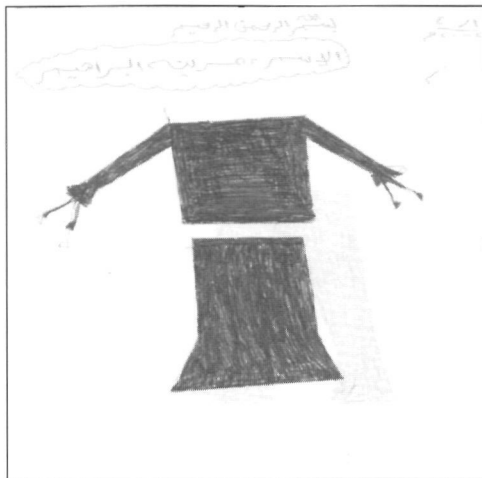
On 9<sup>th</sup> June 2004 at al-Salam camp I was working with a group of boys between the ages of ten and fifteen in a focused group discussion and I brought up the issue of health rights and needs. The boys agreed that they do not know their health rights, but one fourteen-year old said, "*I need to have free medicine and free treatment*." Although they do not understand the word "right" they understand the word need. When I asked them "What do you need in health?" they all started engaging in the discussion and clearly understood what they need. 'Need' is more understandable to children than 'right'. Awad, thirteen, said "*I need to find medicine available in the PHCC and I need free treatment from the doctors*."

A consensus was reached that they need free medication, as they once had, they need to have the medicine available at the PHCC, rather than having to travel a distance to buy it. They need the PHCC to be open at all times, instead of closing at 15 00, to deal with sickness and emergencies later in the day. They need more doctors and nurses to help them instead of waiting long hours to see the doctor. They need to be taught more of diseases and how to prevent them, they need more information and awareness sessions. When I discussed reproductive health with them, some of the children become embarrassed and are clearly ignorant of the subject. One boy, Ahmed, aged sixteen said, "*I learn some of those issues from the school but I have not heard of the tools for safe sex and the avoidance of pregnancies, how to prevent HIV/AIDS etc. The details of these issues are not taught in the school or by the organisations*." This confirmed what Obok, a fifteen-year old said "*I do not go to school and I have never heard of HIV/AIDS nor sexual and reproductive health. I wish I could learn more about those issues to protect myself and prevent these diseases*."

The children of Wad al-bashīr did not understand the term health rights either. A group of girls aged thirteen to eighteen asked me what the term “rights” means, but again when I asked them what their needs were they immediately responded, each with their own ideas. Marina, twelve, said she needed money for school and a clean dress to wear. Clothes an important issue for the girls, whether it is a uniform for school or a normal dress, as any girl in the camp not covering her body is regarded suspiciously. It need not be a very long dress, but at least it must cover her body to her ankles and not reveal any of her body to the public. The camp is very open and a girl who is not sufficiently covered might attract the attention of men and cause her to be abused physically or sexually. Moreover, girls, especially adolescent girls, need a dress because their guardians or family will not allow them to leave the house without proper clothing. Life in the camp is quite dangerous for the girls, as they are frequently outside the house, at work, school, the market, the health centre or even the city to buy medicine in case of sickness. All this means that proper clothing is of great importance. Julia, a thirteen-year old, said she needed to have good health services. Dina, also thirteen, said she wanted a uniform for school. Augustin, sixteen, said she wanted to finish school and work. Philip, a twelve-year old boy said he wanted to live in a clean house without dirt and waste around it. The children at Wad al-bashīr camp said that they need to be treated better by the SRCs staff. The drawings (5.4 and 5.5) represent the needs and interests of the children in the camp (FGD20, 20.May 2004, Wad al-bashīr camp).



Drawing 5.4: Philip (12,boy), a child's need for a house, trees, roses, mobile and a church.



Drawing 5.5 Marina Ibrahim (12,girl): The dress she needs

It was clear that when I discussed the issue of needs with the children, they immediately translated that into, for them, immediate and practical terms, regardless of the subject under discussion. They responded spontaneously with what was most important to them. The majority of the children have similar needs, and a common one is to have adequate health care and education; in particular money and adequate clothing are important general needs of the children. As it will be shown in the next chapter, they see need for education as more pertinent and immediate than the need for health.

The children at Wad al-bashīr camp all agreed that they needed good treatment from the staff, free medicine and availability of medication. They need to be listened to and respected by the staff of the SRCS. Patricia, a sixteen-year old girl said that she came from school to the SRCS centre because she was sick and she did not have money but they told her that if she had no money she could not see the doctor. No one listened to her protestations that she was really sick.

The indifference of the people towards children in the camps is noticeable. Parents and elders do not give the children a chance to be heard: they consider children not responsible enough to take decisions. The lack of respect and attention could increase the risk of children losing self-esteem and self-confidence. Feelings of isolation, ignorance and low self-worth can have a negative impact on the development of the personality of children. The social pressure exerted from the environment on children can create negative consequences in their personal development and in satisfying their needs and rights. Such problems could have consequences for the whole community, for example they might feel, as adults, little responsibility for taking care of the health centres. Such attitudes work against the empowerment of children, especially girls, as they suffer more restrictions culturally and traditionally.

The participation of children in the projects of both NGOs is not sufficient to empower the children and satisfy their needs and rights. This gives the children the feeling of being excluded from society. This was noticeable in their attitude when I worked with them: the children felt that there was someone who was caring about them. Every day they would ask me if I would come the next day: they waited for me by the health centre to talk to them. I was even more surprised when I went for my second fieldwork session in December 2005 and met the children with whom I had

working. They all remembered me by name, smiled and greeted me warmly when they saw me. A feeling that someone was caring and listening was appreciated, and they asked me if I would do more interviews and group discussions, as in the previous year.

Giving children the opportunity to participate in the NGOs activities might decrease the risk of children having a poor impression of the health centres, and damaging the reputation of the centre. Children are spontaneous and say what is in their minds. Ahmed a thirteen-year old boy from Wad al-bashir camp said, “ah da mafi dawa fi al markaz da” meaning there is no medicine in this centre. This gives the impression that the centre has no medicine at all and could give the centre a bad name.

Allowing children to participate is important to enhance their abilities and skills. I observed how the children were able to engage in discussions and answer questions, if invited to do so. Akol, a seventeen-year old girl said, “*When they teach us about the diseases I want to ask but they do not give me the chance to ask questions*.” The more children are engaged in participation the more they are interested in the topics discussed. However, one of the programme managers at SRCS told me,

*We would like children to participate in our activities, but we do not have the capacity, the time nor the activities in which children participate. Our role is to disseminate information and knowledge to as many people as possible, including the children, but the ability to create participation engagement for children depends on the mentor of the programme. We do not neglect children in our activities, but we do not have special activities for children to participate in. Our concern is to concentrate in reducing morbidity and mortality rate and provide the basic services to the displaced people in the camp.*

That means technical issues concerning children, such as participation, freedom of expression and decision-making are not in the agenda of the NGOs. As a result, they deviate from the CRC, and the neglect of children can have an effect on the sustainable development of the project and the community.

## 9. Conclusion

In this chapter it was described how the NGOs provide health services to the displaced children in the camps in Khartoum. It examined two NGOs and their health services and activities for the children. It was discovered that both the NGOs do not follow the CRC in policy, but in theory they abide by other conventions that take into consideration the humanitarian aspect as a priority, without discrimination. However, it was revealed from the findings that gender and age difference are not specifically mentioned in the policies of the organisations, but considered implicitly in their activities. This might lead the children to feel isolated from the society, which will not enhance a sustainable development of the project in the long run.

Both organisations focus on reducing morbidity and mortality rates of children. The lack of focus on the age and gender differences can lead to an inefficient and unequal distribution of humanitarian effort and human rights for the poor. The rights and needs of children over five years old were ignored, despite their need for health services. The lack of participation, disrespect, incredulity and mistreatment of children can lead to creating powerless, unconfident members of society. This can cause a feeling of exclusion in children in regard to the NGOs activities. Despite

the humanitarian conventions to which both organisations subscribe, the findings revealed that their activities in practice do not follow their stated policies. There is an obvious discrepancy and implicit confusion between the policy of the organisations and its implementation at the grass-root level. This can impact on the development of the project. I am of the opinion that if the NGOs were to follow an explicit CRC approach, this would be noticeable in an effective and efficient result in dealing with the children. The next chapter will explain NGOs and their educational services to the displaced children.



# Education, NGOs and the CRC: Services to Displaced Children in Khartoum

## 1. Introduction

As I entered Rahma School at Mayū Camp for the first time, I heard the bell and the cries of the children running to school. As the teacher ringing the bell brandished a big stick, the children ran faster and their screams increased in volume. Afraid of a beating, they raced to their classrooms, some calling out, “Teacher, wait, don’t hit us. We’re coming.” I walked across the big yard looking for the teachers’ office, some children followed me, some commented “bint Arab” (an Arab girl) and others looked at me oddly and, thinking that I was a new teacher, called me “ya ūstaza” (teacher). Suddenly, I was almost knocked off my feet when one of a group of barefoot boys ran past, churning the dust from the playground into my face. As I crossed the big schoolyard I noticed how many children there were, and the diversity in age and tribal origin. A few classrooms were brick-built, the rest were made of straw, and I could see children were sitting on the ground.

Education is one of the basic services and rights for children, giving them the opportunity for self-development, to improve their living conditions and to help break the cycle of poverty and underdevelopment. More than four million children in Sudan, equivalent to half the primary school-age population, do not go to school. NGOs play an important role in education, but do they follow and apply the CRC in their projects and if so, how? In providing educational services to children do NGOs take age and gender into account? How do children perceive the educational services provided by the NGOs?

In this chapter I will examine the role of two NGOs and their educational services to the displaced children in Khartoum. The concepts of gender, age, participation, rights and needs will be examined from the CRC perspective, based on articles 2,3,6 and 12 (see chapter one), in order to determine how the NGOs apply the CRC and the four main principles. I selected two NGOs, a

national and an international organisation, working in education for the displaced children in Khartoum. Background information on the NGOs, their policies will be given before describing their activities. I will then examine the NGOs' attitudes to the CRC both in policy and application, taking into consideration how gender, age, participation, rights and needs are dealt with in the projects' activities. Finally, the views of the children on the educational services will be given. I will argue that there are discrepancies between the policies of the organisations and the practical applications in providing educational services for the children. These discrepancies are due to various factors, such as culture, traditions and beliefs, that make it difficult to apply the CRC efficiently: these can have a negative effect on the development of the project, causing children to be unable to exercise their rights to the full

## **2. Friends of Children Society (AMAL organisation)**

### **2.1. Background**

AMAL organisation is a "voluntary non-profit making Sudanese national NGO established in 1984 to promote and protect the rights of the child, particularly focusing on exploited and abused children. The organisation has made efforts in the last ten years to advocate children's rights and disseminate information about the principles of the CRC. Such efforts include research, publications, organizing seminars and training workshops. It is taking the lead in the writing of the Sudan alternative report to the UN. It is also an active member of a mini-coalition with Sabah society to advocate juvenile justice" (AMAL Organisation, 2004:1).

AMAL has developed rapidly from helping children deprived of family care in orphanages in Khartoum to a specialized NGO working with street children in a number of towns in central and western Sudan. Since the early nineties, AMAL has emerged as a child's right-oriented platform. The child's right agreement is the cornerstone of AMAL's various interventions and participation, (AMAL Organisation, 2003:1) and the organisation is considered to be one of the most active national organisations working in the field of child rights and following a CRC approach.

AMAL organisation was chosen because it is one of few organisations working explicitly for children in Khartoum and has considerable experience, in particular with the poor, vulnerable, displaced children in that area. More than ten years experience in the field of child rights gives it a better position than other organisations working in that field.

### **2.2. Policy of AMAL organisation**

Policies direct the flow of work of any organisation or institution and this chapter will discuss and examine these to see whether the two organisations selected comply with the Convention on the Rights of the Child at all levels. The vision of AMAL organisation is "to ensure that the children in Sudan enjoy their rights." Its missions are:-

To ensure that child rights are implemented by targeting children in need of special protection. AMAL carries out its programmes in collaboration with concerned bodies through providing services of prevention, rehabilitation, residential care, awareness, capacity building, advocacy, networking and participation with special emphasis of children and community participation to guarantee sustainability. In order to achieve our objectives the organisation is guided by certain values of voluntarism, democracy, non-discrimination, participation, transparency,

commitment and accountability. Our target group is street children, sexually exploited children, children in conflict with the law and children exposed to FGM (AMAL Organisation, 2003: 8-9).

To achieve these objectives AMAL organisation adopts principles of child rights, juvenile justice, community and child participation, gender sensitivity, environmental dimension in all activities and in co-operation with other NGOs. It responds to vital issues such as Female Genital Mutilation, sexual exploitation, child labour, AIDS, child abduction, war children and disabled children. It emphasizes participatory planning and implementation of sustainable projects in selected urban poor belts (AMAL Organisation, 2003:9-10).

The policy of the organisation is in line with a CRC approach, explicitly declaring that children in Sudan must enjoy their rights, and organising its projects and activities to this end. By adopting to principles of child rights it means that the organisation is adhering to the CRC. The policy explicitly mentions the participation of children, but it did not tell us how they work with the children in involving them to participate in their projects. We do not know at what level of participation children are involved in the activities of the organisation.

Moreover, the policy includes non-discrimination, but does not define the areas of potential discrimination such as age, race or gender. This could mean that age, one of the most important aspects of the CRC, is not fully taken into account in the policy of the organisation, something that could lead to an unequal distribution in services and affect the effectiveness of a child's-rights approach. This is because the needs of different ages of children differ and might need special concern and attention especially as the children are displaced and require more attention and care. Thus, by not considering age in the policy of the organisation, discrimination might occur between the children, causing some children possibly not to get the same educational service as others.

Gender is explicitly mentioned in the policy and there is an assumption that the organisation follows a gender sensitive approach in its activities, but it did not explicitly tell us how they work with a gender sensitive approach. We do not know if the organisation is applying gender equality in their educational activities and how they apply gender equality. This will be analysed from the activities of the organisation.

### **2.3. Activities of the AMAL organisation**

AMAL has experience in tackling the problems of street children. Its methods include family re-unification, open homes, vocational training, psycho-sexual and residential care. Since 1985 AMAL has established residential homes for street children in Jerif and Soba, suburban areas in Khartoum. In 1987 it started a vocational training project with World Food Programme but that was halted in 1988. Also in 1987 it started a social rehabilitation and family re-unification programme with Save the Children Norway in Kosti and Sennar, but this was closed by the government in 1993, as was a residential home for displaced children from southern Sudan in Sennar. As a result of the government banning direct work with street children in 1992, AMAL has shifted its work to community intervention as a preventive approach for children at risk. A number of social centres have been set up in poor urban areas round Khartoum. AMAL considers capacity-building as one of its main activities, thus partner organisations and volunteers assisted in setting up a training, documentation and research unit in 1990. Since the early 1990s AMAL

emerged as a child-rights oriented civil platform. "The child's right agreement is the cornerstone of AMAL's various interventions and participation." (AMAL Organisation, 2003:1).

From 1990-2000 it had activities in many fields, but with the exception of the alternative family activity, the youth wing activity and vocational training, these have been closed. In this chapter I will focus on the educational programmes that AMAL organisation provides for displaced children. Other activities are important, but not of direct relevance to the central question of education. I will concentrate on the Youth Wing activity for adolescents and children, the most effective project in education.

### *Youth Wing activity*

The Youth Wing was established in 1996 with two reintegration educational centres in Haj Yousif, in Khartoum North, and a vocational training centre in Khartoum. The first reintegration centre at Centre Haj Yousif has not been included in this research as, at the time of my fieldwork, it was handed over to the community. In 2000 a second reintegration educational centre was established in Dar-al-Salam squatter area in Haj Yousif: this will be discussed in this chapter. The objective of the project is to support 150 street children and/or give them training at the vocational training centre in Khartoum; it aims to provide them with psycho-social rehabilitation, training in music and drama, and to support, provide family-counselling for their families and to train local community leaders. During my fieldwork there were 93 beneficiaries, 60 children on the programme for reintegration educational centre and 33 students on the vocational training programme. Both the reintegration educational centre activity and the vocational training centre is funded by Save the Children, Sweden and it is renewed each year. Due to financial constraints on the part of the donors it was suggested that by the beginning of 2005 the reintegration educational centre at Dar-al-Salam Squatter Area should be handed over to the community. In December 2005, while I was in Sudan for my second phase of fieldwork, the funding had ceased and the handover was in progress. One project co-coordinator and a project assistant are paid staff, the rest of the staff such as the psychologist and social workers are volunteers. The centre at Dar- al-Salam has four paid teachers, one of whom teaches music and drama.

The reintegration educational centre, located in Dar-al-Salam squatter area, was established to meet the need for educational services there, following a survey in the community. After negotiation, it was agreed that AMAL be given land on which to build the school. It was built in 2000 and consists of three brick classrooms, with five to ten benches in each, a teachers' office, a small playground, a small theatre and one toilet. The number of students during my field work in 2004 was 60.

Dar al-Salam has been a camp for displaced persons since 1984 and was re-planned and structured in the late 1990s but is still considered a squatter area. Most of the inhabitants come from the Nuba, Burgo, Mesairiya and Nile tribes, in the west and south Sudan. The population was estimated to be 30,000 with the majority coming from the Nuba tribes. Other than the AMAL school, there are two primary schools, one for girls and one for boys, each serving more than a hundred students, one health centre, a market, one security office and a single water-tank. Water is difficult to get and most people buy it from a donkey cart. There is a generator but the monthly fee for the service is beyond the means of the majority, who use candles and kerosene lamps. This limits the hours that can be worked in the school. Several organisations work in the area; Sudanese

Red Crescent Society runs the health centre and Islamic Dawa supports the school for boys. The AMAL education centre is in the middle of Dar al-Salam. I will focus on this centre.

On 3<sup>rd</sup> March 2004 I first went to AMAL education centre in Dar al-Salam Squatter Area. The area was unknown to me and I travelled by public transport to reach the main market. This was a bustling place with a great deal of ethnic diversity. Children were much in evidence, washing cars, selling water, cigarettes, vegetables or toys. I asked for directions to Dar-al-Salam; it appeared to be some distance and accessible by either donkey-cart or public transport. Since I was pressed for time I took the latter. Once in Dar-al-Salam, I again asked directions and after a long, exhausting walk in the sun I arrived at the centre.

The centre was a small, brick building, with a main door and windows in all the rooms. At first sight, it appeared to be an ordinary residence, except for the sound of children's voices. There was nothing to indicate that it was a school or that it had any connection with AMAL. I learned later that the sign had blown down in a storm and had not been replaced. A child opened the door and entering I saw in front of me two rooms, in one of which a man was sitting. On the left was a classroom with children sitting on benches. On my right were two classrooms with children working, and I could see a teacher in one. The sign of the centre lay next to the staff room, waiting to be re-hung. I went to the office and introduced myself. The man there was the teacher Suliman, who is responsible for grade three. He was in his mid-thirties, from the west of Sudan, but now living in the area. He has a diploma in accountancy from a polytechnic college in Khartoum and had been working with AMAL for two years. The other two teachers were both female, Ishraga and Intisar, one from the south and the other from the west. Intisar, in her thirties, has a diploma in management and had lived in Dar-al-Salam but had moved to Khartoum North. Ishraga had a secondary school certificate, was in her early twenties and lived close to the centre. All the teachers had the opportunity to know the area, its inhabitants and the children themselves. The staff-room had two desks and on the wall the CRC was written in Arabic. A timetable and schedule for the year hung on the other wall with two posters, one with the alphabet in Arabic and the other with the names and numbers of the students in the centre. There were three classrooms and three teachers, each responsible for one class. The school year starts in June and the pupils are distributed according to the level they had reached before they had dropped out of school. I decided to interview children chiefly from grades three and four, as they were older, ten to fourteen.

### *Reintegration educational program*

Education for children who have dropped out of school or never went to school before is one of the main activities of the youth project, and one that no other NGO in Khartoum provides. AMAL targets children in the community who, for one reason or another, usually financial, did not complete their education. Each year AMAL conducts a survey in the community to gain insight into the number of school age children who do not go to school or dropped out. They select a number of children who are of school age, but do not attend school because of financial or social problems, depending on their needs and the capacity of the centre. Girls are more often selected, since AMAL considers that there are fewer educational opportunities for girls in the area than for boys.

During my fieldwork, there were 60 children in the centre, thirty-two girls and twenty-eight boys aged from eight to fourteen at Dar al-Salam centre. The curriculum calls for two years work

to be taught in one year. Children at the educational level of eight are taught the material of grades one and two in one year. However, displaced children encounter difficulties causing many of them to drop out, resulting in their educational level being lower than their age. AMAL organisation tries to bridge the gap for those who have dropped out from school by assisting them to finish their schooling. The organisation follows the Ministry of Education curriculum and, in addition, has its own programme of music, drama and social activities that increases the children's interest in education and takes into consideration their background and their disturbed environment.

As the majority of the displaced in the area come from the west, most of the children in the centre were from the Nuba and western tribes of Sudan, only ten coming from the south. Uniform as such is not worn, but the boys wear shorts or trousers with a white shirt. Girls are required to wear a headscarf and a long dress with long sleeves. There is a three-week vacation in May before the start of the school year. This long school year is to enable the few teachers at the centre to get through the heavy curriculum. The recreational activities such as drama, music, drawing and sport are in place to prevent the children becoming bored, and to improve their skills. All the activities, the educational fees and materials needed for the children are paid for by AMAL. Due to limited funding from the donor, the project does not have the capacity to take more than sixty children, nor does it offer breakfast for the children, who bring their own or buy from the lady who sits outside the school selling food. Some children can afford neither to buy nor bring their own breakfast and go hungry during the school day.

The centre is open six days per week, from 8 am until 1 pm, with a half-hour break at 10 am. Every Monday morning there are sports and each Thursday afternoon there is a programme of music and drama. The project co-coordinator from AMAL visits the centre each Thursday and Sunday to assess the children's progress and to deal with any complaints. The children of the centre participate in any annual inter-school activities such as singing, drawing or sports. At the end of the academic year, the children of grade four sit the examination to transfer to government schools. Those failing the examination repeat the year.

### *Vocational training centre*

Vocational training is one of the most important activities organised by AMAL for adolescent boys and girls from fifteen to eighteen. As most of the organisations in Khartoum do not target adolescents as their primary goal, their needs are ignored. Adolescents receive little attention, as Sudanese society considers them children and does not differentiate between their specific needs and those of younger children. The AMAL project targets adolescents from Dar-al-Salam area who have finished primary education but cannot afford to complete school. The project started from 1996 with fifty-eight students, but each year the number diminishes. In 2004 there were twenty nine boys and four girls following the courses. The purpose is to train them in a skill such as car maintenance, electronics, mechanical engineering or welding to ensure that they find a job on completion.

The selection procedure is similar to that for dropout children, the criteria being the completion of primary education and lack of financial resources. After selection, the students sit an entrance examination for the training centre, one of the oldest in Khartoum, to assess their standard of education. Their academic year starts in August, and in the first year consists of coursework: the second year combines courses and practical training in one of the factories. At the end of the second year the students sit an examination for a diploma. Successful students sometimes go on to

university, but while there they must work to support themselves. The cost of university study is too high for most, and the majority must find work to support themselves and their families. During the first year AMAL pays all study-related expenses, but in the second year only the fees are paid and students must meet all other costs, such as transport, uniform, books and educational materials. Because of this, some find it difficult to continue in the second year of their study and look for work to meet the costs. However, the curriculum is heavy and the centre expects attendance six days per week, making the combination of work and study very difficult. As will be shown later, some boys were about to be expelled because their work impinged on their study time.

The role of AMAL organisation in vocational training is to supervise the adolescents' attendance performance. Each Thursday one of the social workers or the project co-coordinator is supposed to visit the training centre and meet the heads of departments and the adolescents to see if there are any complaints. As each new group starts, the AMAL representative encounters many complaints from the teachers about them. One of the teachers I interviewed said,

*Those adolescents are mainly street children or displaced children from poor families. They are not educated in good manners, they swear and do not respect their elders. At the beginning we always find difficulty in integrating them with the other students. They do not attend the classes, saying they have no money, but we know that AMAL organisation pays for them. They fight with the other students and swear at them; this makes their integration disturbing. But after we talk to them, teach them manners and threaten to expel them from the course, they start to behave well"*

He went on to say "But we do not face problems with the girls, it is mainly the boys who give trouble in the centre and do not obey us; they do not do their homework nor attend classes (20 April 2004, Vocational Training Centre, Khartoum).

The project co-coordinator of the youth activity N. Suliman said,

*The adolescents we select are all displaced. Most of them have stopped school and are on the street looking for a job to survive and support their families. Their mentality and behaviour change on the street, and they become disobedient and stubborn. This is because life on the street is tough and difficult for adolescents to cope with. So after we select them we give them training on how they should behave and what is expected from them in the vocational training centre. But we always encounter problems, from the boys especially because they are aggressive and do not respect others (23 June 2004: AMAL Organisation).*

The training centre takes the responsibility for teaching the courses and the examination. If there is a problem with one of the adolescents the vocational centre reports to AMAL, and one of the social workers examines the case. Usual complaints are non-attendance, disobedience, fighting with other students or not wearing uniform. One of the social workers then goes to talk to the adolescent and endeavours to solve the problem. It usually ends with the adolescents mending their behaviour, but still they encounter other problems. These will be described later in one of the case studies under the section of voices of children.

### **3. Save the Children UK (SC/UK)**

#### **3.1. Background**

Save the Children UK is an international organisation founded in 1919 by Eglantyne Jebb who was shocked by the suffering of poor children in the UK and in Europe as a consequence of war. Her aim was “the abolition of unnecessary child suffering and the rescue of children from disease and death.” In 1923 she declared that there should be certain rights for children and strove for their universal recognition, drafting the first declaration of the rights of the child. This was adopted by the League of Nations and then by the United Nations and is now enshrined in the UN convention on the rights of the child (Save the Children UK, 1996:2).

Save the Children started working in Sudan in the 1950s, aiming to promote sustainable development, provide humanitarian assistance and health care provision. It targets internally displaced persons, disaster victims, women and children. It has the capacity to develop the community through training and needs assessment. It has branches in west, east, north and south Sudan and recently it has done important work in Darfur.

More than forty years experience of working with children in Sudan make it an interesting subject when examining their approach to and performance of activities for displaced children in Khartoum. Recently, their approach towards children has changed and this makes the organisation one of the few working towards a more rights-based approach.

#### **3.2. Save the Children UK policy**

Save the Children UK states in its policy papers that it recognises the nature and needs of childhood and aims to enable children to live healthy, happy and secure lives. Children, their families and their communities should have the resources and support they need to allow them to build their own future. Childhood should be valued in its own right and children’s contribution to build a better world for us all is recognised and fostered (Save the Children UK 1996:1). The mission of the organisation is to ensure that children everywhere are protected from harm and given the best start in life, making a reality of children’s rights as now defined by the United Nations Convention on the Rights of Children. It aims to work with children, their families and their communities in order to build on their capacities to help themselves and take charge of their own lives, to listen to children and to ensure that their voices are heard in decisions that affect them.

To do this the organisation provides support and assistance to children, their families and the communities in which they live, focusing their efforts, wherever possible, on those most disadvantaged and discriminated.

We learn from experience and use our knowledge and authority to make the case, both politically and privately, for changes that benefit all children. We seek to provide a variety of ways in which people wanting to offer voluntary support for our work can join in building a better world for children. We work in particular with children and young people to extend their sense of shared responsibility for upholding the rights and welfare of all children across the world. We raise funds from the public at large to finance our work and preserve independence of action, also using funds from other sources whenever this allows us to achieve more without compromising that independence. We constantly monitor and evaluate our



activities to ensure that we are financially sound and scrupulous, efficient and effective. We work in partnership with other organisations to share visions and values. We seek to demonstrate and promote our values, particularly the rights of the child (Save the Children UK, 1996: 3).

From the above quotations of the policy of SC/UK, I can say that the policy uses the words and vocabulary of the CRC from working with children, listening to children, protecting children's rights and the participation of children. This means that the policy adheres to the CRC. The organisation explicitly mentioned that they work with children to build their capacities. They listen to children to ensure that their voices are heard. But the policy did not describe explicitly how they work with the children to build their capacities. To build their capacities, children need to participate in the activities of the organisation. The participation of children was mentioned in the policy when it was said "we work in particular with children and young people to extend their sense of shared responsibility for upholding the rights and welfare of all children across the world": but the policy did not mention at what level of participation children are involved practically. It can be that children are only involved in the first stages of the activity and not further on, or not at all. Also, it is not clear at which age children are involved in the activities of the organisation and play a role in participation.

Moreover, the policy did not mention what they do to satisfy the needs of those children. Needs of children differ according to age and gender. It might be that the interest of the organisation is to provide education as one of the needs of children, but there are other than basic needs in education that are of importance to the children, such as freedom of choice in electives classes or freedom of expression in the class. Nor did the policy mention whether they satisfy the needs of those children on equal basis. the needs of a 10 year old boy might differ from those of a 16 year. Needs of girls in education might differ from boys. Thus, how does the organisation satisfy the differing needs of children in the camp? Gender is an important issue in education, but gender is not mentioned in the policy of the organisation nor whether they work with the children using a gender sensitive approach. Gender equality in education is an important issue, but we do not know the attitude the organisation to gender. The organisation has two main goals:

a better world for children and a more effective organisation. The first of these places emphasis on children in development programmes, taking into account their needs and their contribution to the process. To this end the long-term process is taken into account, so that immediate relief does not become a substitute for development. The organisation wants the practical application of children's rights as laid down in the UN convention, so that children's needs are met on the basis of equity - both within individual cultures and societies and globally (Save the Children UK, 1996:5).To have a more effective organisation

We develop a coherent global program of work with and for children in order to make the most of our international role and deploy the resources available to us as effectively as possible. We speak out with authority on behalf of children, based on our experience and understanding of children's needs. We support voluntary action and improve the partnership between staff and volunteers of different kinds. We work better with children by equipping, working with and engaging children and young people in pursuit of a better future for everyone. We choose key alliances and make choices about strategic alliances locally, regionally and globally with other

organisations. We learn how to plan and manage our funds in the more complex, more difficult funding environment so that we can learn our future with confidence and do the work we want to do without losing our independence. We ensure that we have the right organisational framework to allow us to fulfil our mission (Save the Children UK, 1996: 1-7).

Clearly SC/UK is developing a CRC approach and supporting the rights and needs of children, but are such aims met in practice? How do they interpret and apply child participation? There is no mention of gender, an important issue in child rights, in any policy statement, so what attitude do they have to gender and how is it implemented? Age is not specified in the above quotes and, according to the CRC, 'child' is defined as 'under eighteen'. How does the organisation take into consideration the different needs of different ages?

The next section will describe the activities of the organisation with emphasis on the activities most relevant to this research.

### **3.3. Save the Children UK Activities**

Save the Children UK has many activities in the field of health, food, education, relief after conflict and displacement both in Sudan and throughout the world. Unclean water and poor sanitation are a great threat to health and the organisation funds water and sanitation schemes in Khartoum, Darfur and opposition-held areas in the south. In Khartoum the help for the displaced includes healthcare and managing medical supplies to camps. Working closely with partners the organisation provides training, health education and mobilization (Save the Children, 2005:2). It aims to prevent food crises by supporting people's livelihood, supplying seeds, and tools, fishing equipment, livestock and veterinary services.

Many children do not enjoy an education due to the poor quality or non-existence of schools, the lack of trained teachers and people's inability to pay for education. Girls in particular are victims of this system. The organisation defends the rights of children to basic, quality education. They make sure that the vulnerable and out-of-school children can receive education. In Khartoum, Save the Children UK supports schools for 11,000 children in the refugee camps. They encourage the capacity of communities to maintain schools and increase government responsibility for education. In the south, in Bahr el Ghazal and Upper Nile, they support primary schools with supplies, uniforms, teacher training, structural repairs, and strengthen local education authorities (Save the Children, 2005:1).

#### *Khartoum basic education activity for displaced children*

Since 1989 SC/UK has been running a basic education project for displaced children in Khartoum. Initially twenty-four schools were supported by the project, but from 1999 SC/UK sought funding for a new phase of the project so that their efforts would not collapse. The proposed solution was for displaced communities to take over the management of project activities. This reduced the number of schools supported by SC/UK to fifteen: due to the efforts of the SC/UK the number of children attending school rose from 2,700 in 1990 to more than 11,000 by the school year 2002/2003. In this section I will describe and analyse the relevance of the project to the education of children and ask how gender, age, participation, rights and needs are included in the educational project of Save the Children.

The project started in 1989 as the “Khartoum Displaced Primary Education Project” and was renamed “Khartoum Displaced Basic Education Project” (KDBEP) in 1993. The majority of the schools supported were established and run by displaced communities, government, local NGOs and religious bodies and agencies. The initial support was the construction or reconstruction of school facilities using local materials, the provision of educational materials and other services such as water and sanitation and teacher’s incentives (Save the Children UK, 2003a: 9). The project is now funded by Save the Children/ Canada and it is renewable each year.

The main goal of the project is “to safeguard the right to quality, inclusive basic education for more than 12,000 displaced children living in Khartoum.” The project objectives are:

- To increase the participation rates in basic education of girls and working children residing in IDP camps and squatter settlement areas
- To improve the quality of teaching and learning in all the fifteen project schools
- To enhance the role played by students and members of the local community in decision-making and management in their school (Save the Children UK, 2003b: 10)

Within each objective there are measures to safeguard the right to education. I will refer to these later in this chapter when discussing gender, age or participation.

Of the fifteen schools supported by SC/UK I chose to examine the educational services provided at Mayū camp where the organisation supports five schools. My case study is Rahma School in the unplanned Mandela area. Mandela is one of the most remote areas in Mayū camp with a population of almost 30,000. It is located south of the planned camp in an unstructured, unplanned area. Houses are made from animal waste, mud or cardboard. Small shops are built from old tin containers. There is no electricity in the area and no water because the hand pumps do not work. The nearest water tank is almost half an hour’s walk, so most of the people depend on buying water from the donkey carts.

#### *Rahma School as Case Study*

Rahma (meaning mercy) School was the only structure in the area that was brick-built. It was located in the centre of Mandela area and covered almost 10,000 square meters, with five main rooms of brick and three rooms of straw. The number of children in the school is huge compared to the number of chairs and benches available. In the three straw classrooms, for grades one to three, most of the children sit on the ground. Grades four to eight are in well-built rooms but the seating is inadequate for the number of students. One room is for the teachers and the headmaster.

There are seventeen male teachers and four female, all from the south, with the exception of one female teacher from the west of Sudan. Most of the teachers live in the same community, eight of them have salaries from the Ministry of Education, but the others are paid in incentives from SC/UK, which means that, unlike salaried staff, they are unable to claim any benefits, such as pension, holiday leave, allowances or promotions, for the time worked at the school. The incentives are fixed amounts of money that are paid every month by SC/UK. Salaries are paid by the Ministry of Education and are subject to change, due to promotion, holiday leave or allowances. Most of the teachers have secondary education certificates, and the teachers and the Parent Teaching Council (PTC) were trained in the In-service Education Teaching Institute in Khartoum that is the only official training department approved by the Ministry of Education to conduct refresher teacher training courses. However, due to funding problems the training courses

were conducted in cycles organised during school terms. This disrupts lessons, as teachers have to leave their class to attend courses. Teachers and members of the PTC did not attend any other courses. During 2004 the teachers were introduced to the CRC by the organisation and received training. In the same year SC/UK conducted a nine-month in-service teacher training course designed for unqualified teachers and focussing on the methodology and promotion of child-centred learning approaches by Sudan Open Learning Organisation, but only three teachers from Rahma School were selected for the course.

The school was built with the help of the community and the church. After a struggle, the government agreed to give the community a piece of land on which to build the school. The community leaders, including the Sultans, managed to get funds from CARE in the early 1990s to supply them with water. Save the Children UK supplied them with educational materials. Oxfam assisted with the school structure and UNICEF supplied meals and exercise books for the children. At first most of the teachers were volunteers, wanting education for their children. CARE and UNICEF stopped their support in 1998. SC/UK is responsible for the school structure, teachers' incentives, teachers' training and books.

In 2004-2005, Rahma School enrolled 1220 boys and 408 girls between the ages of seven and eighteen. Although the project proposal states that the children in the SC/UK supported schools are from seven to fifteen, I found out that many children are over fifteen. They prefer to be enrolled in the school, rather than attending the adolescent classes that take place in the evening. Boys make up more than 75% of the school population. The reasons for this will be discussed later.

Children in the school are from different tribes, mostly from the southern Dinka, Nuer and Shiluk tribes, but there are a few from the west of Sudan. In past years the organisation helped the students with uniforms and educational materials, but since 1998 this has ceased. The parent council decided that children have to pay school registration fees each year amounting to 3500 SDD per child equivalent to 14 dollars. This is in addition to the costs of books and examination fees that vary from class to class. Each book costs 500-700 SDD equivalents to 2-5 dollars per book, but the organisation negotiated with the Ministry of Education for a subsidized rate for books. In fact, they rent the books to the students and at the end of the year they are returned. Books do not arrive at the school on time, sometimes arriving half way through the school year. In grade eight the students pay fixed examination fees amounting to 5000 SDD equivalent to 20 dollars.

The Parent Teacher Council (PTC) plays an important role in the management of the schools supported by the project. All forms of project assistance are channelled through the PTC and their work is monitored through activity and assessment reports. The PTC prepares monthly requests for incentives based on teachers' attendance and performance. Their responsibilities include the management of the schools, the provision of volunteer teachers, deciding school fees and managing funds. The members are present in the school on daily basis. With head teachers, the PTC notifies SC/UK of any disciplinary measures respecting children. They organise fund-raising activities, obtain any necessary permits pertaining to school activities and liaise with local education directorates. There was a five-month funding gap in 2003 and the PTC supported the volunteer teachers financially in order to motivate them to remain at their schools (Save the Children UK, 2003c:5-15). The participation of the PTC in the community has many effects, but there are still obstacles to achieving all that is expected of them. The PTC of Rahma School

consists of six people, only one of which is female. This affects gender equality in terms of participation and capacity building.

SC/UK helped to establish an association of all the PTCs known as Displaced People Education Council (DPEC). It was founded in 1998 and registered officially in 1999 under the voluntary association article No. 635 in Khartoum state. The objective of the DPEC are

- To promote and improve the educational situation of displaced people in Khartoum state.
- To assist the children of displaced families by training them to acquire technical knowledge so that they can support their families in the future.
- To encourage the community to avoid harmful practices.
- To pool resources and share them equally among the schools.
- To have one coordinating body for all the schools in addition to the parents councils.
- To solicit for funds or material help from other NGOs as one unit.
- To establish the body as a local NGO.
- To initiate income generating projects to enable the schools to run on a self-help basis (Save the Children UK, 2003a:18).

The general assembly acts as an advisory body and is responsible for soliciting funds from organisations and identifying income-generating activities. It meets annually (Save the Children UK, 2003b:18). The executive committee is the administrative body of DPEC, meeting monthly. The members of the committee are mostly the directors of the fifteen schools working as volunteers. With SC/UK, the DPEC is responsible in the distribution of supplies of school materials and maintenance of the schools (Save the Children UK, 2003a:18).

The above description of Rahma school already showed several gender inequalities. Among teachers, students as well as PTC members makes far outnumbered females. We will now further look into the issue of gender in the projects of the two NGOs.

#### **4. Gender in the projects of the two NGOs**

The CRC contains the provision of free, compulsory, non-discriminatory education. Nevertheless, girls and women encounter difficulties in access to education. Although “the right to education was acknowledged for all people, educational inequality is a major infringement of the rights of women and girls” (UNESCO, 2003:25). Article 2 in the CRC discourages discrimination of any kind, it should ensure that the state takes appropriate measures to ensure that the child is protected against all forms of discrimination or punishment. In this section how NGOs take gender into consideration in theory and practice will be examined.

AMAL organisation states that it is gender sensitive and considers gender in its projects. What does gender mean to them and how is it incorporated in its projects? In the Youth Wing activity in the educational centre in Dar-al-Salam there are slightly more girls than boys. This is a good indicator that the organisation is targeting girls rather than boys. In the class I interviewed there were eleven children between ten and fourteen, eight girls and three boys. This was grade four, after which the children would be dispersed to government schools. AMAL organisation thinks that by concentrating on girls they have gender equality. The project co-coordinator told me, *“Girls are inferior and lack access to education because families give preference to boys rather than girls We target girls because girls are victims and powerless in the community”* (23 June

2004, AMAL Organisation) However, gender equality is not a numerical issue it goes far beyond numbers Gender equality means that boys and girls have equal opportunities in education and the learning process, have the same chances to access school, teaching methods and teaching tools free of stereotypes and gender bias It has no gender-biased attitudes, and must include equal methods of education and treatment of students Admitting more girls than boys is not an indication of gender equality, in fact it is gender biased and stereotyped

The interpretation of gender sensitivity and equality in education of the organisation is rather confusing for the people working there

Gender equality means

That boys and girls would experience the same advantages or disadvantages in educational access, treatment and outcome The achievement of full gender equality in education would imply equality in opportunities, in the sense that boys and girls are offered the same chances to access school, that is, teacher, parent and society at large have no gender-biased attitudes in this respect Equality in learning process, that is, girls and boys receive the same treatment and attention, follow the same curricula, enjoy teaching methods and teaching tools free of stereotypes and gender bias, are offered academic orientation and counselling not affected by gender biases, profit from the same quantity and quality of appropriate educational infrastructure Children must have equality of outcome that is, learning achievements, length of school careers, academic qualifications and diplomas would not differ by gender Finally equality of external results, that is, job opportunities, the time needed to find a job after leaving full-time education, the earnings of men and women with similar qualifications and experience, etc would all be equal (UNESCO, 2003 44)

It is obvious that there is inequality of opportunities for boys and girls in accessing school and the organisation is gender biased in its selection The gender bias in selection exists to redress a previous gender inequality Gender sensitivity here leads to unequal gender measures in order to redress gender inequality Change in numbers is not necessarily change in gender notions The theory of gender goes beyond the numerical balance of women and men or boys and girls It looks at the relations of power between men and women, and the situation of subordination that most women face The gender and development theory involves major cultural and structural transformations in order that the poor, men and women, can be the main beneficiaries of development In this case, the preference given to girls in the selection does not mean gender equality, because there might be still gender problems not addressed in the selection procedure preference given to girls does not necessarily affect or address the attitude and behaviour of teachers, parents and society, the selection of the curriculum and its content, or the study of power relations between boys and girls All these are factors that are not considered by AMAL organisations in their activities with a 'gender sensitive' approach It will be shown that the teachers are gender biased on other issues

### *Teachers and children*

After their parents or guardians, teachers are the most important people in the lives of children Children spend almost eight hours per day in school in direct contact with the teacher Whatever the gender sensitivity of the organisation, teachers have different understanding of gender and equality in education

While visiting the reintegration centre in Dar-al-Salam squatter area I observed how the teachers interact and work with the boys and girls from a gender perspective. Several times I observed teacher Intisar, who was responsible for grade three and was the headmistress of the school. She teaches all subjects, with the exception of the English language. The class is mixed and girls sit on the first three benches and the boys at the back, even though there were only four boys. She said, *"It is better that boys stay at the back because they are disturbing and talk to the girls. I prefer that girls stay in front and not get mixed with the boys."* (7 March 2004, Dar-al-Salam Squatter Area) (see photo 6.1) below, showing the seating arrangement and uniform for girls and boys). However, she favoured the boys: several times during the lesson she asked questions and always are the boys given the chance to answer before the girls. The boys received more attention and were frequently asked if they understood the lesson. In her absence from the class a boy was always appointed monitor.



Photo 6.1 Classroom in the reintegration educational centre at Dar-al-Salam squatter area

I noted her reaction to the children one day after she gave them an exercise to do. All the children completed the exercise, mostly correctly, but she praised the boys more than the girls, and encouraged them by offering them presents if they finished the next exercise correctly. The girls had done just as well, but preference was given to the boys. When I asked the teacher why she prefers boys to girls she replied,

*I do not prefer boys to girls, but I think that the boys are cleverer than the girls and need more encouragement. Boys can leave school and go to work in the market if they find that the school is not encouraging them, unlike the girls because, by nature, girls are more disciplined and punctual than boys* (7 March 2004, Dar-al-Salam Squatter Area).

This explanation shows that naturalised notions about how boys and girls "are" underlie her behaviour.

The teachers segregate boys and girls even in recreational activities. During breakfast break boys play football while girls play hide and seek or skipping. This segregation is enforced by the teachers, the excuse being that boys play roughly and hit the girls. This gives boys the impression that they are stronger than girls. Intisar said, *“Boys play in a rough way and always hit the girls ending the game with a fight. So to avoid problems we decided that boys do not play with girls at all. Several times the girls were injured by the boys.”* (7 March 2004, Dar-al-Salam Squatter Area). Boys do play roughly, but that does not mean that there are no games that do not involve force in which boys and girls can play together. Boys are allowed to go to the shop or play outside the school during breakfast, but not girls. Even in the recreational classes girls and boys are treated differently. The teachers select drama for the boys and singing for the girls, saying that boys are better at drama than girls, and girls are better singers. During my interviews it appeared that one of the girls wanted to join the drama class but the teacher refused. The teachers see different roles for boys and girls, and ascribe a different nature to them, leading to a gender biased treatment in education. The way the teachers treat the boys makes the boys feel superior to the girls.

The dress regulation for girls of a long-sleeved, long dress and headscarf was strictly enforced. A girl who arrived at school one day without a scarf and wearing a short-sleeved dress was threatened with expulsion if she did not comply with the dress regulation. Boys, however, receive no comments on their dress.

I noticed, too, that each teacher had a preferred student that they praise or encourage in the class. Intisar's favourite was Sabir, a fourteen-year-old boy, Ishraga's favourite was Nafisa a thirteen-year-old girl, while Suliman preferred Hawa a ten-year-old girl. I observed that each of the teachers encouraged and treated their preferred pupil differently to the others, either by praise, writing 'excellent' in their exercise book or giving them more time during exams. Each teacher believed that their preferred student is clever and disciplined in school. The attitudes of the staff and the method of teaching gives an indication that there is inequality in the learning process which can hinder the attainment of children receiving the same treatment, attention and teaching method, free of stereotypes and gender bias.

Further inequalities are apparent when, after grade four, the children go on to government schools. AMAL organisation is responsible for payment of fees at the government school for two years, after that the families of the children must pay. I discovered that of the nine children who went on to the community schools in the year 2003 only two girls and three boys had managed to finish basic school. Girls in particular fail to finish. More girls than boys are enrolled at the beginning, but do not complete their basic education, nor do they go on to senior school. This means that the project gives the impression that it is gender sensitive but for the long run that is not so. I do not claim that the project was not beneficial for the children and the community, but I find that the approach to gender, in the long run, is inefficient. At the beginning the project offers free educational materials and no school fees, so parents and families encourage girls to attend the school, but once they have to pay, the families stop the girls' education. Traditionally tribal preference is given to boys. Girls' education is not encouraged, most girls stay at home to take care of other siblings or marry young. There are no reliable statistics available of the number of school-aged boys and girls in the camps, but according to a study done by Al-Fanar (1998), it is estimated that only 36.6% of the children of school age are enrolled in schools. At the time of their study, the number of schools in the four camps was thirty-six, with 12,900 pupils in total. Of these 27.3%



were girls (Al- Fanar, 1998: 13-14). The fact that 72.7% of children in education were boys demonstrates the gender inequality in accessing education.

The follow-up of the organisation is not sustainable. When I interviewed the project co-coordinator about the long-term effect of the project on the children she said,

*We do follow the children who were dispersed to the government schools, but only for two years. After that we are not responsible for following up. But if there is any misbehaviour from the children, the school reports to us and we react accordingly. Sometimes children are absent from the school and the school reports to us. We check the children to see why they were absent and most of the time the reason is sickness, with the exception of very few cases of boys who were working and studying at the same time and that was difficult for them. But we cannot track and follow the children to complete their educational years. After the duration of our supervision of the children is finished, it is the responsibility of the families to take care of their children. That is why most of the children cannot afford to complete school, especially the girls. Several times girls came and asked for help, but because of limited funds we cannot give any assistance. So the girls drop out from school either to marry, work or stay at home (23 June 2004, AMAL organisation).*

The organisation must resign itself to the fact that these girls, for the second time in their young life, drop out of school.

There are more boys than girls in vocational training activity, out of thirty-four trainees, only four were girls. Here the gender differentiation is due to the training being mechanical, electrical or welding, skills that most girls are not given a chance to acquire. The four girls were in the electrical section, but only boys followed courses in mechanical electricity, welding, diesel- or car-maintenance. This suggests that there is gender segregation by limiting the choice girls have. I asked the project co-coordinator why there were so few girls. She replied,

*Girls normally do not prefer the vocational training courses. They say that the courses provided will not guarantee a job for them. This is because most of the courses require boys only, such as mechanics or car maintenance. The vocational training centre prefers boys to girls for these courses. A girl is delicate and fragile and cannot sustain the hard work of the course and needs more patience. That is why the organisation always finds it difficult to attract more girls to the vocational training centre. The girls are not motivated with the courses provided at the vocational training centre. If there were other courses such as weaving, tailoring etc it would have been better for the girls (23 June 2004, AMAL Organisation).*

The curriculum offered limits the chance of girls attending vocational training and contradicts the gender sensitive policy of the organisation. The vocational training is the only project that targets adolescents. Adolescents are at a critical age in terms of personality and maturity. It is the transition period to adulthood and the organisation's policy aims at a socio-psychological rehabilitation of these children. The lack of encouragement and motivation for female adolescents, however, make the project gender insensitive, especially in the refusal to allow girls free choice and participation.

Save the Children UK experiences similar situations to the AMAL organisation. Despite their best efforts at gender equality in education, there are still discrepancies. The enrolment of pupils for the year 2004-2005 for Rahma School reveals that the number of boys is more than double that

of girls, 1220 boys to 408 girls. Even though an enormous increase in pupils has taken place, there is still a great gender gap that was particularly noticeable in the higher grades. While, generally speaking, there were double the number of boys to girls, in grade six there were a hundred and fifteen boys to fifty-three girls (approximately less than 2:1), in grade seven the ratio was seventy-two to forty, and in grade eight there were fifty-five boys to twelve girls. The majority of girls cease education at grade five or six. I asked one of the staff the reasons for this and received the answer: *"Most of the girls stop school because they get married or support the family or go to work. Education for them is not encouraged and it costs money and the girls are less motivated to finish school if they do not have a guardian to pay school expenses."* (17 July 2004, Mayū Camp)

The problem is that gender biased and stereotyped thinking originates in society. One of the objectives of the project is that all fifteen schools reduce the gender gaps in student enrolment and attendance rates, and to ask female students to report ways in which the school has become more responsive to their particular needs. To this end, the organisation has evaluated one school in which there were complaints from the community about girls and boys in the same classroom. To reduce the dropout rate of girls in that school a separate class for girls was established. Parents were relieved that their girls are now in separate classrooms. However, this did not solve the gender gap. Although there was an increase of 11% of girls in all grades in the year 2003 and the number of girls taking examinations for the basic school certificate increased from 120 in 2002 to 266 in 2003, there was still a high dropout rate for girls (Save the Children UK, 2003c: 6). Gender segregation in the classroom affects the relationship between boys and girls. Gender equality in education enhances and encourages equal opportunities in the learning process, but separating the sexes creates a gulf between them.

Gender inequality that contradicts stated policy is also found in the ratio of female to male teachers. A study conducted by Al-Fanar centre stated that girls' school enrolment is influenced by the availability of female teachers (Al-Fanar, 1998: 14). In Rahma School there were only four female teachers to seventeen male. This discourages parents from enrolling their daughters, as they wish to be assured of female care for them. Other families may bar a girl's education because they fear sexual harassment, especially since most of the schools in the camp, including Rahma, are co-educational. The project advocates more female teachers, and indeed has recruited four female teachers in another school, but in Rahma School the gender gap in teaching staff remains, as do the risks of co-education. This was confirmed when I interviewed the mother of one of the girls. Obek is the mother of Emanuel, a thirteen-year old girl who goes to Rahma School and is in grade five. Obek said,

*I would love Emanuel to finish school but I am also scared because there are boys in the school and they can harass Emanuel. Several times Emanuel complained of boys harassing her in the school. This scared me because the teachers in the school are mostly men; the female teachers are not many and the ones available are not responsible for the class of Emanuel. There are many students in the class and it is difficult for the teachers to monitor the behaviour of the boys. If they only managed to control the boys. But the boys will not leave the girls alone and in the break time they harass them. The boys are naughty and they sexually harass my daughter. They might cheat her with nice words to have sex and let her fall into pregnancy. I am seriously thinking of changing Emanuel to a girls' school with female teachers and not a mixed school with boys.*

Similar cases to that of Emanuel are frequently heard from the girls themselves, and they recommend having female teachers so as to close this gender gap, but still the problem of sexual harassment will persist because gender biased stereotypes are embedded in the minds of the boys, giving them the idea that they are superior and more powerful than girls. Teachers react by imposing modest dress for women and segregation. I interviewed one of the teachers in Rahma school about these matters and he said,

*We try as much as possible to avoid sexual harassment between boys and girls. We urge the girls to wear long dresses as it is also a regulation from the government. This is a compulsory act from the state and we have to execute it otherwise we can face problems with the government and they can close the school. The seating arrangement is also a means of separation between boys and girls to avoid contact and harassment. But I do agree that these issues limit the freedom of girls and give them a sense of loneliness and discrimination but we also have to respect the rules of the government and the guardians of the children. Several guardians complain of the mixed classes of boys and girls but we tell them that the children are separated in the classroom and we try to make a compromise in the situation by making a fan arrangement that agrees with the guardians and the government. Unfortunately, these compromises reproduce gender inequalities and segregation between boys and girls (5 August 2004, Mayū camp)*

This gender biased thinking is reinforced rather than challenged in the school books. A study conducted by Badawie (1991) on the allocation of roles of boys and girls in primary school textbook revealed that in the thirty-seven lessons investigated five different role models for men and only one role for women were provided. In intermediary school literature the men maintain that number while the social function of women disappears altogether (Ahmed, 1998 37-40). Boys are given roles in agriculture or carpentry while girls do sewing and home care. This type-casting leads to passivity and domesticity in girls and economic and public activity in the boys. That is why boys in the schools can harass, fight and have more freedom than the girls. The curriculum encourages stereotypes of domestication, caring and nurturing for girls and women, while the public sphere of working and breadwinning is reserved for the boys and men. This stereotyping and the curriculum make the boys more 'masculine,' and they display their masculinity by being strong, taking the role of breadwinner, fighting with the other boys and having more freedom than the girls. These displays of masculinity directed at the girls demonstrate how deeply embedded the stereotype is, not only in the heads of the boys, but in the curriculum, and the attitude of the teachers. The girls are represented as being feminine: their femininity is expressed by taking care of their siblings, doing domestic work, sewing and home-care. Gender bias and inequality are culturally embedded in the social life of the people and how they raise their children. This issue was discussed with one of the male teachers in Rahma School and he agreed that the curriculum is gender biased and segregates the sexes. Girls are rarely mentioned as actors in the public domain, mainly they are to take care, love and protect children and the house, while the boys are to act as breadwinner in the family as carpenters, doctors or engineers. The curriculum creates difficulties for the displaced children in general, and for girls in particular: it is unrelated to the needs of the displaced girls and does not provide them with any socio-economic skills.

Most of the examples given in the literature are about girls from the north and very rarely girls of the south. So gender discrimination is intertwined with ethnic discrimination.

The attitude of the teachers towards girls and boys represents gender inequality. As it will be described in the next section on age, teachers prefer boys to girls. The seating of girls in front and boys at the back in the class room denies girls a space to manoeuvre and freedom to express themselves, as girls will be monitored by the teachers even if this arrangement avoids sexual harassment from the boys. The enforced dress code for girls limits their movement, while the boys wear shorts or trousers and a shirt and are not punished if they dress differently. This hinders girls' movement and diminishes their self-esteem and confidence.

This demonstrates that gender stereotypes in the curriculum and the society itself result in unequal opportunities of boys and girls to receive education. Although it was obvious that the two NGOs emphasize gender in their activities, there are discrepancies in applying gender in education both in staff and students, leading to an unequal learning process.

### 5. Age in the NGOs activities:

The CRC, and in particular article 2, emphasizes non-discrimination in respect of children (see chapter one). The policies of both organisations reveal that they encourage non-discrimination but there is no explicit mention of the areas concerned. Do the organisations take into consideration the varying needs of each age in education? I noticed that most of the children in the schools differed in age and background. In the remedial schools for dropouts of AMAL their attained level of education rather than their age determined in which class they were put. In Rahma School it is very common to find children of thirteen to eighteen in one class. This is due to the fact that most of the children in the camp drop out from school and some return. There were more boys than girls in grade seven, for which the normal age is thirteen. Here the boys' ages varied from thirteen to eighteen. This age span is found in other classes, and requires consideration of the needs of the various ages.

One day I observed how the teacher was conducting the lesson in which the boys sat at the back and girls in front. The older boys sat right at the back of the class with the younger ones in front of them. Later the teacher explained this by saying that the younger boys sit in front because the older boys are taller, understand better and, in most cases, the older boys were repeating the class. This became a rule and the older boys would tease the younger ones, claiming better understanding and knowledge. For their part, the younger boys would retaliate with such comments as "*You're stupid, you repeated the class and you are too old to be with us.*" Older boys retort, "*You young boy, go and sit in front and let the teacher spoon-feed you the lesson.*"

More attention was given to the younger boys. Several times I noticed that the teacher gave them the chance to answer questions. This practice was justified by saying that the younger boys need greater stimulus to concentration, whereas the older ones are better acquainted with the material and understand it better. However, when I interviewed some of the older boys they complained about sitting at the back of the class and the lack of attention from the teacher. This is the usual situation and they feel isolated and deprived of the opportunity to participate in the lesson. One of the boys said,

*It is not my fault that I am eighteen years old and the teachers are not paying attention to me. This is hagara [neglect, ignorance or discrimination] of the teachers.*

*to say that we are old enough to understand by ourselves This is not right and not fair because I need to feel I am treated like the other boys in the class and given a chance to express myself Making us sit at the back of the classroom does not give us the chance to learn anything because the teacher does not pay attention to us*

This unfortunate situation is aggravated by the large number of children in a class, which far outnumbers the seats available In a forty-five minute lesson a teacher is unable to pay attention to all of upwards of seventy pupils

It was obvious that there is discrimination and lack of attention amounting to mistreatment This is due to the teachers' lack of awareness of the different needs of the various ages When teachers neglect these different needs, adolescent confidence is undermined and they feel left alone The other side of the coin is that children of twelve or thirteen can feel that their skills and abilities are less than those of the older children in the class because they sit at the front and the teacher concentrates on them

The discrimination based on age is also evident in the treatment of girls It was quite common for girls from twelve to eighteen to be in one class Usually the first four benches are reserved for girls, but there is no seating arrangement according to age, all the girls sitting and studying together Nevertheless, the attention of the teachers is given to the younger girls This is justified by saying, *Younger girls need more attention in the lesson so we need to give them more care The older girls are capable of understanding the lesson by themselves* This was not a convincing argument I interviewed one eighteen year-old girl who said,

*The lessons are difficult to understand The curriculum is tough and Arabic is not our language and most of the time we do not understand the lesson Sometimes the teachers help us but we still need help and attention in the lessons I failed last year's exams and I am scared I will fail this year because the lessons are hard and the teachers do not pay attention to the students repeating the year They pay attention to the younger students in the class which is unfair*

This was confirmed in an interview with one of the teachers He said,

*We do not mean to discriminate between the children but we concentrate on the younger ones because we know that younger ones are new in the class and are more motivated to continue education than the older ones The older student usually stops school and goes to work after grade eight Most of them do not finish school The girls will either marry or stay at home and the boys will go to work But we always motivate all the students to finish school and learn because they are a new generation and education will benefit them and the country needs them to be educated and qualified (14 July 2004, Mayū Camp)*

These examples show that children cannot benefit from their educational rights when older girls are ignored and the differing needs of their ages are neglected and ignored

I was not surprised to find that AMAL organisation, too, overlooks the different needs and interests of differing ages The situation is worsened because in the reintegration educational centre in Dar-al-Salam Squatter area the age difference is greater than in Rahma School It is possible to find a seven-year-old and a fourteen year-old in one class Since each class has only fifteen to twenty pupils, teachers know their students very well, but unequal attention also becomes more pronounced I observed several times how teacher Ishraga, who is responsible for grade two, handled the children She paid more attention to younger ones, repeating the lesson to them more

often than to the older pupils. To her understanding this is to the best interest of the younger ones. She feels that older children are more capable of understanding the lesson than younger ones, ignoring the fact that the older child might need to be seen differently.

In both organisations it was clear that the teachers are not aware that the needs and interests of the children and adolescents differ according to their age. The problem lies in the assumption on the part of adults (teachers) that the older the child is, the better his/her understanding, skills and abilities. This is because the society regards children as objects and not subjects who have their own interests, capacities, and needs at different ages. The way teachers treat children of different ages is not conscious discrimination, but rather something embedded in how adults themselves were raised in society. Society assumes that the older one gets the greater one's capability, failing to take into consideration that displaced adolescents need more attention in order to fill the gap in their education to develop their own skills and self-confidence.

### **6. Participation in the NGOs activities**

Article 12, 13 and 31 of the CRC implies participation of children and giving them the opportunity to express their views freely in accordance with their age and maturity. It was obvious from the policy statements of the two NGOs that they endorse the CRC and encourage the participation of the community and of children in particular. But what does participation mean to the organisations and how is children's participation effected?

Participation according to Miller, is closely related to the sharing of power. It implies "joint ownership of the decision-making process and active involvement of all parties. Power is shared" (Miller, 1997:5). Encouraging children to participate in decisions that affect them gives benefits that can be far-reaching for them, for adults and for society as a whole (1997:5). By giving children a chance to participate "they learn to express their own needs, consider those of others, and develop skills of co-operation, negotiation and problem-solving. When their ideas and capabilities are respected, children's confidence and self-esteem grow." Participation "develops children's sense that decisions are their own, and increases their commitment to making them work" (Miller, 1997:5). There are different levels of participation in which children can be involved (see chapter two). Briefly I will mention them in this chapter.

The first level of participation is manipulation: this is the lowest level at which the children do and say what adults wish them to do, with no understanding of the issues. The second level is decoration; children are asked to take part in an event, but not given any reasons for their involvement. The third level is tokenism, and here children are given a choice, but a very limited choice, about the subject, the style or organisation of the occasion. The fourth level is assigned, but informed, participation, and at this level the children are required to understand the intentions of the projects, know who made the decisions concerning their involvement, and why they volunteer to participate in the project. The fifth level is consulted and informed participation; the children understand the project, and their opinions are considered. The sixth level is adult-initiated projects, and here children share decisions with adults. The seventh level is child-initiated and directed; in this case the initiation and implementation of a project are done by the children. Finally, child-initiated projects in which children identify and conceive the initial idea, and work with adults as equal partners in the project (Miller, 1997:6-7). I will use these levels of participation to analyse the situation of children in both AMAL and SC/UK organisation.

AMAL organisation, working directly with children and with a limited target group, has more space to interact with the children in education. However, the level of participation differs from one child to the next. In this section participation will be described and analysed in terms of the interaction between teachers and children in school, the interaction between the project co-ordinator and the pupils.

Full-day observation of the interaction between teacher and pupils in grade three gave some insights in the level of actual participation of children. Teacher S. stood in front of the class and taught Arabic grammar, a stick in his left hand and a chalk in his right. After writing an exercise on the board and telling the children to do it, he went to the teachers' office. I asked him why he left the class. He answered, "*The children will do the exercise and I will correct it.*" It appeared that the teacher explains the lesson, sets the exercise, goes to the office and waits until the children bring their exercise books to him there. He then corrects the exercises and returns the books to the children. I asked him, "Do you interact with the children when you teach them a lesson?" He replied,

*I explain the lesson, and I ask them if they understand it or not. If not, they ask me. But I am not going to ask every student and discuss the exercise or the lesson with them all. The student understands the exercise by him or herself, and if the student does not do the exercise he or she is punished* (9 March 2004, Dar-al-Salam Squatter Area).

When I asked the teacher whether he allows the children to voice their opinions he said, "*Children are not always given the freedom to express themselves. I only allow children to speak when I open the discussion about an exercise in the lesson, other than that the children only listen and obey*" (9 March 2004, Dar-al-Salam Squatter Area). This demonstrates the deficiency of interaction between teacher and pupils. The children have little opportunity to ask questions, discuss issues or make comments when the teacher is absent.

The teaching style is more of a teacher-centred monologue than a dialogue. The children listen to the teacher, do exercises and practice for examinations. One day the teacher gave the class an exercise. Mergani, a thirteen-year-old boy from the Nuba tribe, finished the exercise and raised his hand. The teacher asked what he wanted. Mergani said that he finished the exercise, but was told to wait until all the other students had finished. No explanation was given for waiting and Mergani did not understand why he could not have his work corrected and do something else. The teaching style in the school is one-way. Children must respect and obey the teacher. The freedom of children to interact with each other, even in the playground, is limited. Disobedience, fighting or other forms of misbehaviour are punished by caning. This frightens the children as it will be shown later in this chapter.

Decision-making is always done by the teachers, without input from the children. The students obey the teachers without understanding. No explanation is given to the children for the choice of drama for boys and singing for girls, nor are they told why they must not mix. Children are fearful of the teachers and do not interact or communicate with them easily. One day Nafisa, a thirteen-year-old girl, did not come to school for two days; when she returned she was scared the teacher would punish her for her absence. She was terrified of entering the headmaster's office. She explained that she had been sick and was told that in future someone must report that. She was very relieved when she left the office without being punished.

Decisions are made even on the child's religion by the teacher. There was a child whose mother is Moslem and father Christian. He did not know what to do and which religion to choose. The teacher told him it would be better to follow his mother's religion and choose Islam. The child was confused, telling me that on Sunday he goes to church and on Friday to the mosque, because most of his friends are Moslems. He does not know how to decide because the influence of the teacher and his friends is greater than that of his family. According to the teacher, the best interest of the child is to be a Moslem, so he directed him to follow his Moslem friends. The school does not train the children to decide for themselves, leaving decisions to the teachers or guardians.

If children are to participate in decision making, they should at least be informed about who is now taking most decisions about their education, but of the children interviewed, almost 75% of them had not heard of AMAL organisation and do not know who supported their educational facilities. All thought the centre belongs to Ustaz Nafisa, the project co-coordinator, who visits them every Thursday. They do not know that it is funded by an international organisation, the location of the organisation, who works there, or when will the project finish. All are important issues for the children and the organisation has a duty to inform them, as one of their rights. Most of the information that is transmitted to the children is vague and incorrect.

The situation in the vocational training centre is different since the students are older. The adolescents in the vocational centre are all between the ages of fifteen and eighteen, mature enough to speak for themselves and not scared of the teachers or the project co-coordinators, unlike the children in Dar al-Salam squatter area. This was clear when I was working with the adolescents in interviews or focused group discussions, and also while observing the interaction of the social worker from AMAL organisation with the children. The level of participation among the adolescents was different from Dar al-Salam squatter area, as shown below.

The role of the organisation is to send a social worker to the vocational training centre every week to discuss with the adolescents any problem or constraints that they are facing. Interviewing the adolescents, I found that the social worker does not visit them unless there is a serious problem. Sometimes there is more than a month between visits. This gave the students a poor opinion of the functioning of the organisation, especially since sometimes their fees were not paid and they had to stop attending classes. This distinguished them from the rest of the students, marking them as displaced adolescents, supported by an organisation. This created a feeling of inferiority in respect to other students with a more stable life.

I attended several sessions when the social worker visited the adolescents to deal with a problem. The students were given the chance to speak freely. On one of those visits, a boy had a problem, wanting to stop school because he was working and could not come to school every day. The social worker discussed the effect leaving school would have on his future and said that the organisation would try to help him with this problem. I noticed that the social worker was patient, speaking politely and quietly and giving the boy the chance to speak freely, despite his aggressiveness. Another boy had a financial problem and was not embarrassed to tell the social worker about it. He stated that he needed money and he wanted the organisation to help him, since if such help was not forthcoming, he would have to leave school. The social worker promised that she would do her best to solve the problem as soon as possible. I discovered later that the organisation had set up a small fund for the boy to continue his education.

Several times the students discussed their needs, such as recreational activities and entertainment. The social worker reported problems and needs to the organisation and discussed it



with the project managers. However, lack of funding was always a problem. There was a marked increase in freedom of expression among the adolescents compared to children aged ten to fourteen. There was also a greater degree of knowledge and awareness of AMAL organisation. The adolescents were aware of AMAL organisation, its location, role and objectives and funding.

In general the adolescents are free to express themselves, but they complained of lack of follow-up from the organisation. The infrequency of the social worker's visits disturbed them because they need attention and care. This will be further discussed in the section 'voices of children'.

The children or the adolescents never participated in the initialisation or the implementation of a project. I interviewed one of the project managers in the organisation, asking why they this was so, and why they did not listen to the children's wishes and needs. He replied, *Those children are displaced children. They do not know what is best for them. They all come from disturbed families and they know nothing about life. So we decide for them because we know better than them.* (21 April 2004, Vocational Training Centre, Khartoum). That means children or adolescents never reach the level of participation at which their ideas are taken into consideration, nor are they given a choice, nor chance to express their wishes and needs.

However, the children and adolescents do participate in evaluation studies as informants and respondents. This stage of evaluation is usually after the project has been implemented. The children and adolescents are asked general questions by social workers conducting the evaluations. They are asked about such things as their enrolment in the school, how did they hear of the school, what are the difficulties that they face in education, and the deficiencies they find in education. The evaluation is then based on how many of them passed their exams, what the obstacles are and the constraints facing the project implementation, and the problems of the children in finishing education. Although the children are involved in the evaluation process, they are not told why the evaluation is being conducted, or to what use it will be put. The evaluation stage treats the children and adolescents at the second level of participation, decoration.

Save the Children UK also demonstrates deficiencies in the participation process between children, organisation and teachers. I attended several classes in the Rahma school and observed how different teachers handled the children. There was female teacher for Arabic in grade seven, and the class was overfull, with six or seven pupils to a bench, and more boys sitting on the floor because of lack of seating. In spite of the fact that most of the pupils were Christian, the Muslim teacher opened the lesson with the words 'in the name of Allah the beneficial the benevolent', in line with the country's Islamic policy and Sharia law. The teacher's method was similar to that of the staff of the AMAL school: an explanation followed by an exercise. After setting the exercise this teacher, too, left the room, returning later to ask the pupils for answers. It was noticeable that boys were given more chances to answer than girls, partially because there were more boys than girls in the class. Any misdemeanour resulted in the pupil, usually a boy, being sent to the headmaster for punishment. As the lesson progressed I noticed that the interaction between the teacher and the students was only on the basis of a monologue, and there was no discussion of the topic. Students were expected to answer the questions put, and show respect and obedience. I never attended a class where there was a discussion on a topic or a debate between the children and the teacher. Interaction between the girls and boys was not encouraged. The girls worked with each other while the boys had their own group discussion.

The participation of the children in Rahma School is much less than that of the children at AMAL organisation due to the greater number of children there, and it is also low in comparison with the organisation's stated goals. The project proposal objective for Rahma school stated it would support and expand the role of classroom monitors and Student Representative Committees (SRC) composed of equal numbers of girls and boys. The idea of the SRC was developed in 2003 to enhance the participation of the students and to allow them to communicate with the PTC. In their final project report of 2003 it was stated that Student Representative Committees have been formed in all the schools, but there was none in Rahma School during my fieldwork there. The role of the SRC is to inform the PTC about the problems, constraints of the students and their needs, and how to tackle these issues. Moreover, the link between the students and the PTC was missing. So the children could neither directly, nor through the PTC express their needs. They did not even know the organisation's name (Save the Children UK) nor did not know who maintains the infrastructure of the school and supplies them with educational materials. This indicates that they are not aware of the bodies they should turn to express their needs.

In each class there were student monitors whose role it was to supervise in the teachers' absence and to report any misbehaviour. The monitor assumes this role when pupils are given an exercise and the teacher goes to the office. On the teacher's return the monitor gives the names of those who had in any way misbehaved and they are then punished, usually by ten strokes of the cane (a long plastic pipe) on the bottom, or sometimes in the case of girls, the hands. I never saw a girl monitor and when I commented on this was told that girls could not control a class with more boys than girls. Children were not allowed to defend themselves when accused of misbehaviour or explain what was wrong, but were sent immediately to the headmaster's office for caning. This practice of the teacher absenting him or herself from the class and physical punishment of children are further examples of the deficiency in participation, in that the pupils are punished without giving them a chance of defending themselves.

The above shows that students in Rahma School were not given the chance to participate fully in the classroom nor with the teachers. The system of teaching in the school is teacher-centred and students were given few opportunities to participate actively in the learning process due to the lack of qualified teachers and the limited educational materials available at the school. These are factors that contribute to the non-fulfilment of children's rights. According to article 29(a) of the CRC, schools should help to develop the child's personality, talents, and mental and physical abilities to their fullest potential. In Rahma School the child is not heard and his/her ideas are not taken seriously. Children suffer corporal punishment, are denied the chance to speak freely and to decide for themselves, and, as a result, their personalities do not develop, they lack the opportunity for capacity building and their rights to education are not met.

It was obvious in both organisations that participation of the children and adolescents is not taken fully into consideration. Children still experience being treated as objects rather than subjects in their own right who can speak and give valid views and experiences (Alderson, 2000: 243). Children were clearly treated differently from adults, their views not heard and their needs not met, even though both organisations endorse the CRC. The teachers do not give the children the opportunity to express themselves or take their views into account. This reveals that participation is in its lowest form of manipulation and decoration as stated previously by Miller. Children do and say what adults wish, without any understanding of why they do so. They take part in an event, but are not given the reasons for their involvement.

## 7. Educational rights and needs in the NGOs activities

Article 6 of the CRC states that every child has the inherent right to life. State parties shall ensure to the maximum extent possible the survival and development of the child. Moreover, article 28 and 29 of the CRC implies equal opportunities in education by making primary education compulsory and free, encouraging different forms of secondary education including general and vocational education, and ensuring regular attendance and reducing dropout rates etc. Article 29 speaks of the development of respect for human rights and fundamental freedoms and respect for the child's parents, his or her own cultural identity, language and values and the preparation of the child for responsible life in a free society, in the spirit of understanding, equality of sexes, peace, tolerance etc (see appendix for full review). Thus, referring to CRC and article 6, 28 and 29, how do the NGOs apply the right of children in education in respect to their policies which imply that they abide to the CRC?

It was obvious from the activities of AMAL that the organisation is doing its best to apply the rights of children in education by providing free primary education and vocational training for the adolescents and for children in the reintegration educational centre in Dar-al-Salam squatter area. The Youth Wing activity is considered as one of the important activities of the organisation, as it helped in facilitating primary education for dropout children, and the vocational training activity is important for adolescents who find difficulty in finishing secondary school. Despite financial constraints, AMAL makes considerable efforts to help these children. However, the organisation falls short in meeting fully the rights of the children and adolescents in education. The right of the children in education is to express freely their views in order to develop socially and cognitively, as article 6 implies, but the children in Dar-al-Salam squatter area were not given the chance to express their thoughts and views. Children and adolescents mainly obey the teachers: the teaching style is a monologue and not pupil-centred. The equality of sexes in receiving education is biased: the most affected are the girls, as they are the most vulnerable and have less power to demand their right and express their needs. The school reflects the subordinate position of girls in society. The call on the agency of boys and girls in the activities is almost minimal. Guardians and teachers exhibit their "power over" the children by corporal punishment rather than empowering children by integrating them in the activities. Unfortunately, teachers are not qualified enough to guide children in the development of their agency. Children's freedom of expression, without discrimination and inequality, does not exist, and this makes it difficult for the children to exercise their right to share in the decision making on the set up, execution and assessment of their own education.

In the vocational training project, the adolescents are more mature and know of their rights and needs, and try their best to speak out when the social worker visits them. However, this is not sufficient, as the girls are limited in the courses they can attend, while the boys have more opportunity to attend various courses. This gender inequality prohibits girls from getting a full range of education as article 28 and 29 of the CRC implies. Moreover, the girls in the vocational training are limited in movement and participation. In accordance with the dominant religious and cultural traditions in the country, and to avoid sexual harassment, the girls have to wear long dresses and cover their hair. This is in contradiction to the policy of the organisation and the CRC. The policy of the organisation states that they abide by the CRC, which encourages children's freedom of choice and expression in religion, culture and traditions. As we have seen, the girls

have limited opportunity to express their needs because they are seen as sexual objects, a distraction for the boys, and are subject to sexual harassments by the boys. Girls are shyer than boys, and asking about their needs and interests is the duty of the teachers, but the teachers do not pay any attention to this aspect, regarding all boys and girls of different ages and background as just recipients of knowledge and information.

In Rahma school the situation is worse. The organisation, at the beginning of its project, provided free education but recently fees have been introduced. This made it very difficult for the children to attend school, and those who do attend often drop out early. Not only that, the facilities in the school are limited and do not encourage children to attend classes. The lack of chairs, books, electricity, water, sanitation, transportation to school, and lack of breakfast are all important issues in school attendance. Those issues are important needs and rights for the children, but due to limited funds from the organisation the facilities are diminishing each year. It is not only the lack of facilities but the method of teaching and how they are educated that discourages children. The segregation of boys and girls in the class contravenes the CRC and gender equality in education. The preference shown to boys and younger pupils demonstrates unequal treatment in education and might create discrimination in the class. Girls are more affected by the seating arrangements and uniform, and if any child is heard in class that is most likely to be a boy. Munira is a fifteen-year old girl from the Nuba tribes in Rahma school said *"The teacher does not give girls a chance to answer the questions or the exercise. Most of the chances are given to the boys and they work sometimes with the teacher in solving the exercise"* (8 August 2004, Mayū camp). The girls are more closely monitored in the school than boys: they are not allowed to play freely, choose for themselves nor say freely what they want. Their movements are always supervised by the teachers, and their activities, starting with the uniform, the seating arrangement and the choice of activities are arranged for them. Decisions are made by teachers and guardians without any discussion with the girls. This reflects the traditional culture that they find at home where they have to do domestic work and boys can play outside and work. All those issues inhibit children's right to education and disregard their needs and interests. The organisation is making an effort in paying incentives to the teachers and maintaining the infrastructure of the school, but the teaching style, attitude and behaviour of the teachers does not concern to them. The result is children cannot claim their educational rights when the teachers fall short of their duty.

### 8. Voices of the children

In this section I will describe the views of the children on those aspects that form the nucleus of my research on education. These are the accessibility of education, gender, culture and tradition, work and education, participation of children in education and educational rights and needs of children in the NGOs' projects. The views of the children on the different concepts are important to this thesis because children's voices are not usually heard, and their needs and wishes are not met. By bringing out the stories of the displaced children I can analyse the role of the organisations in the provision of education. Moreover, by hearing the views of the children I will be able to answer one of my main research questions - how do children perceive the work of the organisations in guaranteeing their rights and providing their basic needs?

The children in Mayū Camp and Dar-al-Salam were very talkative, and in focused group discussions and interviews answered freely the questions that I asked about how they viewed the

educational services. The children in AMAL education centre and at Rahma School enjoyed working in groups, especially the focused group discussions. The children aged ten to eighteen communicated with each other and discussed things much better than the children in the other camps, possibly because both Mayū Camp and Dar-al-Salam Camp are closer to Khartoum than the other camps, and children here go to school more often and are used to learning and to speaking up. Whenever I entered Mayū and Dar-al-Salam camps the children would approach me enthusiastically, wanting to talk and discuss different topics, especially the fifteen to eighteen years-olds. The discussions would sometimes turn into jokes and laughter, and I felt that they were glad of the chance to express themselves and happy that someone talked to them. From Mayū camp I selected 35 children for in-depth interviews from various ages and 8 mixed and single focused group discussions. In Dar-al-Salam squatter area I selected 36 children for in-depth interviews and conducted 7 mixed and single focused group discussions (see chapter one and appendix two for further details).

### 8.1. Inaccessibility of educational facilities

The accessibility of education, in this section meaning basic education, is an important issue in the lives of the children. How do children themselves view the accessibility of the educational facilities provided by the organisations in relation to their rights? The difficulties of continuing education are worrying for most of the children I interviewed, and a hindrance for their future development.

In a focussed group discussion on 31 March 2004 at the reintegration educational centre in Dar-al-Salam area (AMAL organisation) on the problems of completing their education, 4 boys and 4 girls took part. The most common problem was the school fees. The organisation does not require fees for joining the reintegration educational centre, but when the children finish their period there and join the community school, fees must be paid. The organisation is not responsible for paying school fees for the children when they join the community schools, and in focused group discussions it was obvious that this was a major problem in continuing their education. In fact, if AMAL organisation charged fees for the reintegration education centre, it would be very difficult for the children to be enrolled. Nafisa said,

*The money is a big problem in completing my education. In this centre we do not pay but when we join the community school we have to pay school fees, books, uniform, transport and breakfast. Those are all expenses that I cannot afford and neither can my parents pay for me. So I might stop going to school and work until I save money and come back to school again.*

Sabir, a twelve-year-old boy, said, “I know that I will find a problem after we finish at this centre, because the community school will ask for money. I like school very much and want to finish school and go to university to be a doctor. But I have to work to get the money because I have no one to pay for me.” Saddam, a twelve-year-old boy, from the Nuba tribe, living with his mother said,

*I did not go to school and I could not read and write until teacher Suliman came and told us about this educational centre. I used to see the children go to school in the morning, wearing their uniform, but I cannot afford to go to school. I was working in the market because I was responsible for my blind mother and we stay with our uncle. My uncle said to me that there is no need to go to school, better to work than go to*

*school, school costs money these days But teacher Abdallah came and told us about this centre and said that there is no need to pay school fees The centre will take care of everything So now I come to school and I work in the afternoon and Fridays But I am worried about finishing school because the community school requires money and I have to work more hours to get more money to pay for that*

The adolescents of AMAL organisation at the vocational training centre experience the same worries The problem of money is a major issue for all the adolescents I interviewed, although there are no fees requested for the training, they still need to pay other costs Hassan Mahgoub, a seventeen-year-old boy from the west of Sudan, said,

*I come to the vocational centre every day and in the afternoon I work as a driver, driving small gasha (motor car that carries three people) until after midnight I do not have time to study and I always come late to the training centre I cannot stop working because I am the oldest in my family and I have to take care of my four siblings and the expenses of the family It is a big responsibility for me I do not pay fees, only for transport*

The adolescents need help with the costs of transport and uniforms The organisation pays the school fees, transport and uniform for the first year, but for the second it pays only the fees The adolescents wear the same uniform for two years and most of them are punished because the uniform is shabby or they do not wear it Adolescents complain that although the organisation helps by paying school fees, it ignores other issues that are relevant to them in finishing school

The children in Mayū camp face even greater problems and constraints in access to education At least the children in AMAL organisation had the opportunity of education, until they reach a certain age, before they must face the socio-economic problems in Sudan The children in Mayū camp, however, have problems in starting and continuing school because they have to find the money for fees, books, uniforms, examinations, and transport, all of which can amount to more than 10000 SDD per year, equivalent to 50 dollars Moreover, the facilities and the environment of the school do not encourage children to attend

Mobeak Rofin, a fourteen-year-old boy from the Dinka tribe, was born in Khartoum and has eight siblings He said, *"I walk to school everyday, it is not far away from home only twenty minutes Last year I did not attend school because of the school fees and my parents cannot afford to pay for me and my brothers and sisters I stopped school and worked selling water in the street and saved some money to come to school this year Each year the school fees increase and this is a problem for me and I hope I can complete school "*

Mary Majuk, a sixteen-year-old girl from Shiluk tribe, had a similar story

*I am now in grade five and I am sixteen, some of the students in the class call me 'old girl' because I am old for this class But I stopped school for two years because my mother said that there is no money for me and she needed me to work to support the family I worked selling food in the market and I saved money to come back to school But after this year I do not know if I will be able to pay next year's fees The fees are increasing each year and I have to pay for transport, books, examination fees, uniform and they are expensive Rofina from the Dinka tribe said, "I have a problem paying the school fees and the teacher said to me that if I did not pay them I cannot sit the exams I might leave school and find work to pay for next year's school fees "*

Deng John, sixteen, from the Dinka tribe said, *I have six brothers and last year I*

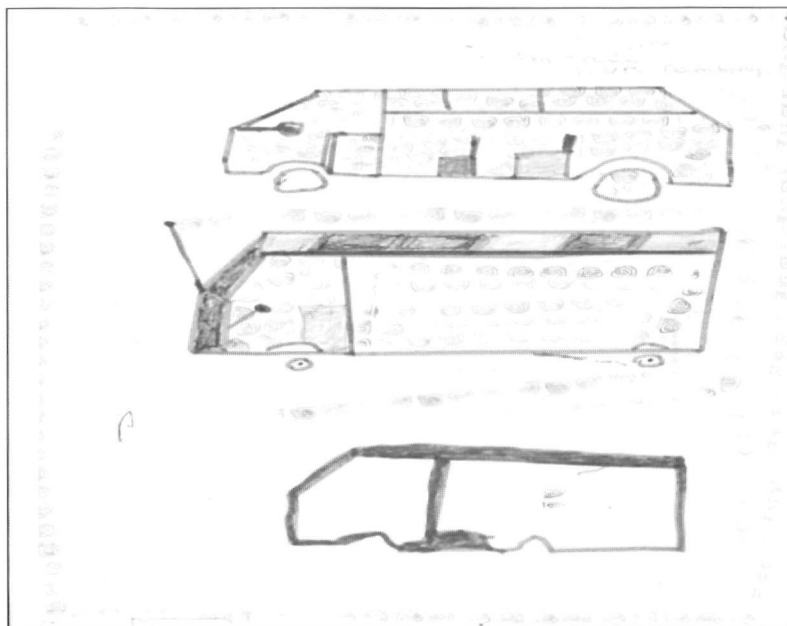
*stopped school in the middle of the year. I could not pay the school fees, the headmaster told me that they could help me but I did not get any help. I had to stop coming to school and look for a job. This year I have paid half the school fees and I am working in the afternoon to save money to pay for the second half.* Most of the children I interviewed or worked with in focused group discussions complained of the increasingly high school fees. In a focused group discussion of 3 boys and 8 girls on 21 July 204 they all agreed that, given the poverty of their families, it was important to have free education, or minimal school fees. This inability to pay fees each year is a major cause of children dropping out of school (FGD15, 21 July 2007, Mayū camp).

Another problem that limits accessibility of school is distance and transport. Najmeldin, an eleven-year-old boy from Bargo tribe in West Sudan, complained about the long distance and the cost of transport.

*I used to live in another area and go to another school. I walked one hour and another one hour back home every day I woke up every day at six in the morning to reach the school in time. The school was the only school for basic education available in the area and I had to walk for two hours every day because transport costs fifty SDD per day, which I cannot afford. We are a family with six children and three of us go to school, and my father died and mother is working to support us. So I had to walk to go to school I arrived at school very tired and in the afternoon the sun is very hot and I felt very tired when I reached home. I cannot study well because I have to work sometimes to help my mother in the house. But after we moved to this area I still walk, but the school is near the house. But if I join the community school it is far away and I'll have to walk a long distance again.*

Ibtihal, a twelve-year-old girl from the Nuba tribe said, *Every day I walk one hour to get to school. I wake up at five in the morning because I have to prepare tea and clean the house before I go to school. Then I walk to school and sometimes the boys in the street harass me, but I cannot pay for transport because I do not have money.*

Not only in words but also in drawings the problems of distance and costs of transport were expressed. Many children drew cars or buses when asked to draw their hopes and needs for education (see drawing number 6.1 and 6.2). The majority of the children in AMAL organisation walked to school because transport is too expensive. When schools are too far from their homes their guardians think twice about sending children because of transport costs or the time spent walking and the fear that their children are exposed to harassment in the street. Most children live with single parents, with an average of five children who need care and education.



Drawing 6.1 Najmeldin (11,boy): Need of transportation to school.

A further problem that greatly occupied the children was food. The reintegration educational centre at Dar-al-Salam Squatter Area does not provide a meal. The majority of the children I interviewed do not eat breakfast: in most cases they said that there is no food at home. Some bring food, or buy it from vendors in or near the centre. Some children do not eat at all, lacking the money to buy food. This lack of food hinders concentration in class and prevents children paying full attention to the lesson. Fortunately, water is available at the reintegration education centre but only hot water from the tap. In discussions, some of the children said that they want cold water for drinking.

The children complained of the overcrowding in the class and lack of seats, especially at Rahma school in Mayū camp. All the classes I visited were overcrowded; children were squashed together on benches, or sat on the ground. Tom, a thirteen-year old boy, said that each time he comes late, he cannot find a chair and ends up squeezed to the back with the older boys or sitting on the floor. He went on to say that the class is not cement built, and, because there are no walls, dust is usually blown into the classroom and fills their exercise books. Some of the classrooms are made of straw, although some are cement built. In the straw classrooms children usually sit on the floor or occasionally borrow chairs from other classes, if these are available (photo 6.2 ).





Photo 6.2 Open straw classroom

The sanitary facilities provided by Rahma School and the organisation were another cause of complaint. There is no water or sanitation in the school for the children. If they need to relieve themselves they must either use the backyard or go to their homes, something which is extremely embarrassing, especially for the girls. This is a reflection of the general lack of sanitation in the camp, contributing to disease and pollution.

When further asked about the facilities in the school, one fifteen-year-old girl said, *Ustaza, the school is not helping us in anything. There are no books and no chairs to sit on. There is no water and no meals. It is now six months into the school year and we do not have books. The teachers told us that they will give us subsidized books but until now they have not done so.*

Children shared books, or had neither books nor exercise books. The deficiency in chairs frustrates the children when they come to attend the lesson as there are not enough chairs to sit and they end up sitting on the floor. Like the reintegration education centre, food and water is also a problem for the children. Most of the children do not take breakfast and cannot afford to pay for breakfast. Some children share their breakfast with each other but the majority have nothing to eat.

The cement-built rooms are poorly ventilated, a particular problem for girls with their long dresses and scarves, since it is difficult for them to loosen or discard any item of clothing to try and cool themselves. This is forbidden by the teachers, and any girl found opening her shirt is banned from the lesson. The school fees, the lack of transportation, food and water, the overcrowding in the classrooms, the lack of proper sanitation, books, chairs and proper ventilation in the building

cause problems that demotivate the children, and girls in particular find little incentive to attend school—a clear indication of inaccessibility of educational facilities

## 8.2. Gender, culture and traditions on children's education

Gender, culture and traditions sometimes stand in the way of children accessing education. They are factors that can impede or facilitate children's school attendance. In this section I will show how children view the way teachers deal with cultural traditions that hinder education, in particular that of girls.

When working with the children in Dar-al-Salam area, I was interviewing Nafisa after school hours when suddenly an old man came into the centre, holding a stick in his hand, and demanding to know what Nafisa was doing after school and why she had not come home. He was aggressive and wanted to hit the girl. I asked if he was her father and he replied that he was. I introduced myself, explained what I was doing and said I wanted to ask his daughter a few questions. Nafisa had already told me that an interview after school could be difficult, and I am aware that parents worry about their children. This father was furious, saying that the interview should have taken place in school time and he needed his daughter to clean the house, to cook and then to sell food. He complained that she would be too late to sell food, as she must be home before dark. I apologised and made an appointment to continue the interview the next day at their house. The next day, as well as finishing the interview with Nafisa, I talked to her parents about her education and work. Her father said that Nafisa, his eldest child, because she is a girl, has to do all the domestic work, help to raise her brother and sisters and also work. She must obey and respect her parents and the sooner she gets married the better.

*Our adaat (traditions) mean that girls should do the domestic work and get married that is best for them. I will let her to go to school now because we do not pay any fees for this school but I do not think that we can afford to pay for further studies (31 March 2004, Dar-al-Salam Squatter Area)*

Nafisa said that every day she wakes at five in the morning, makes tea and cleans the house, when she returns in the afternoon she washes her uniform for the next day and takes the food her mother has prepared and sells it in front of their house. She is not allowed to go to the market because her parents say that it is dangerous for her. At dusk she goes in and helps her mother with household tasks. There is no electricity so she does not have time to study and is tired by the end of the day. This affects her schoolwork and the teachers complain of her lack of concentration. This story demonstrates how girls are vulnerable, and the most affected by traditional beliefs that hinder education.

The performance of domestic tasks is regarded as primary duty and self-evident for girls in the camps, and parents refuse to consider anything else. Boys rarely have domestic tasks and have time to play football or work in the market. The teaching staff, too, regarded this situation as normal, seeing domestic tasks as a girl's role.

The preference given to boys over girls exacerbates the situation. In all the interviews and focused group discussions I was aware of the boys' feeling of superiority over the girls. The boys teased and made fun of the girls, and in mixed groups always wanted to speak first. The girls accepted this situation, making no attempt to stand up for themselves. On 1 April 2004 I was conducting a focused group discussion in Dar al-Salam with a group of five boys and five girls on the role of girls and boys in the house, and what boys and girls do together. All the girls agreed

that they have to obey male members of the family, serve them and be diffident towards them. Boys eat first, alone, and the girls eat after. One of the girls, a ten-year old, quoted a striking phrase from the Koran that means "men are superior to women" but she did not finish the verse. I asked her where she had heard it and she said from her family and from school - men are better than women, religion says so. Immediately, the boys agreed unanimously, and the girls raised no objection, since this is what they are taught and how they are raised (FGD4, 1 April 2004, Dar al-Salam squatter area).

The children in Rahma school, and in particular the girls, were sometimes angry about this inequality and fight against it. One day in Rahma about ten girls were crammed together in a bench intended for seven. Athena, a fourteen-year old girl raised her hand and asked if she could sit at the back, where seats are available. The teacher refused and told her to sit in the front, and if there was no place she must sit on the doorstep. Athena was angered by this response but unable to do anything. Furiously she walked to the doorstep and sat there. After the lesson she told me why she was angry, she said,

*I do not like the behaviour of the teachers to us girls. They always tell us to squeeze and sit together while there is space at the back. They (meaning teachers) think that we argue with the boys but always the teachers give boys better chances than us (the girls). This is not fair and equal. Even in the playground the teachers let the boys play in the big yard alone while us the girls are not allowed to play with them or given enough space to play with other girls. The situation is rooted not just in the school but also in the home, and the cultural inequality between boys and girls.*

Girls also resist the dress code for their sex. Daniela a fourteen-year old girl from the Dinka tribe. She said,

*I am a Christian and I live with my aunt who does not mind me wearing anything I like. But in Rahma school the teachers tell us to wear long dresses and a scarf while the boys wear trousers or shorts and a shirt. I do not have more than one uniform and I have to wash this dress everyday and sometimes I get tired of washing it and wear any dress from home. One day the teacher scolded me because I came wearing another dress and not the uniform while the boys more often wear any trousers in any colour. This is not fair to let the boys wear what they like and us the girls they tell us to wear this and that.*

This was confirmed when I talked to one of the boys, Tom, fifteen, who agreed that most of the time the boys can wear anything, despite the fact that the teachers prefer them to wear the uniform, that is the cloth trouser and a white shirt. Sabrina, a sixteen-year old girl, said,

*One day I came to school with my uniform but it was very hot and I opened the first buttons to have some air. The teacher called me and told me to close the buttons. I told her that it is very hot she said this is disrespectful and a bad behaviour as I might attract the boys. At the same time the boys open up their buttons and most of their chest is seen and no teacher speaks to them. This is unfair to the girls. Always the teachers keep telling us to do this and that.*

Girls also resent the fact that the attitude of the teachers towards the girls is more supervisory than to the boys. The teachers supervise the girls in wearing proper uniform which is the long dress and scarves to cover the head, also the seating for the girls in the front, the non mixing of

girls and boys in the playground That was confirmed when I was conducting a focused group discussion with 9 girls on 22 July 2004 (FGD13, Mayū camp)

More serious is the corporal punishment of the girls Rofina a thirteen-year old girl said, *I was punished with the cane and hit on my hands because I spoke to my friend during the class It really hurt me and every time I hesitate when asking a question to the teacher scared to speak* Another girl, Soad, said, *“School is nice and I like my friends but the punishment is harsh and it scares me Several times I thought of changing the school but it is the nearest one in the area* Punishment is a complaint of the boys too, they are terrified of punishment and beatings

The girls complained that the monitor of the class is always a boy, none of the girls were monitors and this made them feel very inferior Asya a fifteen-year old girl said, *The teachers always chooses the boys and not the girls once I raised my hand to be a monitor but the teacher said that girls do not know how to control a class of 70 students I felt that I have less power and am worth nothing compared to the boys* The choice of boy monitor rather than girls make the girls feel inferior in the class as they are not given the chance to represent their sex and gender role They are considered as having less powerful characters to monitor the class than the boys

Gender also plays a role in the access to education Families prefer to educate boys rather than girls Tereza is a twelve-year old girl from the south of Sudan who came with her mother, sister and brother to Khartoum several years ago because of the war Her father had remained in the south and her mother was working Her mother told her that there was insufficient money to let the girls go to school, she preferred to educate the boy Tereza said,

*I stayed at home until last year I did not know how to read or write until last year my aunt heard about this school and brought me to register here My aunt convinced my mother that I should go to school My mother did not agree at first but later she said I can go and try but I have to take care of the house and the cleaning and cooking as well Before that I never went to school my brother used to go to school and my mother paid for him and I took care of my younger sister Now I come to school every day until 1pm and after that I go home clean cook and study I have to study before it gets dark because we do not have electricity in the house and I wake up at five to come to school*

Tereza was angry and because her brother was allowed to go to school and she had to wait until she was twelve She said sometimes she wished that she were a boy so that she can have a better chance like her brother

The idea that girls need no education is very common among the displaced, and girls are the victims of this traditional belief Girls are not only prevented from attending school because parents cannot or will not spend money on their education, or because they are needed for domestic work, but also because they marry early Nagla, a thirteen-year old girl from the Nuba tribe, said,

*My parents told me that if someone proposed to me I have to marry him I cannot say no to them and I have to obey what they say although I like school and want to finish it They said that now I am a grown up girl and I can be responsible of my own house and I have to marry My parents keep telling me that marriage is better for the girls It protects them from sexual harassment by boys and the place of a girl is always with her husband and her own children But until now no one proposed and I hope that no one does because I want to finish school*

Nafisa said that her parents told her that after this year she must marry. She told them that she wanted to finish school, but they warned her that they will not pay her school fees. *"So I am working now in the afternoon to save some money for next year. But if my parents insist that I marry, I will not disobey them."* According to the parents of Nafisa it is in her best interest to get married, it would protect her from sexual harassment and a woman's place is in the home. No matter what Nafisa thinks, her parents will enforce this once a man proposes to her. I gathered from talking to Nafisa that her parents never asked her about her interests or what she needs. She said she was an obedient girl, always saying yes to her parents without negotiating, but found this suffocating.

A study conducted by AL-Fanar indicated that

cultural determined ways of defining the roles of women and men in the society shape gender specific opportunities and constraints. The behavioural norms and expectations which result from these cultural practices in the home and community is taught and reinforced in the school setting. Girls learn at an early age that they are expected to limit themselves to activities at home and are encouraged to do activities that reinforce their roles as domestic producers and reproducers and that may exclude them from other productive careers (AL-Fanar, 1998: 15).

Early marriage is a great obstacle to education. Mary, a fifteen year-old girl told me, *"My best friend was married this year at the age of fifteen and she stopped school. Her parents forced her to marry an old man of forty-five because he is rich."* She went on to say that her friend did not want to get married, but had no choice but to obey her parents. I asked her whether the teachers intervened, and was told that they did not. When I asked the teachers why this was so, they answered that they tried to make the community aware and encourage parents to send girls to school, but could not force them to halt early marriage or prevent girls doing domestic work. The parents will not accept this and would think that teachers are hostile to the traditions and customs of the tribes. Several such cases have been reported by girls who wanted to finish school, but said that if their guardians insisted on marriage they will obey, they have no choice.

This does not mean that cultural and traditional beliefs do not affect boys. The boys have to work and support their families, but are given more freedom to go out and work and express themselves. Girls are not allowed to be outside after dark, some families do not like girls to go to the market alone. Some parents prohibit girls going to school because it is co-educational and they say that this is against their traditional beliefs. They want separate classes for girls or separate schools, but due to lack of funds single sex schools are not possible. This leads parents to keep their daughters out of school as in the case of Sandy. Sandy is a fourteen-year old girl from Neur tribe in South Sudan. She came with her father and brother to the camp a few years ago and recently her father agreed that she could go to school. He registered her in Rahma school but he did not ask if the school was co-educational or not. After a few months he discovered that the school is mixed. He told Sandy that she must stop her education because the school is mixed and that boys are dangerous for girls at this age. He repeated this several times, and anytime Sandy expects that she must leave the school. She asked the teachers to help her, and one teacher talked to her father but the father was adamant, saying that if all the schools in the camp are mixed, then his daughter must stay home until she gets married and has no need for education. Sandy said that her father is strict and does not even allow her to go to the market alone. At the end of my field work Sandy was still in Rahma school but was expected to leave the school anytime. She is very

sad and sometimes she wishes that she were a boy to have more freedom like her brother who works and does as he pleases.

The environment in which children are raised is a complex one. They live in a complicated world, mixed with traditional and cultural beliefs that affect any development. Although both NGOs apply the CRC and advocate children's rights the children still encounter many difficulties and the organisations are not addressing the root cause of the problem.

It was obvious that the power relation between parent and child limits the freedom of children to express themselves and make important life choices. Guardians have a moral right to protect their children. However, guardians use their right to coerce the children (mostly girls) in an undesired direction and the children have to comply. Although in most cases they are the victims of this power relationship, it was clear that the girls are not aware of their rights and have no one to claim these on their behalf. It is a very common occurrence that the guardians of displaced children use power to command and coerce, and the children must comply. The victims are usually girls because they have less power, limited freedom and choice. The boys have more freedom to work, to go to school, to play in the street. The case of Nafisa shows girls' vulnerability in the face of their fathers. Failure to comply with a father's wishes leads to punishment to which no one objects, as he is seen as exercising his moral right.

Children are affected by culture, tradition, standards and practices that influence their rights and overrule their access to education. Segregating boys and girls by imposing cultural beliefs from a young age will impact on the personality of the growing child, giving girls a sense of inferiority and boys of superiority, resulting in gender inequality.

### 8.3. Child labour and education

Most of the children and adolescents in the camps, especially the boys, both work and go to school. In the quotes above and the coming ones they often referred to work. How do children and adolescents cope with combining work and education? What is the role of the organisations in assisting working children? What are the challenges that face children in work and education? The case studies below show how children face such challenges.

Mergani, a thirteen-year-old boy from the west of Sudan living with his mother, grandfather and other siblings in Dar-al-Salam area comes to the reintegration education centre every day. After school he goes to the market to help his grandfather sell fruit and vegetables. In the evening he is too exhausted to study. He gets up at five to get to school on time, but has been late several times. He is punished for this lateness and has been told to stop working. He explained,

*I have to work and make money. I have five younger brothers and sisters and my mother is not working. My grandfather and mother told me that I have to work to help them support the family and get food. In a day I earn 40-50 SDD and from the money I get I buy bread and food for my brothers and mother. Sometimes it is not enough and we only eat one meal and no breakfast.*

Nafisa sells food in front of her house each day after school. She earns 20-30 SDD, or less, per day, equivalent to less than eight cent per day. Her father is unemployed and her mother works twelve hours per day. Nafisa's work and domestic duties make it difficult to concentrate and affect her studies.

I asked the project co-coordinator about her role in preventing child labour; she replied,

*We know that these children are poor and from poor families, we try to help them by giving schooling, but we can not stop them working. This is because each family has an average of five children and in some tribes it is traditional to expect children to work from an early age. We cannot interfere in these issues, but we can try to arrange with the parents that children work in the holidays only, so that it does not interfere with the child's participation in school. But some parents need their children to work and help them to support the family otherwise they will die from hunger. The only solution is to let the children work, and here we cannot assist in any way, as the organisation has no funds to take care of their families. (23 June 2004, AMAL Organisation).*

Scholars have written on the issue of child labour and how it affects education (to mention a few see Save the Children 2001, White 1996, Maitra et al 2002, Heady 2000, Myers 2001). It was reported in the literature that most children work to support themselves or for their family survival. Whatever scholars have written on the issue of how to combat child labour (see Weiner and Norman 1995) in reality children have to work to pay for their own education; other children might be supporting their families, thus it is not easy to combat child labour. For example, children in Bangladesh under the age of 14 years working in one of the factories were forced to stop working and go to school. The result was that none of the dismissed children have gone to school, in fact half of them had found other work. The problem is not combating child labour, but how to adapt to the needs of the children who work by adapting working hours to allow the combination of work with formal and informal education: as White pointed out, "better work opportunities for those in school, and better school for those who work" (White 1996:838). Better working conditions should be established and trade unions should support these efforts rather than insisting that children should not be working.

Nevertheless, as mentioned previously child labour is one of the factors hindering children's education. Combining work and education is difficult for most of the children in the camps, and unfortunately both of the NGOs have little effect in assisting these children. The children find it difficult to concentrate and pass their exams, but the majority of them have to work to support themselves and their families. I visited Rahma School several times during the summer holiday and I found several of the students I had interviewed working in the market selling water, cleaning shoes or selling cigarettes (photo number 6.3). Several of them asked me if I could help them find a good job in the city. Most of the families depend on children's income and encourage the children to work rather than attend school.

The children in Mayū Camp were in the same situation. Akol Deng is a thirteen-year-old girl from the Dinka tribe from southern Sudan. Forced to flee due to the war in the south, she came with her family to Khartoum when she was three. She now lives with her mother and four younger brothers. She started school at the age of nine and is now in grade four in primary education. Her father died when she was ten and since then she has worked. Her mother told her that her financial contribution is needed. She attends school in the morning from 8am – 2pm and works in a restaurant in the evening from 4pm-10pm, sometimes later, leaving her no time to do her homework. She complains of exhaustion and lack of concentration at school. Several times she has been beaten by the teacher for not doing work, or coming late to school. She failed her mid-term exams and her greatest worry is failing the end of year exams. Her employer at the restaurant treats her badly and complains she does not do her job properly. Recently she was accused of stealing

food, although she said that she often eats only one meal per day and on several occasions has been harassed by other restaurant workers

Johnson Majuk is a fourteen-year-old boy from the Nuba tribe. In the early 1990s he and his family came to Khartoum because of the war and the famine that affected their area. He now lives with his uncle in Mayū Camp. The rest of his family are in another camp. He started working at the age of eight, selling water and cigarettes in the market. From the age of twelve he has worked in a bakery after school until past midnight. Sometimes he sleeps in the bakery and takes early transport to school. Several times he missed school because they needed him at work. He likes his job but he said that it is too hard and too risky. He has been injured several times, including serious burns to the hands. Johnson wants to finish school, but said that it is difficult to combine this with the work he must do to support his family and pay his school expenses. He pointed out that each year school fees increase while his wages stay the same, thus making his completion of primary education problematical. School is becoming increasingly expensive, with various costs such as transport, books, uniforms, and stationery, registration and examination fees. The curriculum demands full-time attendance and hard study, but he has no time for that. He failed his examination last year and fears to do so again. Several times he has thought of stopping his education.

The further a child precedes with education the greater the expense, forming a barrier to continuing schooling. Thomas, sixteen, who is in grade eight in Rahma School, said,

*I lived with my uncle and my family is in the south. I came to Khartoum with my uncle at the age of nine because my uncle said that it is better for me to have a good education here than in the south. But when I came my uncle only paid the school fees until I was eleven. After that he said he could not afford to pay the fees any longer. When I was twelve my mother and two younger sisters and brothers came from the south. Then I had to work in a factory during the vacations too to earn money and pay for my living and school fees. The problem is that I work in the factory at night and when I come to school in the morning I cannot concentrate and I am not sure if I will sit for the 8<sup>th</sup> grade exam to senior school. This is because I did not pay the rest of the school fees and I am still working to earn more money and I do not have time to study as the courses are difficult and need more effort and concentration.*

An eighth grade girl had a similar problem. Reen Agok said that after school she goes to the market and sells food in order to earn money so that she can help her mother and siblings. She wakes at 6 am and walks to school. Her mother encourages her ideas of leaving school in spite of the teachers' advice to continue and take exams that Reen is afraid she will fail.

The above quotes of the children show how difficult it is for them to combine work and education. It is a big challenge for the children to attend school and work at the same. The living circumstances of the children show that they have no choice other than work to finish their education. Work is the only means of earning income for the children to attend school and pay their fees and other costs. Thus the effect of combining work and education is both positive and negative for the children. Positive in the sense that the children work for their own payment of school fees, and negative because combining work and education is difficult as the children begin to lose motivation to attend school or have little concentration in the class. Work is the only means of income support for the children as the organisations have little effect in assisting these children.





Photo 6.3: John and Majuk selling things in the market in Mayū camp

#### 8.4. Participation, choice and expression in education

In this section I consider the views of children on how they participate and interact with the teachers and the organisations, what their choices are and how they express themselves.

Every Thursday and Sunday the project co-coordinator of AMAL visits the school at Dar-al-Salam. She talks to the children in each class, asking them about their progress, needs and any problems. This type of visit was mentioned in a focussed group discussion on contact with the NGO. Nafisa told me *"The project co-coordinator visits the class and asks us about the lessons and if there are any problems and then leaves."* Another group consisting of ten children aged ten to fourteen also mentioned this contact, but when asked about their relation with the teachers Mergani said *"I do not speak with the teacher. The teacher comes to the class and gives us the lesson and leaves us. If I misbehave the teacher will punish me by hitting me with a stick on my hands. I'm scared of the teacher."* Saadan, a thirteen-year-old boy, said, *"Teacher Abdallah is not a nice teacher. He scolds us and hits us if we misbehave and in the lesson we do not interact with the teacher. I only listen but if I have a question I ask my friend Mergani."* Nagla said, *"I discuss the lesson with my friend Nafisa after the school and sometimes I ask the teacher. But in the class we do not do the exercises together, the teacher gives us the exercise and we do it at home."*

The comments of the children make it clear that they find difficulty in communicating with the teacher. They are afraid to speak to the teacher because questions could result in a scolding. The relation between the children and the teacher in the reintegration education centre at Dar-al-Salam is very poor. From what Saadan said it is obvious that in the class they only listen to the teacher, and do not communicate with each other. The level of participation is very low in the class. This is one of the children's complaints, as is shown by Mergani's statement that he is afraid of the teacher, and that the teacher gives them the lesson and leaves. Generally speaking, there is a lack of communication and participation in the reintegration education centre.

Nevertheless, in the singing and drama lessons the children participate and interact, both with each other and with the teachers. When I asked the children what they most like in the school, they all agreed that it was singing or drama. Even though they have little choice in recreational activities, they obviously enjoy every minute of singing and drama, greeting the drama teacher each Thursday with pleased laughter. In drama and singing I observed how the children communicate easily with the teacher. In these activities none of the children complained of lack of participation or communication with the teacher. Their only complaint was of the first stage, in which they have little choice between drama and singing, but once they are formed in singing and drama groups they communicate easily with each other, and with the teacher. I estimate that this is the second level of participation, decoration, according to Miller's specifications.

According to official policy it is expected that the adolescents in the vocational training centre participate in the project implementation. The adolescents interviewed made clear that none of them ever participated in any implementation in whatever form. They complained of lack of contact with AMAL organisation. The visits of the project coordinator are less regular than they should be. Abu Horana said, *"I rarely see the project co-coordinator from AMAL organisation. Last time I saw her was maybe two months ago."* Hassan, a seventeen-year-old boy, said,

*I had a problem with continuing the training because I did not have money for transport and I had to work to support my brother and sister. I stopped coming to the training centre and the centre reported this to the organisation. I did not meet the project co-coordinator until a week after the problem started. Then I explained my problem to them and they promised to help me. That was more than a month ago and for a long time I did not get any reply from them. Then lately the social worker came and gave me money and said that it was donated by the organisation.*

In a focused group discussion on 19 April 2004 with 1 girl and 9 boys the adolescents complained of the lack of follow-up by the social workers and project co-coordinators concerning their social and economic problems. This gave them a feeling of indifference on the part of AMAL, as if their only concern is to pay the fees. In focussed discussion groups I noted that the adolescents require the attention and care of the organisation. Hassan said, *"We need someone to come and talk to us and see what our problems are in life and in the training centre. But we do not get regular visits and no one comes and sees us - only once every month or so."* (FGD6, 19 April 2004, Vocational training center, Khartoum)

The lack of regular visits from the social workers causes the adolescents in the vocational training centre to feel that they are neglected and ignored. This was demonstrated by the comments of Hassan and Abu Horiara, who complained of the irregular visits and lack of attention from the social workers. The adolescents feel that they are ignored, and want more care, support and quicker responses. Hassan's difficulty of not being able to attend the vocational training centre because of money problems did not receive an immediate response from the social worker. Such problems arise because the social workers do not visit the vocational training centre on regular basis to monitor and take care of the problems of the adolescents.

Instead of interacting with the children and giving them a chance to participate in the project by saying what they want and need from the project, what their difficulties are and giving their views on how to tackle these, the organisations treat children and adolescents as beneficiaries and target groups in the projects.

Interaction, in general, is deficient between the children and the NGOs. At Rahma School in Mayū camp the children do not participate in the project initialisation or implementation, but they did when there was an evaluation. The situation at Rahma School in Mayū camp is worse than in the reintegration education centre at Dar-al-Salam squatter area. There can be more than seventy pupils, making it difficult for the teacher to interact with the children. It also makes maintaining discipline difficult and the staff resort to corporal punishment. John Deng, a sixteen-year-old Dinka boy, said *“I get scared of the teacher because if I speak in the classroom without the permission from the teacher I am sent from the class or I am hit with the stick. I do not speak to the teacher about any personal problems.”* The children complain of this lack of interaction. The teacher to them is a formal older person who must be listened to and respected, and does not discuss anything with them. This is not true of all teachers. Mary Majuk said

*Some teachers listen to us if we have problems such as paying the fees, but other teachers scold us, tell us to go away and solve our problems with our families. But in the classroom we only learn the lesson and do the exercise.*

Common complaints from the children are that they are afraid of the teachers, and in the classroom they only learn the lesson and do the exercise, without any interaction with the teachers. This is obvious from what John and Mary said about their relations with the teachers. The children are not given the chance to interact and communicate with the teachers in matters that are of importance to them, such as understanding the lesson, problems in paying fees or inadequate facilities at the school. There is no participation or interaction with the teachers or any of the staff from SC/UK, children are considered as objects, the recipients of knowledge, and not active participants in their own rights and agents. The teachers use their power to exercise authority over the children, either ignorant or careless of the children's rights of choice and free expression. The use of corporal punishment makes the children frightened of speaking out or interacting. The teacher-centred methods of education compound the situation. Participation and interaction of the children with the teachers in both schools, the reintegration education centre and Rahma school, is deficient. The choices and chances of expression of children in both schools are limited.

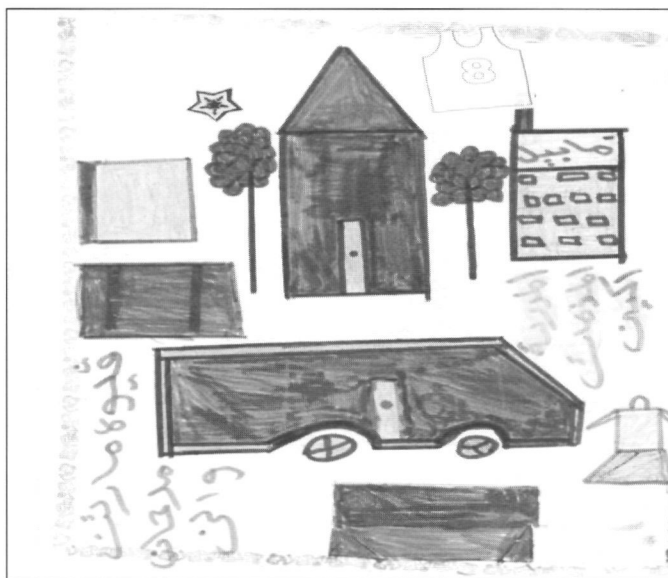
### **8.5. Unfulfilled educational needs and rights of children**

In order to claim their rights children need to know their rights. I asked different groups and individuals about their rights as well as their needs, answering one of the sub-questions of this thesis - how the children evaluate the work of the NGOs in guaranteeing their rights and fulfilling their basic needs. I will first present the views of the children on their needs and rights in education, then I will analyse this data, and I support my analysis with drawings from the children who made explicit in these drawings what they need and want.

The examples cited above in the previous sections showed that the children have no accurate idea of their rights, even if they have heard of the CRC. Because of the way the organisations regard the children they do not encourage them to claim their rights. Corporal punishment is a case in point: the children are too frightened of the teachers to claim their right not to suffer this. The organisations regard children as objects of charity. Charity, as Collin said, “is insufficient to realise people's full potential because it reduces them to objects of development, rather than participants in their own development” (Collins et al, 2002: 3). By treating the children as objects of compassion and charity the organisations are failing to enhance their capacities and allow them to know and exercise their rights and to actively participate in their own development.

The children of the reintegration educational centre at Dar-al-Salam squatter area learned about the CRC through song and drama. When I asked them about their rights the children immediately would reply that their right was to have education, health, to speak freely, etc. When asked what their rights are they would often respond with their wishes and desires. Marina, a fourteen-year-old girl, said, *"My right is to eat, my right is to play and sing."* Ibrahim, an eleven-year-old boy, said, *"My right is to draw, my right is to sleep."* Tawasl, a twelve-year-old girl, said, *"My right is to fly like birds, my right is to play."* Fakreldin, a ten-year-old boy, said, *"My right is to play basketball, my right is to draw."* Nafisa said, *"My right is not to walk in the sun, my right is to drink milk and eat."* Tereza said, *"My right is to run and play. My right is to live and laugh."* Moawia, an eleven-year-old boy, said, *"My right is not to say bad words. My right is not to hit people."* Sabira, a twelve-year-old boy, said, *"My right is to say what I want and my right is that no one hits me."*

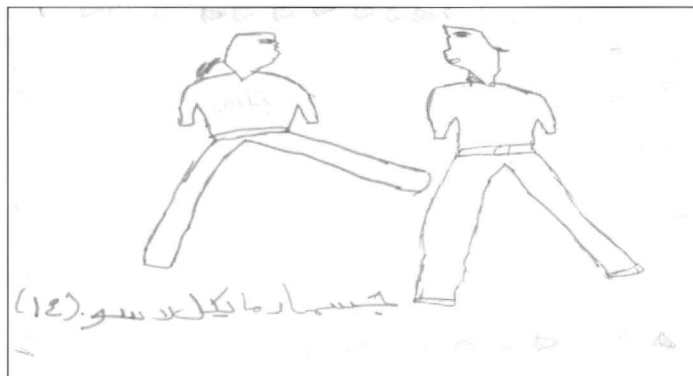
However, this knowledge of the CRC is purely formal, learned by rote as if it were another lesson. They learned some, but not all of the articles of the CRC, but without understanding them. They confused wants with rights, and the memorized articles of the CRC gave no guarantee that they would retain any real idea of what rights they have. A sample of drawings (see below) was selected from thirty made in focused group discussions with children from the reintegration educational centre and Rahma school. The drawings represent a visual expression of what the children wished or needed, and also visual interpretations of what they told me.



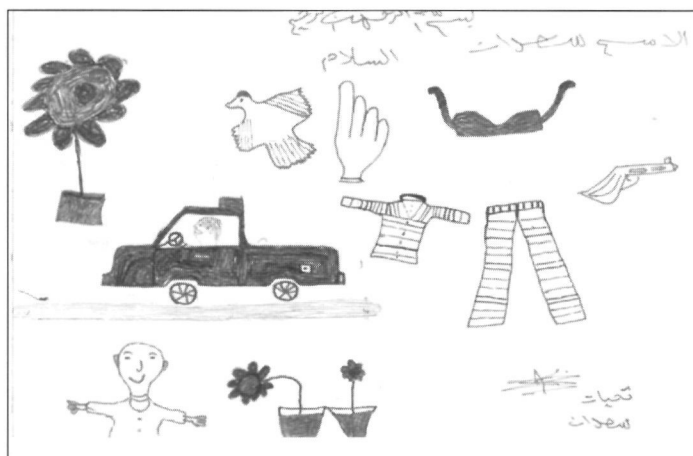
Drawing 6.2 Viola Martin (13,girls), need for a car, house with trees, dress.



Drawing 6.3: Marina (12,girl), need of a dress, book, shoes, phone and water.



Drawing 6.4: Gismar Michael (14,boy). Violence in class from the teachers.



Drawing 6.5 Saddam (12,boy), need for trousers, shirt, pistol and means of transport.



Drawing 6.6. Agnis Fita (12,girl). Need for a church to pray.

The above drawings represent what the children stated as their wishes and needs. The most common need for the girls was for a dress (drawing 6.3 and 6.6). This is important for the girls as it covers her body and decreases the chances of sexual harassment from the men or boys in the streets. It is also necessary to attend school, and was shown in all the drawings by the girls. Boys also need clothing, and their drawings showed trousers and shirts. Like the girls, they need clothing to attend school, and both boys and girls need shoes to protect their feet from the hot ground and for walking long distances. The drawings by Viola and Saddam (see drawing 6.2 and 6.5) show a car. For the children, a car is a means of transportation to school: as we have seen, the children complained of the long distances they must walk to and from school.

Violence and corporal punishment are on the minds of the children. Gismar, in drawing number 6.4, clearly demonstrated that he does not want to be violated or punished. When I asked him about what he meant in the drawing, he said, *"Most of the boys fight in the class and I do not like fighting. Sometimes even the teachers can push you or kick you with their legs and this scares me and I do not like violence from the teachers or the boys"*. It is a fact that the boys sometimes fight with each other in the class, and this ends in corporal punishment by the teachers, or sending them from the class. The drawing is an interpretation of Gismar's need to stop violence in the classroom. While Gismar wanted to stop the violence, Saddam, in drawing number five, wanted to have a pistol. He said that he *'sees the policemen carry pistols and wants to have a pistol to protect himself from the bad boys in the camp who steal or fight'*. This demonstrates that the camp is a dangerous place for the children to live: it is not a safe place and Saddam thinks that by carrying a pistol he can protect himself.

A church is also important to the children. Agnis's drawing number 6.6 shows a church because she said that she likes to go and pray with her mother as she feels safe and protected there. The church is a symbol of the children's need for faith and blessing, and a representation of their Christian religion.

I wondered why the children drew a mobile phone as one of their needs. I asked Marina and Viola about this, and they said that they see people in the city centre using it as a means of communication. They want a mobile phone to communicate with each other, as there are no

telephones in the camps. This shows that the children in the camp are not ignorant in the newest developments in technology. They are aware of their surroundings, and what they see in the city centre is incorporated in their needs and wishes, because they lack it in the camp.

Much of what the children said were their rights, were wishes and desires that they would like to see fulfilled. Many of their needs and rights were stated, but the rote learning did not give them a true concept of those rights, so that they incorporated their longings into the list of rights. At the same time they are as incapable of claiming their true rights as of making their dreams come true. The social and educational structure makes the rights a formality, with parents and teachers as figures of unquestioned authority. The children understand that they have a right to health, education etc. but because of social, cultural and economic factors and the traditionally patriarchal structure they have no role in decision-making and are unable to claim their rights for themselves. The teaching of the CRC as if it was any other lesson, hinders a proper conception as well as a putting into practice of children's rights.

The issue here is that they know the text but that they also know how difficult it is to claim their rights. I considered the possibility that the young age of the children in the reintegration education centre at Dar al-Salam could be the reason for their lack of comprehension of the CRC, but it was apparent that the adolescents at the vocational training centre were also unable to claim their rights. A group of ten adolescents consisting of 3 girls and 7 boys agreed that they heard of the CRC from AMAL organisation and they know most of the articles especially in regard to education and health, but they all agreed that their rights are not exercised. They all agreed that it is difficult to claim their rights as there is no one to listen to their needs and wants. They want to finish their education and go to university but face the problem of working and supporting their families. In the last analysis their rights are not exercised and their dreams unfulfilled (FGD7, 20 April 2004, Vocational Training Centre, Khartoum). Hassan, a seventeen-year-old boy said, *"I know of the CRC and I know that it is my right to have education and health but I can not claim them because money is always a problem and no one can help me to have money"*. Basamat, a sixteen-year-old girl said, *"I heard of the CRC and I know my rights but they are not available sometimes no one will give me what I want and no one will listen to me. If I said to my parents my right is not to get married they will refuse and at the end I will obey them. So I cannot claim my rights"*. Omran, a seventeen-year-old boy said, *"Yes we know of the CRC but our rights are not met and no one is claiming them for us. No one help us to live happily and gives us money. Money is always a problem for everything that I want"*.

In contrast to the children and adolescents of the reintegration education centre and the vocational training centre, the children in Rahma School had never heard of the CRC. Angelo, a fifteen year-old boy, said, *"I do not know what the CRC is but I think that my right is to finish school and have money"*. Mary, sixteen, said, *"My right is to finish school and be a doctor. My right is to have a house and electricity"*. Again there was confusion between rights and desires. The children in Mayū Camp, especially the fifteen to eighteen year-olds, could speak of rights in general, unaware of the existence of the CRC that should safeguard those rights. Even though the children often spoke of things as their rights, it was clear that they saw these as arising from their own situation. Children expressed rights according to what was happening to them and what they need and want. Johnson said, *"My right is not be punished"*. I discovered later in the interview that he had been punished several times at school, but was unaware that he could claim the right to be heard. Another child said, *"My right is to have books at school"*. Angela, a fifteen-year-old, said,

*"My right is to have free education."* Most of the children I interviewed or worked with in focused group discussion claimed that they want free education and want to finish their education. In a focused group discussion of 7 boys and 5 girls they agreed that it was important to all of them to have free education, and many had ambitions to become a doctor, engineer, teacher etc. In spite of their motivation, the problems and challenges of their lives present enormous obstacles (FGD14, 21 July 2004, Mayū camp).

To conclude this section I can say that the difficulties in applying a rights-based approach lie not only in the organisations, but also in the community and its perception of children. Traditional and cultural factors hinder children's realisation and exercise of their rights. Guardians use their authority, not to give the child the opportunity for self-development and decision-making, but to shape the child's life according to their own views and interests, rather than those of the child. The views of the children make it clear that many of their basic needs are not being met and their rights ignored. The services provided by the NGO organisations are based on short-term solutions and disregard the future personal development of the children. Traditional ideas can affect the services given so that segregation of the sexes becomes more important than providing books. Children are seen as deserving help rather than having a right to the services and participating in their own lives and futures. More knowledge and awareness of the CRC is essential if it is to be properly implemented.

## 9. Conclusion

In this chapter I described how NGOs provide educational services to the displaced children in the camps. It was found that despite the formal acknowledgement of the CRC articles on gender, age, participation, needs and rights in their policy statements, the application of such policies is deficient. There is a discrepancy between the policy and activities of the organisations in incorporating considerations of gender and age. A further discrepancy was found in the application of the children's participation in the projects. By regarding them as beneficiaries and denying them the right to express their opinions and make their own decisions, the organisations created a feeling of alienation in the children. The treatment of the children as objects of charity reinforces the cultural, traditional and socio-economic pressures that lead to the lack of empowerment of the children. While it is obvious that the NGOs want to apply the CRC this attitude is less effective in the long term than a rights-based approach would be.



# Analysis: Towards a New Theoretical Approach

## 1. Introduction

In the previous chapters I have described how the four selected NGOs provide health and educational services to displaced children in Sudan. It was shown that there were differences in the ways the NGOs took the CRC to heart in their policies, and that, among those who did, there were discrepancies between what they professed to do and what they actually did. Seen from the perspective of the displaced children, and what they considered as their main needs and rights, the NGOs were only able to help them fulfil part of these. It was also shown how gender, age and participation were dealt with in the projects. In this chapter I will bring together the findings and relate them to the theoretical considerations discussed in chapter two, by focussing on the aspects of gender, age, participation, and needs and rights of children. I will argue that in all four aspects a discrepancy exists between policy and practice of the organisations, and suggest ways to resolve this discrepancy. To this end, a model is designed in analogy to the Gender and Development (GAD) model that elucidates the elements necessary for fully recognizing and implementing children's rights.

## 2. Gender

A decade ago much emphasis was placed on the importance of placing gender on the organisational agenda. Yet verbal and paper commitments to a vision of gender equity have a tendency to evaporate when there is a resistance to putting policy into practice through procedures, mechanism and rules of the organisation (Sweetman, 1997: 5).

Does Sweetman's contention hold for the findings of the present research? Did verbal and paper commitments to gender equity in the policies evaporate in practice? Gender assessments of development projects usually concern men and women, but most terms set out for such assessments can also be used in the case of boys and girls. To obtain an in-depth view of how gender is used and interpreted in the child-oriented policies and activities of the organisations, I looked at the following components. Elaborating on the gender assessment framework designed by Lingen (1995) (see chapter two), I studied the NGOs' policies on two levels, that of the general policy of the NGO, and that of the project proposals. Indicators for the analysis of the policy papers and project proposals were: a) presence of gender policy, that is, statements referring to gender and gender equity, b) gender-based selection of the target group. For the gender assessment of the NGOs' practices both the project activities and the actual group of participating children were analysed. Indicators were: a) gender representation in the organisational structure, b) gender aspects in the activities, c) power relations and empowerment in gender, d) actual training in gender issues, e) gender differences in the participation and access to health and education by the children.

### 2.1. Gender in policy

In chapter five and six I have described which gender policy the four NGOs followed both in their general policy statements and in their project proposals. By gender policy, I understood, as explained in chapter 2, an explicitly stated organisational aim to contribute to the struggle for gender equality by looking at different issues such as the participation of women in decision-making, increased awareness of gender sensitivity, promoting women's leadership and work towards the empowerment of women (The Shopsteward, 2000: 1).

The data on the general policy statements of the Medair organisation and the Sudanese Red Crescent, in chapter five, showed that the place of gender was not clear, and that gender certainly was not one of their priorities. There were no explicit statements made referring to gender and gender equity. Since children were not explicitly targeted, there was no gender-based selection of the target group. The general policy statements of the health organisations emphasized that they respond to human suffering in emergency and disaster situations, amongst those least able to withstand the stress caused by disaster. However, no mention was made of the fact that women and children are among the most vulnerable, or should be given preference as target group.

At the project proposal level, however, the health organisations do show awareness of gender and of children, although in a very limited way. They do not refer to gender and gender equity, nor are there any plans to resolve gender inequality in access to health care. They do make some allowance for certain categories of women and children in their target groups. Medair explicitly selects pregnant and lactating women and children under five years old for special care. Other women or children are not specifically targeted. Likewise, the SRCS project proposal states that their objective is to maximize birth spacing, child care, pre-natal and post-natal services. But these

objectives are only directed at adult mothers, not girls under 18. The health organisations do distance themselves from harmful traditional practices such as genital cutting of girls and refuse to practice it, but apart from treating infections caused by such practices, they have not formulated a policy to counteract it. This means that both the general and the project policies of the NGOs that provide health care to children, pay no attention to gender and gender equity, and that only in the selection of target groups, one specific group of women and children is singled out. Provision for this group is only in answer to their direct needs, not their rights.

The attention to gender is much greater in the policies of the educational NGOs, as is shown in chapter six. AMAL organisation includes gender in its general policies, stating that they work towards gender equality and with a gender sensitive approach, and that they promote the awareness of gender in their activities for children. But exactly how they will adopt it is not mentioned in the policy papers. There is no separate gender policy for education in the organisation. In Save the Children UK general policy, gender is not clearly mentioned as in AMAL organisation, but from their main goals and aims they apply children's rights as formulated in the CRC so that children's needs are met on the basis of equity. From their goals I assume that the organisation is considering gender in its policy because it abides to the CRC which includes gender as an important factor in meeting children's rights.

At the project proposal level, gender was a criterion for the selection of the target group and the specification of the objectives. Girls were explicitly targeted to make sure that they also followed education, and explicit objectives were to increase the educational participation of girls and the reduction of the higher dropout rate of girls. This means that both the general and the project policies of the NGOs that provide education to displaced children do provide statements on gender, that existing gender inequalities are recognised, and plans are made to redress this undesirable situation. Project proposals do propose a gender-based selection of the target group, by making sure that the number of girls attending is equal to that of boys, but they not go beyond the aim to equalize numbers, because they do not state an organisational aim to contribute to the struggle for gender equality.

## **2.2. Gender in practice**

This section ties up the findings on gender in the NGOs practices on three levels: the implementing institutional side, the project activities, and the actual group of participating children, following the criteria set out above.

### *Gender representation in the organisational structure*

Data obtained on the representation of women compared to men in each organisation showed that there is inequality in the number of males and females in the different hierarchical levels of the organisational structure. In Medair organisation there are two females and four males at the senior level of programme manager. At the health centre in al-Salam camp there are seventeen females and twenty-two males, including medical assistants, nurses, CHP, administrators, cleaners and a laboratory technician. The gender inequality, especially at senior levels, is also apparent in the other organisations. In SCRS there is only one female programme manager to three male. AMAL and Save the Children UK both have one female and two male programme managers. The inequality is sometimes less in the staff at the camps, both sexes being equally represented at the

health centre in Wad al-bashīr and the education centre in Dar-al-Salām. However, at the school in Mayū camp there are four female and seventeen male teachers. Thus, generally speaking, males outnumber females at both the senior and junior levels. Despite the importance of female role models in stimulating gender decisions, all the organisations fail to provide this at the senior management level (Brandon et al 2001, Osman 2002, UNICEF 1997).

### *Gender aspects in the activities*

The limited understanding of gender by the health organisations (Medair and SRCS) is reflected in the statement by one of their programme managers that gender is “targeting women and reducing the mortality and morbidity rate of the children. We aim to protect the health of mothers and infant children under five years old.” However, laudable such attention for women and infants is in itself, it is not necessarily gender-sensitive nor does it necessarily lead to greater gender equality. The organisations think that by targeting women and in particular pregnant and lactating women, they have achieved gender equality. Yet they only target a specific category of women, and not all women, and as we have seen in chapter two, the concept of gender refers to more than just women or men. It is used to describe socially determined characteristics and positions of women and men, and refers to the (often unequal) relationship between them, their society or community (Parker et al 1995, Momsen 2004:2). As Momsen said, “Gender is a widely used and often misunderstood term. It is sometimes conflated with sex or used to refer only to women.” Adding women to the target group is not enough to solve the gender question. Far more measures are needed to change gender inequalities. By not recognizing underlying gender inequalities, development projects, even when targeting women, may have unwanted negative effects on women. The organisation’s aim to reduce the mortality and morbidity rate of infant children by encouraging breastfeeding, for instance, can have detrimental effects for the health of a malnourished mother. Medair organisation recognises some of these potential harmful effects, and distributes supplementary food to lactating and pregnant mothers, but it cannot control what she does with the food, whether she consumes it herself, or, much more likely, shares it with her family or is forced to sell it for cash. Focussing exclusively on the child’s mother and breastfeeding as a way to reduce infant morbidity and mortality also takes away the attention from other variables that may affect the health of infants.

We refer to such factors as political and economic insecurity, ill health and overwork of mothers, gender inequality and the dangerous and unhygienic environment that goes with sheer poverty. Infant mortality has less to do with women’s failure to breast-feed than with poverty and inequitable gender relations (Maher, 1992:153).

Medair and SRCS can be criticized in this, because in their activities they do not look beyond the health of infants and toddlers. Their main concern is to protect pregnant mothers and children under five, without considering that their measures are insufficient. The food provided is no guarantee of a healthy mother. They neglect the many other factors that can contribute to children’s health and survival, such as the structurally unequal division of labour between the genders. The extreme poverty of camp life, and the frequent absence of a male provider, forces many mothers to work long hours for low wages outside their ‘home’, and that can have a negative effect on the health of the mothers and the children as well. Moreover, they do not consider alternatives such as encouraging mothers to know their reproductive rights and limit the number of children. Important issues in reproductive health, such as family planning, sexuality, rape,

precocious marriage and pregnancy, birthing customs or harmful practices like genital mutilation, receive scant attention. None of these are included in the reproductive health care information, but are nevertheless important to ensure sustainable reproductive health. The organisations look at women mainly as child-bearers and carers and not as people seeking health who need to know of, and be advised on, their own reproductive health care. By limiting their target population to pregnant and lactating women and children under five, and excluding men and older children there is no guarantee of gender equality in health, and the relative social roles of men and women in the community will not be affected.

The projects of the educational organisations clearly showed a concern with gender. Both boys and girls indeed participated in activities such as the Youth Wing project and the basic education project, and the extra attention given to girls certainly had a positive effect on the numerical representation of girls. In AMAL organisation they were targeting girls rather than boys for participation in the reintegration educational centre. The result was that there were 32 girls compared to 28 boys at the centre. However, this slight predominance of girls does not guarantee gender equality in education. It is a positive effort of AMAL organisation to pay special attention to girls, but gender is not only a numerical issue, it goes beyond numbers. Gender equality means that boys and girls have equal opportunities in education and income generation, have the same chance to start and finish school, and are subjected to teaching methods and teaching tools that are free of gender stereotypes and bias. Thus encouraging girls and even admitting more girls than boys is only a first step and in itself not sufficient to reach gender equality. If the other factors do not receive attention and gender cultures and hierarchies are ignored, it may result in the situation found in the vocational training centre where girls form a very small minority (4 compared to 19 boys). In Save the Children UK at Rahma school the boys far outnumbered the girls with 1220 boys to 408 girls in 2004. This indicates the unequal opportunities of girls in starting and finishing school, because of cultural beliefs about education for girls, early drop out due to marriage, lack of finances, the need to work for the family and lack of female role models in the teaching staff. The gender gap is not easily closed without much extra effort and without specifically targeting girls. As said above, it is not sufficient to give preference to girls at the gate. Doing justice to gender is more than obtaining a numerical balance of boys and girls, however important that is. A gender sensitive approach has to take note of the power differences between men and women, boys and girls, and how these are being constructed and imposed through a wide variety of social and cultural processes, including the composition of the curriculum, the pedagogical style, the attitudes of the teachers, parents and society, the spatial arrangements, or the expectations about the educational and work career of the pupils.

#### *Power relations and empowerment in gender*

Empowerment was defined in chapter two as a process of increasing decision-making capacities and opportunities, through an increase in people's awareness of their own interests and how these relate to the interests of others. It is a process by which people who are relatively powerless become aware of the power dynamics at work in their life context, and develop the skills and capacity for gaining some reasonable control over their lives, and to exercise this control without infringing the rights of others (McWhirter 1991, Rowlands 1997). Feminists look at empowerment as giving scope to the full range of human abilities and potential. It must involve undoing negative

social constructions, so that people come to see themselves as having the capacity and the right to act and influence decisions (Rowlands 1997) It is a process that involves more space to decide over one's own life and body this is referred to as "power to" It also refers to the self-awareness and self-confidence of the actor, which is known as "power within" Moreover, people can join forces by collective action, referred to as "power with" The children in this study have very limited "power to," as was shown in the case studies of Dina, Akol, Samira, and Ester in chapter 5, and of Nagla, Nafisa and Mergani in chapter 6 These boys and girls have little power and freedom of choice and decision making In particular the girls have less power of unaccompanied movement in the camp without the consent of their guardians, they are not taken seriously when they feel sick and are left alone to face the challenge of sickness Ester and Mary were not allowed to go for treatment alone without the consent of their guardians although they have the right to treatment Moreover, the power of the guardians imposes restrictions that shape the girl's life It is at the stage of adolescence that gender differences intensify and that boys are given more privileges and priority than girls The cases of Nagla and Nafisa in chapter 6 show how limited the girls' 'power to' decide about their own life is They indicated that they have to obey their parents in performing domestic work and in accepting the marriage partner they find for her, and at the moment they decide for her, even when they have not yet finished school The girls have no space to decide for themselves The same is true for the case of Mergani, who was obliged by his grandfather and mother to go and work to provide support for his siblings These children have a very low level of 'power to' take decisions on important life choices

As stated above, adding women or striving for equal numbers of women and men, however worthwhile, is in itself not sufficient to change structural power differentials, although participation of under-represented categories is a necessary prerequisite to empowerment (Andermahr, 1997 63-65) Therefore, we need to look further at the activities of the organisations and assess whether they actively empowered children in terms of gender Interviews conducted with the programme managers, especially those of the national organisations SRCS and AMAL organisation, revealed that their understanding of gender in Sudan meant only an equal number of girls and boys, or women and men in a project They followed the general line in Sudan, ignoring women's subordination to men and the manifold inequalities in power As a result, any practical activities towards gendered empowerment were absent

The above mentioned example of the health organisations, and their project to inform and provide food for lactating and pregnant women showed that, although here a sub-category of women was targeted, no initiatives were taken to change the power inequalities that so much influenced the mortality and morbidity rate of children, nor were women empowered to decide on their own body and reproductive health It was obvious that in the other health and health education projects set up by the organisations, these were also not empowering women in their own rights Communication between the genders was a problem, differing needs of the genders were not addressed Women were not given a chance to participate in the project implementation, only men and community leaders were engaged in the setting up of the projects

The power relationship between men and women was demonstrated by an incident that I witnessed during one of my visits to Medair health centre in al-Salam camp An assistant doctor asked a woman who was six months pregnant why she never came to the health centre for consultation She replied that her husband had told her that there was no need to visit the health centre and had forbidden her to do so The woman already had a seven-month old baby In

response to the assistant doctor's query as to why she became pregnant so soon after the birth of her first child, she said, "My husband was travelling and came from far away and wanted to have sex. I could not say no because he had been away for too long and wanted sex." Rather than informing the woman how she could avoid getting pregnant the next time something like this happened, the assistant doctor only laughed and continued examining her. This case shows that social and cultural expectations constrain women's control over sexuality. Men in Sudan have a set of privileges and roles that give them power over women. This is exacerbated by the fact that most women in IDP camps are illiterate or have a low educational level. The patriarchal preference starts at birth: the celebration of the birth of a baby boy can mean several days of festivities, but for girls it is limited to a few hours, if there is a celebration at all. This sets the tone for the future roles and attitudes. Gender inequality is felt at its worst when girls and women in refugee and displaced camps are raped and assaulted or have to come to terms with earlier such experiences when fleeing to the north. These cultural gender inequalities that affect the health of girls and women, however, are not addressed. Girls are not prepared to protect themselves against these health menaces, nor taught how to decide for themselves in matters of health and reproduction.

The educational organisations include gender in their policies, but their actual practices hinder the full empowerment of children, and female children in particular. The exercise of power by the teachers over the children, whether in the reintegration centre or Rahma School, does not allow children to be emancipated or engage in decision-making. The cases of Saddam and Nafisa in the reintegration educational centre described in chapter six reveals how boys and girls are segregated, how they are seated and treated hierarchically, and how decisions are made for them by the teachers. The educational centre in AMAL organisation has made a positive step toward gender conscious practice by enrolling more girls than boys. Unfortunately, this does not mean that other efforts to increase gender equality are applied. Rather, the teachers reinforce existing social inequalities between boys and girls, by appointing boys as their representatives, and by not dealing with harmful cultural traditions that hamper the school career of girls. The teachers profit from their "power over" the students to impose gender-insensitive education.

#### *Actual training in gender issues*

A fourth indicator of how seriously NGOs take gender is whether they train their staff at different levels on gender and how to best implement gender policies, whether they check the social workers' attitudes on gender by promoting a gender-sensitive approach, and whether they monitor and evaluate a project also from a gender perspective.

As was noted in Chapter two, referring to Momsen (2004:2), gender is a frequently misunderstood term and often its users are not talking about the same thing. To reach a certain degree of agreement on its meaning and to properly understand its depth, awareness training for staff is needed. The challenges of integrating gender in development organisations require qualified, skilled employees trained in gender. One first has to know what is meant by gender, and than be provided with the proper tools to implement a gender-sensitive approach. Unfortunately, such gender training makes a demand on the already overburdened and always insufficient funds of the organisations. It is therefore not surprising that we found that training of staff in gender is very limited. This is especially so amongst the two NGOs working in health, which was to be expected, given the lack of an explicit gender policy. Neither Medair nor SRCS train the staff

working at the health centres in the camps on how to avoid gender inequalities in the health care they provide to children and adults, how to give extra attention to the least powerful groups, or how to fight against the most harmful excesses of these inequalities, such as genital mutilation or child marriage. Thus they may fall unwittingly into the trap of continuing existing gender inequalities. Luckily, at the senior level some basic training in gender was given to the managers in the organisations.

Finally, monitoring and evaluation of the projects is not done from a gender perspective. Data gathered was not acquired in a gender-sensitive manner, nor was it evaluated and monitored from a gender-sensitive perspective.

The educational NGOs do not do very much better in providing gender training. Save the Children UK, which explicitly referred to gender in its policies and also specifically addresses the gender gap in education in their projects, limit the training in gender in the organisation to the senior level managers; the teachers interviewed at Rahma School said their training was based on the teaching methods and strategies, but not on gender. Gender training is also deficient in the AMAL organisation. According to the person responsible for the youth activity in AMAL, her last training in gender was almost five years ago. She has attended no courses at all recently, due to lack of funds. If the personnel working directly with children are not trained to recognise and deal with gender inequalities, they cannot translate it into practice.

The relative absence of training means that prejudices in respect of girls and women and misogyny are not addressed. Some health programme managers of Medair and SRCS showed a negative attitude, insisting that the organisation must reduce infant mortality and morbidity, rather than enhancing gender equality and the power relation between men and women. It also means that the role of men in gender relations is insufficiently recognised. When I asked the SRCS manager why men were excluded from the reproductive health activity, he replied that it is not important for men to know about reproductive health: women could pass on their knowledge to their husbands. This answer ignores the inequalities between husband and wife, and the problematic communication on sexual matters between them. It also ignores the necessity to involve men if gender relations are to be changed. This same manager was of the opinion that gender awareness and gender action were irrelevant in Sudan because "we have a culture and norms that differ from those of western countries." He felt the need to sustain the culture rather than eradicate it, and that by striving towards gender equality the Sudanese norms and beliefs would be destroyed.

Some of the staff at the senior level of the educational organisations expressed a positive attitude towards gender. At Save the Children UK, the attitude of the staff at the headquarters in Khartoum was positive initially. The interviewed programme manager for the educational project looked at gender positively and was willing to work towards gender awareness. However, some of the teachers at Rahma School have no interest in gender at all, and they said that gender equality in Sudan could never take place. They see it as a European idea that cannot be used in Sudan. As one of the teachers said "gender is a European thing and not applicable in Sudan. Those western countries invent things and tell us to follow them, but it can never be applied in our country" (chapter six, section five). Others do not object to it, but think that it will need much more time and effort for Sudanese people to understand and apply it. To have equal rights between men and women, boys and girls is an important issue that needs work and training. Some staff workers at AMAL organisation also exhibited a positive attitude. Teachers at the school did a community



survey and actively encouraged parents to enrol girls at the school, as in the case of Nafisa and others (chapter six, AMAL organisation )

Attitudes may come to the fore in behaviour towards the children I observed closely the routines in the health care centres but could find no gender bias in the treatment of boys and girls aged 5-18 My observations in the schools, however, clearly revealed the imposition of segregation between boys and girls in the playground and in classrooms, and the discriminatory behaviour of the teachers Even female teachers favour boys over girls and discourage the participation of girls, as was shown in the example of the Rahma school The exercise of power by the teacher and the teacher-centred methods do not allow space for girls to comment, and for gender to be integrated In the case of AMAL organisation the teacher Intisar gave preferential treatment to boys The higher grades awarded to boys led to feelings of discrimination by the girls The traditional way of teaching and the teacher-centred decisions inhibit gender equality Training of the staff at all levels, including the teachers, is needed if gender and gender issues are to be taken serious by the NGO workers

If the staff and teachers themselves are not trained, or do not give a good example in their relations with children, they will not be able to transmit gender-sensitive knowledge and concomitant behaviour to the children I have not found any instances in which children were trained in gender awareness The organisations were working mostly towards relief only, that is towards meeting direct needs, not towards training the children to treat each other in an egalitarian way and to prepare them, as article 29 of the CRC requires “for responsible life in a free society, in the spirit of equality of sexes” In the educational projects this could be done easily The curriculum, whether this is in health education, in reintegration or vocational schooling, could be used to teach gender, but the curriculum is gender biased In the schoolbooks boys figure more prominently than girls, and traditional gender roles are confirmed In primary education books, boys work and study while girls do domestic chores It is very rare to find references to girls or women who are active in the public sphere Out of every five lessons only one has a reference to a girl’s name This reflects social inequalities and can discourage girls in their studies If gender was endorsed in the curricula for the children, they could be raised in a gender-sensitive way The present curricula, the teaching methods, the discriminatory attitudes and behaviour of teachers, parents and community all serve to confirm the existing gender culture rather than breaking it open and changing it

#### *Gender differences in the participation and access to health and education by the children*

In Linen’s (1995) analytical framework for gender assessment, the third component consisted of an analysis of the target group by looking for changes in the gender division of labour (productive, reproductive and community work), gender related access to and control over resources (land, capital, labour, nutrition, income earning opportunities) and socio-political changes As this framework was designed for adults, I have adapted it in this thesis to be applicable to the situation of children, but keeping the general themes in mind Here, the target group is analysed for gender differences in participation (in number and kind), how the projects influenced their access to resources, in this case health and education, and how they experienced it themselves

The representation of boys and girls in the group of beneficiaries of health organisations seemed about equal In health all children were approached equally when they presented

themselves to the health centres. Any gender difference in patients was due, to not the NGOs, but to the families who at times refused to accompany or provide the money for a child, more often a girl than for a boy. The gender representation was also fairly balanced in one educational project of AMAL, which had about equal numbers of boys and girls. The school limited the number of students and specifically targeted girls and encouraged them to attend, to reach this balance in numbers. Only in this way the NGO could benefit about equal numbers of boys and girls in their actual project. Save the Children, that tried to take in as much students as possible, benefited twice as many boys as girls, despite their gender sensitive policy.

NGOs do not purposely discriminate between boys and girls, and even target girls in order to redress imbalances, but this is not to say that each child's access to the services was equal. The gendered division of productive and reproductive labour between boys and girls influenced their relative access to health and schooling. In the camps both boys and girls are active in the productive and reproductive sphere in order to support themselves and their families. Data gathered from the interviews revealed that an equal number of boys and girls work, either after school or during holidays, usually petty trading in the market, providing cleaning services, doing domestic chores or various odd jobs. The boys sell cigarettes or water, work with a donkey cart, do technical work, help out in restaurants, assist in harvesting, or bring water from the tanks. The girls engage chiefly in domestic work, which is equally hard labour but usually without any financial remuneration. The case of Nafisa in chapter 6 demonstrated that as well as attending school, she must clean, prepare food and take care of her younger siblings and her father until her mother comes from work late in the evening. Most of the girls I interviewed do the shopping, housekeeping, food preparation and water collection, and care for siblings and sick family members as well. It is a traditional role that is strictly imposed on girls in the camp, as teacher Intisar pointed out. As well as these domestic tasks, many girls also earn some money by selling food in the street, dying or washing clothes, prostitution, and brewing, although none of the girls interviewed dared to confess that they themselves were involved in the latter two trades. As their stories and drawings showed, money is needed for the bare necessities of a clean and dress that is not worn out, food and tuition fees, before they can even think of going to school. Employment opportunities are very limited. The children work mainly as unskilled labourers for extremely low wages and for short period of times (See chapter three: income generating activities). This work role gives boys more freedom of movement and earning power, however limited, than girls. Thus boys can contribute somewhat more easily towards the costs of health care fees and medicines. The effect on access to education is complex: on the one hand, the work enables education, especially for the boys, because the income can be used towards covering the costs of school uniforms, books and tuition, but on the other hand it is difficult to combine with school work. Moreover, whereas many boys and girls have a 'double shift' in doing school work and productive work or domestic work, several girls work a 'triple shift', at home, at school and in the market. This unequal division of labour and access to income affects the use they can make of the education services of the NGOs. The boys' greater earning power and freedom of spatial movement, and the girls' greater dependence on male family members to accompany her and provide for her, also result in unequal access to the health resources offered by the NGOs.

As the NGOs did not address these underlying gender differences, they had little influence on changing the gendered access to health care and education. In terms of gender, the health centres reproduced existing inequalities in accessing health care and health information for girls. Not that

the boys and girls were treated differently, but no attention was paid to the fact that it was more difficult for girls to receive health care than boys. Health issues specifically relevant for girls, such as reproductive rights, genital cutting, or teenage pregnancy, are not addressed. Most of the teenage and adult mothers give birth with only scant knowledge of how their body functions, nor do they have the knowledge or the ability to control their fertility and exert reproductive rights. The insufficient food supplies and the lack of a balanced nutritive diet, which is a health hazard for all displaced children, is more hazardous for girls as food consumption is also subject to gender inequality. Rofina, Nagla and Tereza from Dar-al salam squatter area, said that at their houses they eat after the men and boys have eaten. It is not unusual that boys eat first and are given the best food. The NGOs studied here, however, do not have any nutrition activities, and can therefore not take note of gender inequalities in this respect.

The projects of the NGOs did increase the chances of a certain group of children to attend or return to primary school, or to train specific skills in the vocational project. Yet, their success in this was only limited and temporary. The stories of the children in chapter six showed that accessing this knowledge and skill resource was often difficult for them because they lacked the basic prerequisites of decent clothing, a full stomach, affordable transportation or free tuition. Moreover, the projects were less and less inclined to deal with these contextual hindrances to schooling for children, but instead enforced costly school uniforms, and raised the fees for school supplies and tuition. In terms of gender, they did try to redress the educational disadvantage of girls by encouraging them to attend, but were only partly successful as they did not address any of the social gender inequalities that caused this situation. The lesser earning power and parental support of girls compared to boys made it even more difficult for them to overcome the contextual hindrances.

Lingen's 'socio-political dimension' was operationalised here as the children's participation in decision-making in the household, community and society and in particular in the NGOs' projects. For a gender assessment it is important to know whether the NGOs brought about change in the relative decision-making power of boys and girls. Chapter five and six showed that, in the community and society, children's participation in decision-making is almost nil. It is possible that children participate in decision-making in the household when they are the breadwinner and most senior male in the household, as in the case of Abdallah and other adolescents, since the family is dependent on their income and the father or another adult male authority died or is absent: the influence of girls is definitely less than that of their brothers. Participation and decision-making power of children in the NGOs projects will be discussed in another section of this chapter; here we deal only with the gender aspect of it. As it will be shown, health and education organisations do not allow either boys or girls to participate in decision-making in any of the projects that concern them, but merely treat them as obedient recipients of aid, rather than active agents in their own development; nothing can be said about gender differences in this respect.

From the above findings and assessments of gender in the NGOs' policies and activities, it can be concluded that the specifications on gender in the Convention on the Rights of the Child that "the child is protected against all forms of discrimination" (Article 2), and "the education of the child shall be directed to the preparation of the child for responsible life in a free society, in the spirit of ... equality of sexes ..." (Article 29) are not implemented by the NGOs. In the health sector, the international and the national NGO did not differ greatly in their concern for gender: in the educational sector, the international NGO was clearly more concerned with gender than the

national NGO, but not enough to fully implement the above specifications. The most important reasons for unsatisfactory implementation are, absence of clear gender policy, lack of gender training and follow up, unclear understanding of gender, and the pervasive influence of the contextual gender culture.

These findings can be used to give the following concrete recommendations: 1) formulating a clear gender policy is a necessary, but not sufficient, guarantee for gender-sensitive action. 2) Gender training should be given to staff at all levels of the organisation. This includes training in the multileveled aspects of gender, its power dimensions, and effective strategies to work towards equality. 3) The effects of such training should be regularly assessed. 4) Educating children formally and informally on gender rights is an essential part of educating them on children's rights. 5) Knowledge of cultural and social gender inequalities is essential and should be used to take special action to give girls access to healthcare and education equal to that of boys.

### 3. Age

The sufferings of children and their vulnerability because of age was an important reason to formulate and defend the Convention of the Rights of the Child. Ratifying the CRC meant that, whatever their age, children should be respected as full human beings with recognised rights. To assess how the NGOs implement the CRC, we need to know what they do with 'age' in policy and practice. In analogy with the assessment framework used above for gender, I will do the same for age by looking first at the policies on the two levels of general policies and project proposals. Indicators are: a) presence of statements referring to children and age equity, b) aged-based selection of the target group. Next, the actual practice of NGOs in dealing with age and age differences will be reviewed. Indicators are: a) participation of various age groups, b) respect for the age-differentiated abilities of children, c) age-based difference in access to health care and education provided by the NGOs.

Children are not a unified and homogeneous category, although they are treated as such in the CRC. Their age determines roughly how far they are developed socially, emotionally and cognitively (Mead 1955, Holmes 1993, Bowlby 1953, Erikson 1950). Reviewing some of this literature on child development in chapter two, it was shown that children's level of understanding and interest in certain topics differ according to age and class, but that children aged seven to fourteen, on average, can understand difficult issues such as politics, rules, law and governments. The capability depends on their experience and interaction at school, the environment in which they are raised, and how society defines the boundaries, dimensions and divisions of childhood (Archard 1993, Stevens 1982, Thomas 2000: 32). At this age they can also work out what they need (See Yamamoto et al 1987 in Thomas 2000: 32). By the age of nine both sexes and all classes were demanding respect for their ideas, and showing respect for those of others (Thomas, 2000: 33). Most of these studies deal with average children in developed countries, and not specifically with children in special situations such as displacement and war. Displaced children are affected by war and natural disasters, and are possibly physically and psychologically damaged, which can affect their development. Those children need special care and attention from the teachers and health workers to protect and support them (Kessel, 1996: 36). My research revealed many such cases of children who had suffered attack, loss of family and friends. The displaced children feel vulnerable and stressed, sad, anxious, angry, fearful and lost. However,

there is no special social support for them, which will make it difficult for them to find themselves and develop their personalities. A contradictory effect of their situation is the enforced development of responsibility. Disaster forced them to grow up quickly, often making them responsible for their own survival, and sometimes for their families as well, at a very early age. As a result, the normal development sequence linked to specific ages becomes confused. Taking the information provided in chapter five and six together, what can we conclude about the way NGOs deal in policy and practice with the specific requirements of children at each stage, and the possibility that these do not follow the standard pattern?

### 3.1. Age in policy

The general policies of the organisations state explicitly non-discrimination and impartiality, but only the educational organisations specifically mention age. Medair and SRCS follow human rights conventions but do not follow the CRC, so do not have explicit statements on children or age in their general policies. Save the Children UK targets children specifically, as its name indicates, and the large role of Save the Children International in the initiation, formulation and follow up of the CRC guarantees that the Convention is explicitly mentioned in its general policy. AMAL's educational activities are also meant mostly for children, but less explicit reference to the CRC is made in its general policy.

On the level of the project proposals, both Medair and SRCS target children, but only include a specific group of children, those under five, thus excluding other children for extra attention. They recognise the specific needs of infants and toddlers, but categorise all other children in the unspecified group of health clients, as if they have no specific needs at various age stages, and no specific problems due to displacement. This may be the unintended consequence of lack of funds to attend to the health needs of all displaced people in the camps. The project proposals of the educational organisations Save the Children UK and AMAL, fully indicate that they are directed at children, yet, they hardly differentiate between children of different age categories. Moreover, both organisations hardly recognise that different ages have different needs, and ignore the specific needs of children at each age. In their policy papers they do not foresee that putting children from age 12-18 in one class together could cause problems.

### 3.2. Age in practice

How did the NGOs deal with age and age differences in actual practice? Do they differentiate and pay equal attention to the various age groups of children, and adapt their approach to the specific age? Do they respect the diversity among children and do they respect the children's voices, taking account of their specific abilities?

#### *Undervaluing the diversity among children*

In cases where children are explicitly the target group, the danger to gloss over the diversity of children's life and age-specific experiences is great (James, 2007: 262). Above we saw how gender diversity was neglected, but also diversity based on aged differences, in practice, is not fully respected, what age means in the specific difficult socio-economic conditions of a camp for displaced people is not reflected upon. Human rights conventions stress that there should be no discrimination in age, sex, gender, ethnicity etc. This includes the recognition that there are

differing needs at different ages that must be taken into consideration. Even the CRC, which is supposed to protect children from abuse and neglect, does not have an article that stresses the differing needs of children at various ages, only very general non-discrimination in age phrase.

The health organisations target children under five, recognizing the specific needs of this group, but they did not select the important age group five to eighteen-years olds. This age includes two important stages in development, childhood and adolescence. In both these stages the needs of children differ. Adolescents, for example, and in particular those in chapter five and six, need special care, attention, support and protection by the community and the organisations that provide health and educational services. Most of the adolescents interviewed work and study in order to support themselves. They are exposed to unhygienic working conditions, labour accidents, or pre-marital sex that can affect their health. Girls run the risk of rape, unwanted pregnancies, early marriage or health damage resulting from circumcision. Yet, these health issues were not specifically addressed or included in the general health education sessions, nor did the adolescents receive information specifically geared to their age. Important information on sexuality, protection against HIV/AIDS, prevention of labour accidents, or public hygiene, does not reach the adolescents in the camp on a regular basis. Unfortunately, children and adolescents are not considered as target group, and moreover, are not asked what they need at this moment in time and in their specific personal situation. The main reason for the exclusion of children and the lack of specialized projects for children is usually money. One of the community promoters, when I asked him why they excluded children from their health education sessions, replied, "We would like to include children and make them aware, but we have limited funds. There was an idea of implementing a child-to-child programme, but money was an obstacle and we could not implement it." (26 June 2004, Khartoum). The same response was given by the programme manager. Yet it would not cost much if one of the community promoters were to visit the schools in the camp every week and give a session on an important health issues. If once a week children are gathered in the health centre and given a session, then most of the children in the camp would have gained the knowledge and information needed. The real problem lays not so much in lack of funds, as in that the organisations do not regard children, and especially the age group five to eighteen, as human beings who have needs and rights like adults, and that also may have special questions related to their age.

The educational NGOs did take some note of the age variation among children. They focused on adolescents for the vocational training, and on all groups for the reintegration schooling. In the latter, however, children were categorised mainly according to the degree of schooling they had received before, rather than to their age, leading to children of various ages with various needs being put together in one class. As this was done for economic rather than pedagogical reasons, it was more harmful than beneficial to the children's well-being and education. The educational organisations were putting effort in making education available to all the children in the camp, but in their practices they unwittingly repeated and reconsolidated age discrimination between children, and thus contributed to the factors that cause the high dropout rate and lack of interest in finishing education. In chapter six, instances of age discrimination were described. The preference given by teachers to younger girls and boys over older children can create hatred and jealousy between the children. The use of corporal punishment creates an atmosphere of fear and prohibits the development of a mutually respectful, dialogical interaction between teachers and students. The lack of attention and mistreatment by the teachers can affect the development of children's

skills and qualifications. This practice contradicts the intentions of the CRC and/or human right conventions. The discrepancy between CRC based policy, if any, and practice in the long run affects the effectiveness of the project.

### *Undervaluing children's ability*

Theoretical studies revealed that children of a certain age have the ability to understand complex issues and can engage in sophisticated discussions. This means that the neglect in informing the displaced children of relevant health issues undervalues their capability to understand sessions on AIDS/HIV, hygiene, reproduction etc. If organisations were to give children the chance to participate in the health education sessions they would develop their capability, knowledge and expertise, and would be able to decide for themselves what is in their interest, rather than letting adults decide for them. Unfortunately, one member of the board of directors in AMAL organisation said that displaced children are incapable of participating in any decision that concerns them. He continued, "That is why we do not ask them what they need and want from the project. We develop the project according to what we see is best for them." He said, "Most of the children we target are displaced or street children who have no ability and skills to engage in discussions or participate in projects. Their discussions and decisions are unreliable" (7 July 2004, AMAL organisation). Such attitudes explain why the involvement of children in the activities of the organisation is minimal.

This undervaluing of children's abilities is all the more painful because children from seven years old, as this study has shown, are capable of taking care of themselves and even supporting others. Moreover, they often do not have adults who can represent them, for example when asking for medical care, or when they need medical information. The case of the child under twelve who was refused medical examination because he was unaccompanied is a sign of the more widespread disrespect for the specific needs of displaced children, as well as for their abilities to express this need personally.

The interviews with the children let them voice some of their specific needs related to their age and their experiences with age discrimination. Making their voices heard in this thesis is but one small step toward making their views count. For better practice: 1) their multivocal opinions need to be heard by the organisations, and therefore those organisations should set up a system of listening and feed back to them. My findings and subsequent advice for better practice confirm those of other authors who note that the CRC based idea of "listening to the voices of children has become a powerful and pervasive mantra for activists and policy makers" but that, nonetheless, children "continue to find their voices silenced, suppressed, or ignored in their everyday lives." (James 2007: 261). Even if they are consulted, organisations seldom give feed back, or make their views count (Morgan 2005). In order to fully recognise the diversity of children, to fruitfully listen to them, to understand what is going on in their lives, "we must approach children as knowing subjects" (Children's Rights International 2005: 27). 2) Moreover, I recommend that the NGOs take full notice of the different ages of children, and their specific needs at each stage. This approach of children as knowing subjects who are integrated as participants in the projects involving them is evaluated in the next paragraph.

#### **4. Deficiency in participation of children**

Theoretical as well as empirical studies have shown that the success of development efforts largely depends on the active participation of the beneficiaries rather than on the availability of technology, inputs or credit (Patil 1985:29, Garforth 1982). Patil went further by saying that “unless the beneficiaries perceive that these are the programmes that they want, the chances of success are rather dim. Participation would not come spontaneously unless the poor feel that the measures suggested are in their interest and the risks and efforts that are demanded are within their means.”(Patil, 1985. 29). Participation, defined in chapter two, following Fowler (1997: 16), as a “process through which stakeholders influence and share control over decisions and resources that affect their lives” has therefore become an important concept in development studies. “People’s participation in development is of crucial importance for the success of any development programme” (Sharma and Dak, 1985:45). For some, participation was closely related to empowerment. As Stein said, “Empowered individuals may be more likely to participate in organisations and participation promotes empowerment” (Stein, 1997:63). Participation implies joint ownership of the decision-making process and active involvement of all parties; power is shared. The same applies to the participation and empowerment of children. In chapter two, I proposed to assess the children’s participation in the NGOs’ projects by making use of the different levels of participation distinguished by Miller (1997): manipulation, decoration, tokenism, assigned but informed participation, adult initiated projects, child initiated and directed, child initiated and shared decision-making. In the last, and the most desired by the CRC followers, the idea and implementation is derived from the children themselves. This will be combined with Patil’s suggestion to look at the steps that first must be taken to make participation possible: awareness, interest identification and organisation (Patil 1985). Taking together the findings of chapter five and six, I will use Miller’s scale and Patil’s steps to assess the extent to which children actually participated.

##### **4.1. Participation in policy**

In the general policies of all four NGOs selected as case studies in this thesis we have found statements that they encourage participation at all levels. The notion of ‘participation’ is already so entrenched in present day development discourse that it is difficult to neglect. In chapter five, it was mentioned that Medair’s policy stated that “We believe in upholding the disaster victim as an equal partner in action.”, but that it was not clear which disaster victims they take as equal partners, as they have no specific general policy nor project proposal statements that consider children as equal partner as well. The Sudanese Red Crescent Society uses the word co-operation rather than participation in its mission statement, but like Medair has neither a specific general policy nor project proposal statements to consider children as active participants and equal partners.

The general policies and project proposals of the educational NGOs are more explicit about participation of children, as was described in chapter six. AMAL policy stated that, among others, it was guided by “the value of participation”, and Save the Children talks of “working with” and “engaging children” in pursuit of a better future. However, their policy papers and proposals do not specify exactly the actual level they want to reach in involving children in the initiation, decision sharing or evaluation of the project. Nor are there any indications that children were extensively



consulted before conceiving the policies and writing the project proposals. So the first steps formulated by Patil, to guarantee awareness and interest identification, at least from the perspective of the children, were not taken. On Miller's scale it means that the children would find themselves somewhere in the middle between the two extremes of manipulation and shared decisions making; participation was assigned to them in the policies, but not fully defined.

#### **4.2. Participation in practice**

This invisibility of children in the initiation phase, in the design of the policies and projects, does not promise well for the participation of children in the practice of the projects. In order to bring about meaningful dialogues between policy makers and beneficiaries to validate problems, awareness is a first prerequisite (Patil 1985). As was shown in the interviews, children are not aware of their rights to speak out about the health care and health information needs, and thus find it difficult to articulate their wishes. Nevertheless, when urged, they are well able to formulate their problems with the access to health care and health information. They find themselves being refused health care because under the age of twelve they are not expected to be able to express their ailments or understand the guidelines. They complain about disrespectful treatment and lack of facilities, such as good doctors, medicines, a good clinic and emergency aid. They worry about the cost of treatment. They receive only limited health information in school, or none at all, like Intisar Elnour who never went to school. There are basic needs and rights of which children need to be aware in order to identify their interests and become active participants in their own health. Being excluded as target group, it is hard for them to actively participate in the initiation of projects. They are unaware of the CRC, do not know what their rights are and are not allowed to participate in issues that concern them. They are not aware that they could participate in the initiation of the projects that concern them.

Interest identification is equally lacking; health and education projects are set up without consulting the children first. The beneficiaries were not asked about their interests, and hence cannot convey what they want. The case studies described in chapter five and six, showed that children and women were treated as receiving objects, as disaster victims, rather than as involved and knowing subjects. If we take the health education sessions for pregnant women, the beneficiaries of the age group studied complained mainly about lack of communication, monologue sessions, lack of information and tension between old and young women. All are factors that show that these young women are not given a chance to engage in a participatory way with the staff of the organisation. That will hinder the discovery and discussion of their interests. The SRCS does not treat children even as independent receivers of health care until they are twelve, let alone give them a chance to request or comment on health care and health education. The education organisations treat children in the traditional manner of teacher-centred communication, rather than in a participatory way. This leaves children's interests ignored, neglected and their rights violated, which is hardly in "the best interest" of the child. Rather than collect children's voices to identify children's interests from their point of view, the organisations view matters from their own perspective and interests. For example, the children showed an interest in receiving more information on health, but this is not of interest to the organisations. In terms of Rowland's discussion on power, explained in chapter two, this means that the organisations have "power over" the children in health matters, rather than that their projects

increase the children's "power to" influence their own health. The NGO activities do not contribute to the empowerment of children. The important participation article of the CRC (Article 12), "parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child", is not obeyed.

The organisation of the community is one of the most important elements in a successful participation process according to Patil (1985), but the organisation of the community in groups does not facilitate an easy flow of ideas, and tends to exclude children. If there were proper organisations for children and adolescents, who were explicitly invited to express their needs, they might be able to demand better health care and attention to their problems. If there were a proper organisation of younger pregnant women, the pregnant teenagers among them could express their specific interests and needs. The leading adults in the community, to some extent, are involved in the initiation and carrying out of projects. In the design of the projects, male community leaders are the ones who participate. The promoters and the staff of the organisations talk mostly *with* male members and male leaders of the community, but mostly talk *to* women and children. Children are certainly not consulted on project design, nor is the diversity in their views due to their different positions in age and gender taken into consideration. Children are only represented by their parents, preferably male, not by contemporaries.

My findings show that participation of the children is far removed from the ideal stated in the policy of the organisations. The problem worsens with the implementation of the project. The actual level of participation of children can be categorised as the lowest form, manipulation: at this level children do or say what adults wish them to do but with no real understanding of issues. It is far removed from the ideal type and highest level of participation in Miller's scale (Miller 1997 see chapter two).

### *Communication with children*

It was proposed in chapter two that it was also necessary to look at communication in order to assess children's participation. Patil found that the success of any development project depends on the effective communication of objectives, tasks and skills among the participants and the implementing agencies. Moreover, there should be continuous feedback. "It is a two way interactive process of transmission of information, ideas, emotions, skills, etc through the use of symbols, words, pictures, figures, etc." The messages "must activate the beneficiaries to action" (Patil, 1985: 33). He continued, "to fulfil the conditions of an effective communication, the communication must be one to one, many to one and many to many." Another condition of effective communication is the presence of skilled and professional communicators that could make the poor persons feel that they were being heard and were treated as dignified human beings (see chapter 2). Moreover, good communication requires that there is "a feedback system resulting in modifications in the policies suited to the environment" (Patil, 1985: 34).

This means that both good communication and a functioning feedback system need to be in place for an effective participation.

With both the health organisations, children reported communication problems. They were not listened to because they were under twelve, they did not receive health and reproductive education they needed as adolescents, or as a young pregnant woman, without any sexual knowledge, they found it difficult to fully participate and communicate with the trainer and the adult women in the same group. As the example of Fatima in chapter five showed, she could not

understand the information given by the promoter, although the latter did her best to use plain and simple terms. Nor did Fatima feel free to communicate her lack of understanding to the promoter or to the adult women. Children do not perceive their helpers as trustworthy, nor do they have a feeling of inclusion when they are treated harshly when they seek care or information. They are faced with lack of freedom of expression, with disbelief and mistrust. They feel that they are not heard or treated as dignified human beings. They are shouted at, accused of faking illness to escape school, or dismissed as non-humans not worthy of expensive medicines. Fortunately, not all reactions were negative. Other children tell how they were treated with friendliness and kindness. What both type of messages have in common is that it is a one-way communication process. Without a two-way communication process, between one and one, between many and one, and between many and many, the communication between the staff in the health centres and the beneficiaries is inefficient and insufficient. It also means that a systematic feedback system is absent.

A similar problem of communication exists in the field of education. The organisations are undoubtedly trying their best with facilities and infrastructure to help children to follow an education and vocational training as much as possible given the difficult circumstances. Both Save the Children UK and AMAL organisation are making great efforts in encouraging children to go to school despite lack of funds and skilled employees, as is shown by the targeting of girls and the reintegration project for unschooled children and drop-outs; but to a large extent it is a one-way effort. In situations where youngsters took part as in the schools and training classes, communication was in the form of a monologue, rather than an interactive dialogue. The usual communication in the classes in Sudan was 'one to many' and thus did not fulfil Patil's first condition of an effective communication. The result is that the children are bombarded with messages regarding what they should do, but they are not invited to speak, and if they do speak no one listens to them or makes their views count by integrating them in the project proposals or the ways projects are carried out or evaluated. The children do not even know to whom to speak if they want to express their views on the projects. It was shown from the focused group discussions and interviews at the schools that more than 90% of the children do not know who build the school or who is sponsoring the school. The ignorance of such matters is especially great at Rahma School. The Save the Children UK programme manager visited the school twice during my fieldwork, but met only the teachers and not the students. Children do not know who is supporting their education, and they have the right to know. None of the children whom I interviewed in Rahma School said that they have been asked about their ideas, thoughts, interests or needs. The majority of the children never tell the teachers or the parent committees what they want. Good communication, however, is a precondition for full participation. Deficient communication with children has led to the low level of participation in projects and lack of interest in the services that the organisations provide. These youngsters are expected to be the next generation, who should be willing to take over and enhance development. If they are excluded from development projects, sustainable development might not be achieved.

#### *Decision-making and freedom of choice*

Participation has been defined as "sharing of benefits, sharing of decision-making and sharing in implementation which may mean cost and efforts on the part of the beneficiaries" (Howell 1979 quoted in Patil 1985:34). As disaster victims and receivers of education, children have shared in

the benefits of the work of the NGO's, but they have not participated in the sense of sharing in decision-making and sharing in implementation. In the case of the health care beneficiaries, they have remained mostly on Miller's first level of participation, that of manipulation. A level characterised by children doing or saying what adults wish them to do, but without a real understanding of the issues. In the case of the educational beneficiaries, we can say that children are asked to take part in an event but not given any explanation of the issues or reasons for their involvement. In Miller's scale it means that participation is stuck at level two, that of decoration. Reaching the higher levels in which the initiation of projects, the decision-making and the implementation is shared, would need great effort, money, favourable attitudes by the managers and good basic structures in the organisations.

Children play no part in the decision-making of the two health organisations. In the two educational organisations children are recognised in the policies as participants, approached as persons that can decide about their own future, but then not invited to discuss how to fill in this future, or prepared to be aware of the importance of their viewpoint and to share in the decision-making about their education and preparation for life. This limited decision-making power contrasts starkly with the decision-making facilities and obligations displaced children often have in camp life. Some children in poor families are forced to take full responsibility for their own survival or that of their families from a very early age. Many adolescents are the main breadwinners of the families: they work in hard jobs for long hours with low wages to support their kin. Older boys have learned not only to make decisions for themselves, but also for their sisters. If given an opportunity they would be willing and able to express their views and thoughts clearly and act responsibly. In spite of this, the organisations give them no chance to do so, but continue to think that children and adolescents are immature and incapable of decision-making. The children's views are not solicited nor taken into account in the set up or execution of the projects. As a result, children also may lose the few benefits: they may stop their education because they have neither time nor money to pay school fees.

This means that the organisations, despite good intentions, have not stepped away from the traditional view of children as objects and from the needs based approach in the direction of implementing the CRC, in particular participation article no. 12, and applying a rights-based approach. To do so they need: 1) recognise that children are participants in their own development and in the improvement of their own lives, 2) identify the children's interests by listening to them, 3) incorporate the children's concerns in the design of the project, in particular the difficulty in combining school and work, 4) train children to become aware of their rights, 5) involve children in decision-making at all phases of the project.

### **5. Unfulfilled needs and rights of children**

Sudan has ratified the CRC, hence, it is expected that the state and non-governmental organisations work with a rights-based approach to ensure that everyone's rights are respected, and to identify and remedy those cases where they are not. A rights-based approach sees all people as active participants in their own development (Save the Children 2002, Collins et al 2002). In chapter two the complex relation between rights and needs was discussed, as well as the importance to differentiate analytically between rights and needs (Ljungman 2004, Berger 2000, Ewert, 2006: 13). Rights cannot be realised if needs are not met, but a rights-based approach goes beyond

meeting children's needs to the realisation of children's rights. The policies of all the organisations studied, whether health or education, explicitly mentioned meeting the needs of the beneficiaries, reducing vulnerabilities and developing programmes according to the needs of the people. At the same time, the policies also promised more than that, and used a rights discourse. They did so by agreeing to adhere to human right conventions, by introducing non-discrimination clauses, or by referring to the CRC.

Rights have been defined in chapter two from different disciplinary perspectives. The most relevant definition that I have used for rights is to have the freedom of choice and decision-making. I add to the definitions stated in chapter two that rights "identify something to which one has a just claim" (Webster's Seventh New Collegiate Dictionary quoted in Calkins et al 1973: 91). That means "rights are a given or pre-existent entity, inherent in nature, embodied in tradition, or incorporated in law, which one can demand or assert" (Calkins, 1973: 91). In order to demand or assert rights, one needs an awareness of these rights and a degree of power in order to claim what is due to a person by law, tradition, or nature. Rights involve power, duty and claims.

In chapter two I clarified the relationship between rights and power, rights and duties and rights as claims. I concluded in that chapter that rights and power are intrinsically related. Power can be exerted by parents and other adults over children, without considering that children have rights, leading to violations of those rights. Power needs also to be shared with children. As beneficiaries of development projects, the latter need to be empowered to claim their rights. I will come back to this below. Rights and duties are related. The state, NGOs and parents have duties to fulfil children's rights. This study showed that neither of these agencies was able to fully respect and enable children's rights. Rights as claims meant that to have a right means that one can make claims on others to fulfil these rights. Claims are part of rights, but to claim a right one needs sufficient knowledge of the right, and in this chapter I will look at whether children claim their rights and, if so, how. I also looked at the theories of interests. Wolfson (1992) has said that if children are to have rights, then that means they have interests, and we have to consider their interests. We, as adults, have the obligation to cultivate the capacities of children, so that they can express their needs and decide on their own interests. Rather than defining children's needs from the outside and guided by the interests of the adults, in this study the children were enabled to express their interests through their narratives and drawings of what they need. In line with Woodhead's suggestion quoted in chapter two, the needs and interests children formulated were indeed specific to a particular culture or group. The displaced children, for instance, frequently showed that transportation or a church was important for them, a finding which challenges the unquestioned assumptions of adults of what children need. Most importantly, the literature emphasized that to produce active and vocal members of society who can engage in a dialogue and negotiation, then it is important to create opportunities to exercise choice and autonomy from an early age (Woodhead 1990, Thomas 2000, James 2007). In this paragraph, I will tie together the findings in chapter five and six and analyse the needs the children formulated and compare these with the ways the NGOs were able to fulfil them in health and education in order to answer the first part of a sub-question of this thesis: 'How do children evaluate the NGOs work in providing their basic needs and guaranteeing their rights?' I will also return to what the term "rights" meant for the children. By analysing rights and power, rights as correlatives of duties and rights as claims, I can determine whether children are trained to be empowered enough to claim their rights, and whether the organisations are working towards the empowerment of the children and really follow

a rights-based approach In the following paragraph, I will develop a theoretical model that can help us to rethink and specify the rights-based approach

### 5.1. Needs and interests

To answer the first part of this question the accounts of the children showed that their needs for proper healthcare were not met Health services were provided by the NGOs to children, as to all people, but these were very basic and largely insufficient Displaced children frequently complained about the absence of professional care, hospital facilities or medicines in the camp, and the high costs involved to obtain these elsewhere They shared the fate of all the displaced people in the camp who do not have access to high quality healthcare, but at the same time, as children, they also felt discriminated against Their specific needs and interests were not taken into account The case of Rose, the administrator in Medair organisation who refused the treatment of a sick child of ten because he was not escorted by a guardian, shows the difference in interests between a child, and his definition of what he needs, and that of an NGO staff member who let herself be guided by the NGOs rules and interests The organisation makes this provision for reasons of security and protection of the children in terms of taking medications and following up on treatment The organisation thus follows what itself has defined as 'the best interest of the child', without regard for the specific interests of children in a displacement situation It does not take into account that many children are homeless, have no parents or relatives, or have parents who are elsewhere earning a meagre income The non-availability of a family member who can accompany them to the clinic was frequently mentioned by the children as a reason for late or non-existent health care From the perspective of the children, and their definition of what is in their 'best interest', NGOs should provide health care whether their guardian is around or not The discrepancy between the children needs and interests and those of the NGO, affects both the children's right to health, as a principle, and their actual physical health

Children also said they needed more information on health and sexuality It was clear from the different stories heard from the children in al-Salam camp that they feel deficient in knowledge of health matters They have indeed little knowledge of health, reproduction, hygiene or nutrition Health education projects did not include children from five to eighteen Those children going to school were informed there at times, but this was not done systematically, only haphazardly on subjects like dental care The health promoters rarely visited the schools, nor were there meetings conducted for children The children complained of the lack of health education sessions giving information about different diseases, how to protect themselves from injuries, sexuality and reproduction, environmental and hygiene problems, all issues of importance to the children Especially the adolescents wanted to hear more on issues of sexuality and reproduction, and how to protect themselves against AIDS/HIV Pregnant women under eighteen felt themselves ignorant in family planning and reproductive health When they participated in courses for pregnant women, they did not understand the information given, and were afraid to ask for explanations The same complaints were heard from the children in Wad al-bashīr camp The children in Wad al-bashīr said that they rarely received information about health protection and safety, with the exception of one teacher who conducts health education sessions on a voluntary basis Also in view of the limited funds, NGOs think it is sufficient to inform the parents, but in a situation where

many parents are absent or not able to take full responsibility as parents, children think it would fit better with their interests if the NGOs would take their need for information seriously.

Another important need for the children is attention and respect. In particular the children in Wad al-bashīr camp under the SRCS organisation, expressed their need for proper care, attention, treatment and respect. In their direct contact with the health centres, they felt despised, faced harsh treatment, disbelief and mistrust by the staff, as was shown in the cases of Ester, Julia, Dina, Agan and Sulman in chapter 5. Only when they are escorted by an adult do they get better attention. Bearing in mind that those children pay for their treatment, one would expect that they would receive respect and care for their complaints, but the staff in the health centre ignore the fact that children have the right to complain and to receive the same treatment as older patients. The nurses, receptionist and medical assistants do not give the same attention to children as they do to adults. The children complained of lack of proper treatment and medication, neglect and sarcasm. The staff consider children immature beings and objects of charity. This can discourage children going to the health centre to be treated. The children also expressed the need for free medical treatment, as they find it difficult to pay for medications, and that most of the medicines are not available in the health centre so that they have to travel long distances and pay for transport to buy medications. Here again, children define their interests differently from the NGOs.

Notwithstanding the healthcare children do obtain from the NGOs, there is still much left to be desired. Not only is the overall provision of healthcare insufficient to fulfil the needs of the impoverished population of the camps around Khartoum; more important, children's basic needs in this area are not fulfilled. From the interviews conducted with the children, it was obvious that the children define their needs firstly in the context of the difficult situation in which they live and secondly in reaction to the pedagogical climate. Given the poverty and poor nutrition in the camps, children repeatedly mentioned that they first needed the waiving of tuition fees and support with the other costs. School fees are a burden to the majority of them and the largest obstacle in the continuation of education, as are the costs of books, pens and paper, uniform and transportation. Children would like to have breakfast in school, and better facilities including chairs, toilets, cold water, electricity and protection against wind, sand and sun. The second category of formulated needs dealt with the pedagogical climate. Adolescents in the vocational training wanted to have regular follow up and care from the organisation. As was shown, most of the adolescents complain of the irregular visits from the social workers. They needed this contact because they wanted to talk about their problems, and wanted solutions and assistance from the organisation. Adolescent girls need to be able to choose the kind of training they want. The need for a different pedagogical style with more room for dialogue, rather than monologue, is one of the important issues for the children and adolescents. The children said that they would like more discussion with the teachers in and outside the classroom, especially the girls, who feel that they get less attention than the boys. They also want more freedom of choice, such as in which recreational activities to take. Most importantly, unlike the teachers, they do not think that corporal punishment is in their best interest. The children feel that there is discrimination between the sexes, and that makes the interaction and relationship between boys and girls complex. Girls want more choice in the classroom and more room to express themselves like boys. Girls prefer to continue school rather than being forced to quit because of marriage, work, or high school fees.

The children could clearly express their needs, wishes and desires to me, but seemed unable to convey them to figures of authority. Yet their needs, as formulated by themselves, for adequate

healthcare, for free education, for respect and non-discrimination, are at the same time all basic rights as formulated by the CRC. If not even their basic needs are met, how about their basic rights? To what extent did the NGOs empower the children in claiming their rights?

## **5.2. Power, duty, claims and rights**

Theoretically rights and power are interrelated. Power can take different forms as “power over”, which is a controlling power, and “power to” which is the ability to do something oneself. In the health organisations it was obvious that the staff in the health centres of al-Salam and Wad al-bashīr camps has the power over the children in the provision of health services to the children, whether in clinic service or community promotion activities. Although the organisation abides by human rights conventions, and is therefore supposed to apply a rights-based approach, power is still exerted by the staff in the health centres over the children. The victims are the children who are only theoretically given the right, but have no power to claim it in practice. They are dependent on other agents –parents, community leaders, NGOs— who have the duty to claim it for them, but who cannot or do not accept this duty fully. Parents, when around, claim full authority over children without consulting them. The community is in a difficult position because they need the help and assistance of the organisations, hence they cannot object to the provisions of the organisation. Some can mobilize more resources, and are thus more powerful than others. Dependency puts people with fewer resources at risk and hinders their claim to what they need. For instance, children cannot object to the dismissive treatment they face in getting health services, because they are under the control of the medical assistant or the nurse. These have power and control over the provision of health services. The children just have to accept that, as there is no one to protect their rights. Most of those children are homeless or without a guardian so there is no one to take up their cause. I felt when I was talking to the children that they are greatly in need for someone willing to hear about what worries them in their lives and who helps them in finding solutions. This is because at home or where they are living there is no one who listens to them. I agree with what Calkins and others have said that to have rights, one of the essential conditions is that one is able to actualise the rights. Only then can children and other people in the community claim their rights as fully as possible, and would need no one to claim them for them.

The children in the school in Mayū or Dar al-Salam complain of the corporal punishment given by the teachers, and are terrified by the uni-directional pedagogical style, but they have not enough power to demand that this violence stops or to challenge the teachers’ authority. Although children have the right not to be beaten and the right to be listened to, there is no one to claim this right for them. The most affected by the unequal power structure are the girls. As was seen in the case studies in chapter six, guardians or parents gave preference to boys. This is because most of the parents or guardians think that girls should marry and do not need a full education. The guardians’ “power over” the girls enables them to decide over her future and to decide for her what is in her “best interest”, without considering the girl’s view on the subject. Even if girls do not marry, their opportunities for education are less than those given to boys. It should be noted however that this “power over” is never absolute. Children are not completely powerless mute victims. Life in the camp has toughened them; many children work to support themselves and to help their family, and this gives them some leverage in dealing with the adult power holders in society. Even for girls, their contribution to their family’s income or workload might give some



influence, although their power to influence the decision-making in their own life is relatively small. This means that power in most of the cases cited takes the form of “power over” children, rather than children’s “power to” participate in decision-making. This gives very little space for the rights of the children to be applied or claimed, even though all the organisations should work with a rights-based approach that should ensure accountability and obligation. Here I can say that power overrules rights. The problem is the duties of the organisation, and what they do in meeting children’s rights.

In order to understand rights it is essential to study the duty performed by others and in this research I studied the duty performed by the organisation towards the application of children rights. From the policies of all the organisations it was clear that they themselves defined their duty to satisfy the needs of the people and work for the people. Hence, I gathered that it is also the duty of the organisations to work towards the satisfaction and sufficiency of the wants, desires and wishes of the children since all the organisations abide by human rights conventions. However, the findings revealed a gap in the duties performed by the organisation for the children; there was a discrepancy between policy and practice.

Looking back to chapter five and the health organisations, their duty is to provide health services for all the children and work towards the protection and care of the community. However, the health organisations fall short in performing their duties of giving sufficient access to health for the children. It is the duty of the organisation to ensure that children are provided with the most up to date information on health that will protect them, but children from five to eighteen years are excluded from health education. It is the duty of the organisations to take care, protect, treat, respect, believe, and support children and to ensure that they are provided with the best available health service. It is the duty of the organisation to involve children in health matters that are of interest to them, and train them to take decisions by giving them the chance for expression and choice. If they are not engaged in activities, their health interest will not be known to the organisations. The health organisations fall short in fulfilling these duties. They do not encourage children to claim their rights to healthcare, nor do they show concern for the social hindrances that limit children’s access to health, in particular girls’. The health organisations, as we have seen, do not interfere in cultural and traditional beliefs of the people, such as early marriage or female genital mutilation. The organisation cannot stop these practices, although these have negative effects on the health of girls. The most they can do is to increase awareness and disseminate information showing the negative side effects of such practices. They do not perform female genital mutilation themselves, and as such can claim to protect the rights of girls. In my view the health NGOs do not sufficiently fulfil their duty to protect the girls’ health, nor empower girls to claim their health rights.

The same applies to the educational organisations and the duties that need to be performed by the organisations. Theoretically speaking, the duties of the educational organisations were more explicitly formulated in terms of children’s rights than those of the health organisations. The educational organisations stated they were following the CRC and working with a rights-based approach, still they fell short in fulfilling their duties. I assumed that the duties of the organisations is to inform the children of the CRC and their rights, but children in Save the Children UK in Rahma School had never heard of the CRC. That makes the application of the CRC challenging, because the main actors, the children, are ignorant of it. Even if the organisations did not tell children about the CRC, it is their duty to apply it by training children and giving them chances to

participate, express, choose, discuss and negotiate with the teachers and the senior staff in the organisations. Moreover, it is the duty of the organisation to ensure gender equality and avoid age discrimination. The analysis of the projects revealed however, that these duties are not put into practice, either in terms of participation of children, or in terms of guaranteeing gender equality and non-discrimination by age. I conclude that the duties of the organisations towards children falls short of helping them in claiming their rights; the rights of children will not be acknowledged unless the parents, guardians and organisations perform their duties in the application of the CRC.

Both organisations have done fine work in providing access to education for displaced children and in particular for those for whom this was difficult. They have worked for the displaced children for more than ten years and provided the camps with schools and other facilities in education. But for an organisation that follows the CRC and abides by the child rights approach I think that there are still areas for improvement. For example, if we look at the CRC and article 28 on education, the first provision is that all children under eighteen should have free primary education. This is not implemented in practice. At first, Rahma School was free, but due to limited funds the parents' committee had to decide to ask school fees. Unfortunately, this fee is increasing each year, making it difficult for the children to pay. Moreover, it puts even more pressure on children to work, forcing them to combine work with school. This has led to dropouts as well as low marks. Confronted with this dilemma, the organisation said that they cannot do anything to help reduce the fees, as the donors are limiting their funds for the project. The only solutions are that the parents' committee looks for other sources in order to keep the school operating and educate more children, or that the government implements free education for primary schools, since they agreed on the CRC. The victims are the children. The organisation, while meeting certain educational needs of children, can and will not support the children in claiming their rights of free education.

It is the duty of the organisations to train the teachers and the parents' committees to claim the rights of the children when they are not met. If the organisations are to follow a rights-based approach they are held accountable, morally and legally, in developing the rights of the children. Children's representation in terms of a council is needed to voice the complaints of the children. The organisations should work towards the empowerment of the children to claim their right and be right holders in their own person, but in Sudan both AMAL and Save the Children UK are still working in the traditional way of satisfying the needs of the community, rather than the rights of the children in particular. More effort and work is needed towards the empowerment and raising awareness of their rights. The participation of the children in the projects that concern them is one of the most critical elements in a rights-based approach; here it is lacking. The organisations should take the participation of the children seriously and resist the dominant cultural notion that immature children are incapable of taking decisions and responsibilities. If the children were to interact with the teachers or the staff in the organisations, their interests and needs could better be taken into account. The process of empowering children by giving them a chance to participate, to carry responsibilities, and take decisions on their own is far from the objectives of the organisations. That means the organisations still work more with a needs-approach rather than a rights-based approach.

The case studies, whether of the health or educational organisations, illustrated that children cannot claim their rights, due to cultural, social and political reasons that hinder the recognition of and response to children's rights. It is connected to cultural notions and traditions concerning

childhood and embedded in an environment of poverty, social marginalisation and political repression. Obstacles to achieving human rights objectives are particularly difficult for girls, given the gender inequalities in the wider society that also affect girls. Social reasons why children are not claiming their rights are because they are not socially acknowledged or recognised as equal partners in development. Social hierarchies in the organisations also hinder the actual work on increasing children's rights. Often it is only the senior management level who knows of the rights-based approach and human rights conventions, while the community health promoters are not trained in a rights approach and do not know exactly what it implies. The lower levels in the educational organisations, whether in AMAL or Save the Children UK, are somewhat better trained in the CRC, but still their application in respect of children's rights falls short. When the people who work directly with the children are badly informed or not trained to translate it into practice, they cannot make children aware of their rights, or involve them in participation and decision-making on issues relevant to them.

From a political angle, human rights and the CRC are new phenomena in Sudan; although the government has signed the CRC, it is taking great precautions, watching organisations that work with human right conventions because it fears that they might propagate negative ideas about the government. Since signing the peace agreement in 2005, the government has given more freedom to organisations to work and expand their activities, but still there are precautions, policies and procedures. In addition, as stated previously, the UN has been advocating that all human rights conventions imply that organisations follow a rights-based approach, but donors and host governments, including Sudan, often fear the language of a rights-based approach. Ewert explained that this is "because to them it may smack of cultural imperialism due to its perceived western origin of human rights" (Ewert, 2006:2). If we changed the focus from international law to local custom or municipal law, as Ewert suggested, then rights become applicable, more sustainable, more durable and remedies for violations most assessable (Ewert, 2006:9). In my view, however, local custom is one of the reasons the organisations are unsuccessful in guaranteeing children's rights.

The four cases show that it is very difficult for NGOs to implement the CRC, even when this is explicitly stated in the policy. In order to do so successfully a transition is needed from a needs-based approach to a rights-based approach, which implies a full understanding of the difference between the two. This discussion has already become part of general development discourse, but more put into practice in relation to women's development than to children. In the next paragraph I take up the discussion of chapter two on feminism and women's right again to see what we can learn from it for improving children's rights.

### **5.3. From CID and CAD to CRAD: A new approach to fulfil rights of children**

In chapter one it was suggested that the new thinking about women's rights in development studies could help us to formulate a model for children's rights in development practice. In chapter two I elaborated on the various stages of thinking about women and development, usually called the WID, WAD and GAD approaches. Analogous to this, I suggest that the various stages of thinking about children, and of the ways development organisations work with children, can be categorised as 1) CID, Children in Development; 2) CAD, Children and Development and 3) CRAD, Children's Rights and Development. The purpose is not just a categorisation of the approaches and

theories on developmental work with children, but rather to propose a supportive model in thinking about what it means to implement children's rights for NGOs who work with children

The WID approach signalled the relative neglect of women in development projects. Development efforts either excluded or marginalised women, or focussed on their domestic and reproductive role. In order to redress this, Boserup (1970) and others sought to 'integrate' women in the economic system. It was argued that for proper development of the economy and to effectively fight poverty, the inclusion of women was needed. Rather than being kept passive as receivers of welfare, women should be actively involved in income generating projects. Women's productive role was emphasised and strategies were developed to minimize disadvantages of women in the productive sector. Patriarchal cultural norms were identified as major barrier to women's equal participation. Women were seen as victims of specific gender relations, but by targeting them for special group projects they could become active participants in the economy. Women and women's issues thus gained visibility in development discourse, but mostly so because women's input was deemed necessary in the fight against poverty and the reduction of overpopulation.

In analogy to the WID, we can call the first phase of attention for children CID, Children in Development. It signalled that children had been relatively neglected in anthropology and development studies as well as in development projects. LeVine (2007) shows that, despite such claims by some scholars, the study of children had not been absent, as for instance the Six Cultures Study in the 1950s showed, but that it focussed on the socialisation of children and on describing childhood in social and cultural contexts. New developments, however, led to calls 'to integrate' children in aid and development projects. "The increase in global communication has brought daily reminders of children's suffering around the world. With those reminders have come reinvigorated scholarship, new policies and approaches to children's lives, major humanitarian relief, and increased philanthropy. There are now major initiatives directed at eradicating problems afflicting children" (Bluebond-Langner & Korbin, 2007: 241). With the rise of organisations like Save the Children, children became singled out as worthy of more and particular attention because they were seen as the most vulnerable human beings that needed protection against the consequences of war, natural catastrophes and exploitative or violent adults. Children were recognised as a group with special needs, requiring *protection* against harm and *provision* of needed resources. In short, children are put on the agenda as special recipients of humanitarian relief. They are from now on to be included in development thinking and receive attention, as they form the future of society. Children can no longer be ignored, and moreover have become an important category to consider when thinking of development. In analogy to the argument that for economic development women need to be included, here the idea counts that for the future of society and a sustainable economy, children need to be protected, kept healthy and educated.

The second generation of theorists on women's development brought the focus from development to fight poverty to development to improve women's position. The WAD approach found it necessary to rethink the relationship between women and development processes. "It accepts women as important economic actors in their societies. Women's work in the public and private domain is central to the maintenance of their societal structures" (Visvanathan et al, 1997: 18-19). However much women's inclusion in the process of development was needed, it was also dangerous. "The early 1970s' approach of 'integration', based on the belief that women could be brought into existing modes of benevolent development without a major restructuring of the process of development, has been the object of much feminist critique" (Momsen 2004: 11). In

other words, 'to integrate' women, by offering women support and helping them to participate in the economy was not enough. It neglected the many ways in which women were already integrated in the economy, but for which they hardly received credit. In addition, the wider international structures and development processes should be analysed and criticized for continuing gender inequalities. In Chapter 2 we saw how dependency feminists and critics of the global capitalist patriarchy argued that mainstream development was part of western capitalist neo-imperialism and white male supremacy, and as such had detrimental effects on women as it reinforced, rather than changed, existing inequalities between women and men. The WID approach was criticized for not recognizing that integration of women in the economy through special projects might be good for the economy, but was not necessarily so for women. Women's economic labour served first international capitalism rather than women's position. The theoretical focus was extended to reveal how the sexual division of labour was an integral component of the colonial and capitalist system of production and accumulation. This argument was in particular taken up and sustained by women in the south who saw overcoming poverty and the effects of colonialism as more important than equality, in particular the equality in sexual and reproductive matters that white women in the north had put so high on the international agenda. For southern women their fate as women was more determined by international structures of inequality. This shows that different approaches exist parallel or overlapping with each other, and do not necessarily follow each other in a neat chronological order. It also shows that needs of women are differently identified and hierarchised depending on place and time. This made it all the more necessary to recognise women's agency and to respect them as fully participating actors in their society. Women themselves, within their specific context and available resources, should specify their needs and participate in the design and practice of projects meant for their development.

Similar to the shift from WID to WAD, we can detect a shift from CID to CAD, in that there is not only attention for a victimized group (women or children) to be integrated, but also that this group plays a specific role in development. In their case, not so much work and income, but health and education are seen as prerequisites for functioning well in society, now and in the future. Also children and children's position cannot be understood but in the light of wider political and economic inequalities. For instance, the approach to children working that was at first governed by indignation and the call to protect children against exploitation by prohibiting child labour, became more nuanced when child labour was actually studied. It led to the insight that wider economic relations need to be changed in order to free the child for study and play. The CAD approach examines the role children themselves play in the development process; they should not only be protected from harm and provided with food and shelter, but their health should be safeguarded, and education and training is important, not only for society, to enable young members to prepare for a sustainable contribution to the economy in the future, but also as a right of children in itself. There is a growing recognition that there is a hierarchy of needs, and that needs vary according to situation. The CAD approach asks for recognition of children's agency, in the sense that children are seen as individuals that make meaning. These meanings can be heard when one listens to children's voices, and observed by looking at what children do. This actual observation of children shows that they are both vulnerable victims, suffering the indignities of displacement, *and* at the same time social actors who manage to survive on their own or work to provide for their family. The tension between the conception of children as vulnerable and in need of protection and provision on the one hand, and as social actors in possession of agency, capable and able to make

interpretations of their worlds on the other, can be pronounced, as Bluebond-Langner and Korbin showed for the question whether child soldiers should be held responsible for the horrible crimes they commit (Bluebond-Langner and Korbin, 2007:243). In my analysis, this tension is visible in the child who is expected to be silent, obedient and studious in the morning, and supposed to be streetwise and work as provider for the family in the afternoon. The tension is further visible in the gap between talking about giving children rights, and allowing them to claim these rights in practice. Recognition of children's agency precedes recognition of children's participation, but at this stage, participation is only suggested, but not yet put into practice. How this can be done, can be learned from the GAD approach.

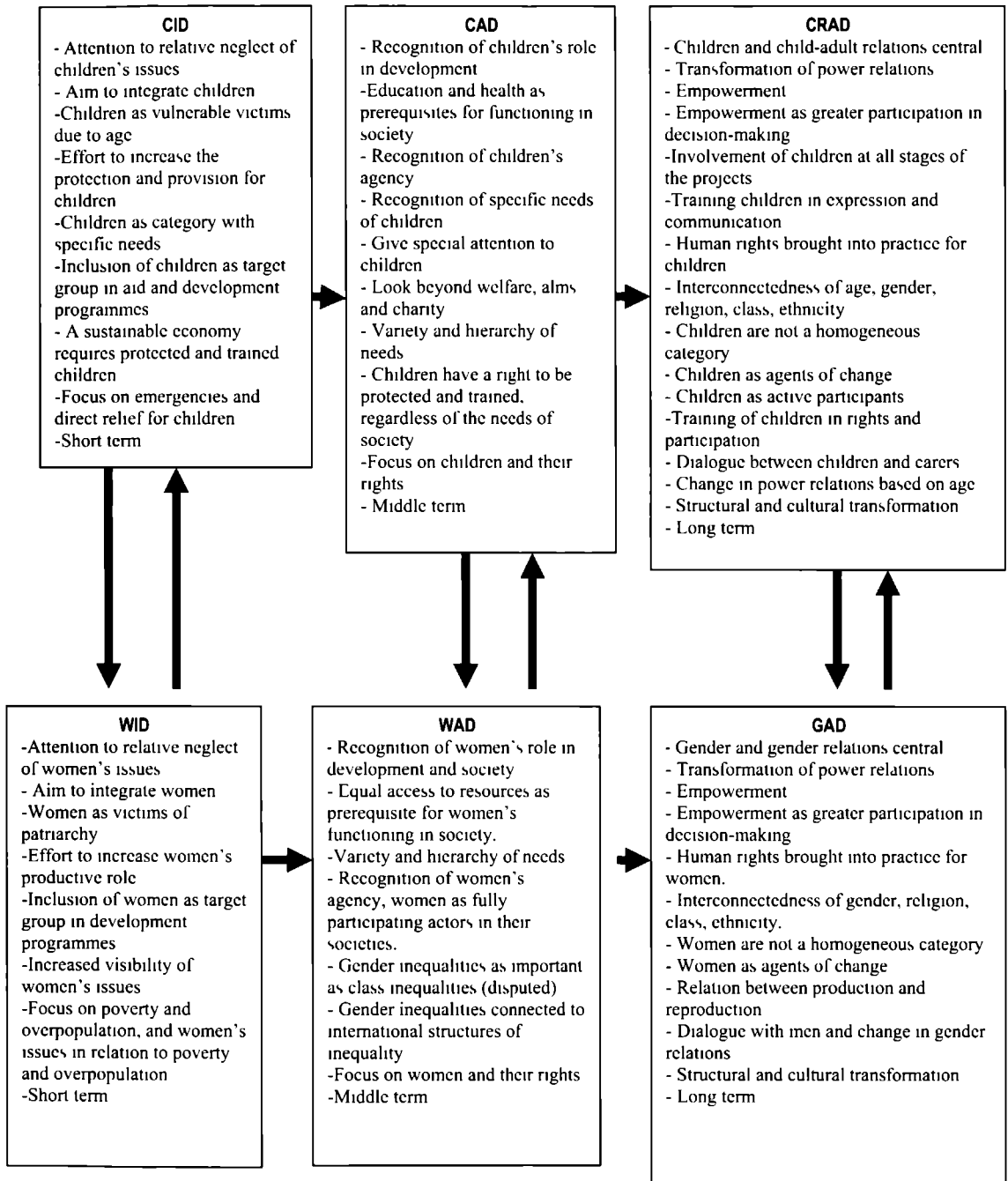
In the Gender And Development (GAD) theory, not women but the concept of gender (the social and cultural construction of masculinity and femininity) and gender relations (the power relations between men and women) was central. It was questioned how development reshapes gender and gendered power relations (Momsen, 2004:13). As we saw in chapter 2, the GAD approach is concerned with the dynamics of gender relations, the relation between production and reproduction, and the intersection of gender inequalities with those of class, ethnicity, race, or caste. It aims at a major structural and cultural transformation if poor women and men are to be the main beneficiaries of development. Women are not only to be invited to participate in the economy, but also be empowered to claim their rights as equal citizens. Empowerment has many meanings: some saw it as a means for grassroots activity, others to enhance efficiency and productivity without changing the status quo, and in the more feminist development literature, it was seen as a method of social transformation and achieving gender equality (Momsen 2004:14). In this study we have used Rowland's (1997:14) notion of empowerment as a process that enables people to participate from a position of greater strength in decision-making and actually to influence such decisions. This necessarily involves negotiation with men and a change in gendered power relations. The following elements of the GAD approach are relevant when translated to the NGO projects for children: the focus on women as agents of change; the critique that development projects often confirm rather than change existing power relations; refusal to treat women as a homogeneous category as they are divided by class, age, ethnicity, marital status, religion or race; distinguishing practical gender needs from strategic gender needs, and a commitment to change in the structures of power in national and international agencies. All these elements are interesting for a better understanding and assessment of the NGO projects for children.

In analogy to the GAD approach for women, I introduce a new theory which can be called the Child Right And Development (CRAD) approach, which involves not only children in development and respects their views and contributions, but also respects their rights and undertakes efforts to change unequal power relations based on age and gender. In order to effectively translate the rights of children formulated on the level of policies and project proposals into practice, each practice must be understood as embedded in global and local power constellations that have to be dealt with. Insight into the root causes of the predicament in which children find themselves is important. It also involves the study of the power relations between carers (state, parents, teachers, medical workers, adults in general) and children in the particular social and cultural context, as well as the gender dynamics and patriarchal traditions that hinder the equal opportunities of boys and girls. These power relationships can be the reason for the obstacles in children claiming their rights. Any project executed should not confirm and reinforce existing power structures, but change existing power relations that lead to injustices toward children. A

CRAD approach aims to empower children by training and inviting them in participation. The focus is not on children as receivers of aid, but on children as agents of change. The agency of children is recognised and considered important. Children need to be informed and consulted about their needs, so that children's projects are those in which both the original idea and the implementation of that idea is formulated in close cooperation with the children, and, depending on their age, with as much input from the children as possible. This presupposes that children are trained from early age to express themselves, to verbalize their opinions, and to talk to their carers and each other. It also presupposes an easy flow of communication between adults and children, and a mutual respect of the different age groups for each other's ability to contribute to the problem definition and its solution. In short, it takes seriously article 12 of the CRC to "assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child." Furthermore, it sees to it that the other rights as stated in the CRC and adapted from general human rights are put into practice. First by making the children aware of their rights and teaching them strategies to claim these rights, secondly by rights awareness raising and training of all those working with children. A CRAD approach recognises that all children have the same right to fulfil their potential, and works to increase the awareness and participation of all groups (children, parents, states, NGOs) in decision-making, and includes children as active participants at all phases of the development process. Sharing the same rights however, does not mean that children can be treated as a homogeneous category. Like women, and men, children are divided by class, age, ethnicity, marital status, religion or race. This multi-positionality, and its resulting multivocality must be respected and incorporated. A last point mentioned by GAD theorists that is of relevance for CRAD theorists, is the need to distinguish practical gender needs from strategic gender needs. Like poor women, poor displaced children have practical needs like food, shelter, clothing or health care. To provide for these practical needs is important, but in itself not sufficient, for children to develop into responsible adults. Although practical needs are not always easily distinguished from strategic needs, it is of analytical importance to do so, as the latter refers to rights, to empowerment to claim these rights, and to insight in the structural conditions that enable or hinder such claims. It regards children as *entitled* to support, health care, education, etc. and as *entitled* to help and training to claim these, and as *entitled* to actively participate in formulating their needs and finding solutions. Children are active participants by right, right-holders claiming their rights. The theory looks at children as human beings with inherent rights, rather than as objects of charity. It is a long-term perspective: children, by being active participants, will be empowered to claim their rights, and by so doing boys and girls will have equal gender roles and equal opportunities in society. Children's strategic needs are training and participation in claiming these rights, as well as changes in the structural inequalities that cause their predicament, such as traditional practices prejudicial to the health of children, gender oppression, age discrimination or war.

To summarize the characteristics of CID, CAD and CRAD, and their parallels to WID, WAD and GAD, the following model (1) was developed.

# MODEL 1: FROM CID TO CRAD





## 6. Conclusion

In this chapter I analysed the main findings of my research, and linked them with theoretical concepts found in the literature. I came to the conclusion that all the organisations selected as case studies in this thesis encounter problems in implementing a rights-based approach. The application of the Child Rights Convention needs the training of the local staff at the grassroots level in order for it to be efficiently and effectively implemented and to have a feedback from the beneficiaries. The lack of awareness and knowledge of human rights treaties and what they constitute on the part of the staff in the camps creates a problem in implementation. The idea that children have rights is still new in Sudan; the term 'rights' itself is barely used and implemented by adults. Children are seen as objects rather than human beings with specific rights. Moreover, the notion of childhood in Sudan, despite its variation between different tribes, religions or regions, is pervaded by the dominant idea that children are a special class of humans, with limited capacities and abilities, and not expected to engage in decision-making or participation processes. This idea is not affected by the fact that many displaced children in the camps daily take decisions and care for their families, or by the understanding that children need to be trained to participate in decision-making according to their abilities, and should be given a sense of ownership and responsibility. This hinders the role of children in the development process, and makes them unvoiced, having less power to express their views and needs. The health organisations are not following the CRC, but they do let themselves be guided by human rights conventions, however, discrepancies were shown to exist between policy and implementation. The deficiency in children's awareness and participation, the gender inequality and the discrimination in age all are factors that will hinder the development of the projects in the long run. The educational organisations that work with the CRC approach do take into consideration the rights of the children, but they also encounter problems in the implementation process. They should work much harder towards applying these rights by advocating, lobbying and communicating with the children. To achieve this, children should participate in all matters that concern them. There is great attention given to gender by some of the NGOs, but there is still confusion due to a great deal of opposition to gender equality. The reasons given are culture, tradition and beliefs. More effort from the NGOs is needed to bring about changes in these areas. By working more with and for children NGOs will be able to do greater justice to the actual decision-making capacities of the children, to know the needs of the children, and how they could work towards meeting those needs. By meeting the needs of the children, organisations can then work towards a more rights-based approach in empowering children in claiming and fulfilling their rights. Rights of children need to be made known to the children and acknowledged by the community; there should be agencies and institutions to train children and the community about their rights. The role of organisations is not only to provide humanitarian assistance, but also to work towards the awareness and advocacy of human rights treaties and rights of the people. By following the approach of "Child Rights And Development", children will be given more chance to gain their rights as stated in the CRC. This CRAD approach, according to the model given above, aims to empower children in claiming their rights and bring about more long-term changes in children's positions. It goes beyond the needs-based approach because issues of age, gender, participation, and rights will be considered more analytically, and these issues will be addressed from their roots in order to achieve equality and rights for the children. When we assess the NGOs against this model, we can see that the organisations in this study are still mainly

working with the CID approach. They pay special attention to children as the most vulnerable group, but they give them more charity than respect. An organisation like Save the Children shows characteristics of a CAD approach by going a step further and talking about children's rights to protection and education in their own right. It has instructed its higher staff accordingly. However, it still defines the needs of the children rather than allowing the children to define these themselves, according to their views and interests. Thus, with a new theoretical method, CRAD, the children define their needs, thereby taking the next step in the direction of rights. In a CRAD approach children would be empowered to take decisions in issues that concern them, learn to communicate with adults on such issues, know their rights and be supported when claiming them. It would mean a structural and cultural transformation, with more communication and less unquestioned obedience in the relation between child and guardian, a new style of teaching and pedagogy in schools based on dialogue, respect, co-operation and mutual responsibility, and "learner-centred" instead of "teacher-centred". It encourages active participation, critical thinking and problem-solving skills. I do not advocate having disrespectful children, but rather respectful, responsible children who stand up for themselves in claiming their rights in issues that concern them.

# Conclusions

Sudan suffered from several severe natural, economic and political crises that affected the lives of millions of people. Many people fled their homes and now try to survive in IDP camps. Those most affected were women and children. They live in poor conditions and are vulnerable, trying their best to survive and meet their basic needs. This led the government to seek outside help, and subsequently the role of non-government organisations (NGOs) as conduits of relief has increased. Several NGOs provide relief for children and, in this role, have to deal with the monitoring and application of the Convention on the Rights of the Child (CRC). Sudan ratified the CRC in 1990 and thus encourages organisations to work with the convention. The aim of this study was threefold: firstly, to gain insight in the achievements, opportunities and constraints of non-governmental organisations in implementing basic children's rights in health and education; secondly, to reveal the complex problems of displaced children, their vulnerability and relative powerlessness, including their difficult relations with the organisations that work for their benefit; thirdly, to reconsider the theoretical concepts in relation to children's rights and propose a new theoretical model that can help non-governmental organisations to shift more successfully from a needs-based approach to a rights-based approach, with the ultimate aim of improving the rights of children. This involves the complex and difficult relationships between state, aid agencies and the children themselves. This study examined whether NGOs include the health and educational rights stated in the CRC in their policies and activities, and if so, how. The voices of the children are seldom heard in studies, and it was the express intention of this research to find out what the children thought their rights were or should be, and whether they are in a position to claim their rights. The study revealed hitherto hidden problems, prejudices, inequalities and power structures that affect the children and their ability to claim their rights. Above all, it showed the inadequacies of aid as charity, rather than a means to asserting human rights. In this chapter I will summarise the main findings of the thesis and give a number of recommendations for the integration of children's rights in development projects.

In chapter one I discussed the main problem, the research question and the methodology chosen to approach these questions. The war and the natural disasters that the country experienced have led to the displacement of many people. The majority of those internally displaced are women and children living in the poorest conditions and deprived of the most basic necessities. Studies on displaced people have considered their conditions, but the situation of the displaced child has

received no special attention (Ruiz 1998, Nager 1996, Elhassan 2000) The present research therefore, examined the situation of displaced children in four refugee camps in Sudan, and the role of the NGOs in regard to displaced children seeking basic rights My main research question was *How is the Convention of the Rights of the Child implemented in the policies and practices of NGOs working in health and education from the perspective of displaced children in Sudan?*

Sub questions were How do NGOs deal with the CRC in their policies and practices?

How does the relation between the state and NGO's affect this implementation? Do the organisations consider gender in their policies and practices? Do the organisations consider age in their policies and activities? How is the Convention's request for participation effectuated in the case of children? How do children evaluate the NGOs work in providing their basic needs and guaranteeing their rights? Which contributions can be made towards the theory on children's rights from this analysis?

To answer those questions I selected four NGOs, two national and two international ones, on the basis of their long experience in Sudan, the immediacy of their work with children and the duration of their projects In this thesis a qualitative methodology was used to gather in-depth information These qualitative methods included focused group discussions, in-depth interviews and participant observation A total of twenty-eight focused group discussions were held with children aged 10-18, 122 boys and 133 girls, in the four camps The main topics were health and education, and the issues discussed concerned treatment, medications, fees, availability of doctors, nurses, teaching methods, educational facilities, school fees, relation and interaction with the teachers The principle objective was to elicit children's view on the care needed and received, and on their communication with health NGOs about their needs Through game-playing and drawings more information was elicited from the children to assess the relation between the NGOs and the children, and the ways and degrees in which NGOs are incorporating and applying the CRC

In-depth interviews were held with twelve project managers from four organisations and thirty teachers and medical assistants from the four camps The interviews with the managers and other personnel, which were carried out by using open-ended questionnaires, provided information on the policies and views of the organisations on the CRC The interviews also helped to show the views of the managers towards the practical problems and the challenges that they face in implementing the CRC in Sudan Through the interviews with NGO personnel, I gained knowledge of the selection process of the target area and group, the procedure for project implementation, the role of the state and its agreements with the NGOs, the role of the community in communicating with the NGOs, and the obstacles that staff managers face in their projects

Further, individual interviews were conducted with 129 children from the four camps The interviews with the children helped me to understand somewhat better the various positions and backgrounds of the children, the hardships of life in a camp for internally displaced people, their varying experiences with NGOs and the Child Right Convention, and their assessment of the level of participation and empowerment

Participant observation was used to see how ideas on children's rights were applied in practice It enabled me to compare policies and practices and to follow the process of aid and assess the implementation of the CRC It helped me to understand how projects in fact are carried out By observing concrete projects, I learned how the translation took place from policies to practices, which real-life choices were actually made, how the NGOs treated children and took

gender and age into consideration. It also helped to expose the degree of children's participation and position in these projects. The findings were described in chapters five and six.

In chapter two, key concepts and main theoretical issues were discussed. The chapter first discussed the concept of rights and needs. A right was defined in relation to power, duty and claims. Various types of power were identified in order to be able to analyse how NGOs use their power in relation to the rights of the children in health and education and empower children. Rights were also defined as correlatives of duties and it was pointed out that the NGOs performance of their duties towards children needed to be examined, as well as the views of the children on the duties performed. Rights cannot be studied without referring it to claims, thus it should be verified what children claim, and how NGOs support children in making their claims and realizing them. Interest and need are also important concepts for analysing the convergence or divergence in the children's interests and needs as defined by the NGOs and by the children themselves. Secondly, theoretical concepts of childhood and child development were discussed bring attention to the impact of culture and for the different stages in which childhood can be divided. The conception of childhood differs from one society to the next, and therefore the conception of childhood from a Sudanese perspective is of relevance. The different stages of childhood point at potentially different needs at various ages from childhood to adolescence and the need to look at how NGOs deal with such cultural and age differences in their work with children. Thirdly, gender was conceptualised and an overview was given of the different approaches introduced by feminists of the role played by gender in development. Discussing the transition from WID to WAD and GAD approaches allowed the discussion of the role of gender, power and empowerment in development studies and practice. The final part of the chapter described the child-rights-based approach and the use of this approach by NGOs in applying the rights of the children. The concept of participation and a tool to measure the level of participation was introduced to determine how the organisations involve the children in their policies and activities.

Chapter three described the cultural and social environment of displaced children in Khartoum. Various issues such as the problems encountered during displacement, problems of health and education, livelihood strategies and familial matters were examined. Although the chapter was a descriptive one, it gave the necessary background on how displaced children live in the camps and which challenges they face in life.

NGOs in Sudan came at the request of the state, but for them to operate they have to adhere to certain rules and regulations of the state. Chapter four in this thesis discussed the relation between the state and NGOs. It considered the role of the state in the work of NGOs, and the facilities and obstacles the state provides. From the findings and literature, it was revealed that the relationship between the state and NGOs in Sudan is ambiguous; it is both cooperative and antagonistic. NGOs cannot work without the authority of the state, and the state cooperates with NGOs to benefit from their experience. However, the state imposes rules to prevent NGOs interfering in certain issues that are considered cultural, traditional and religious matters. As a result, NGOs encounter obstacles in empowering children and sustaining development projects. The victims of this non-alignment of NGOs and the state are children and the poor.

The thesis looked at how the CRC was implemented by four NGOs, discussing in particular how NGOs incorporate gender, age and participation in their agendas. It was found that the CRC's position on non-discrimination by gender and age was not followed in practice. Nor was the

CRC's position on participation implemented. In chapter five I argued that despite the humanitarian conventions to which the medical NGOs adhere, there are still discrepancies between the NGOs' policies and their implementation in the activities. This discrepancy was found in the attention to gender and age and in the level of participation of the children. Unlike the medical NGOs discussed in chapter five, the educational NGOs discussed in chapter six were following explicitly the CRC and a rights-based approach in their policies. My analysis showed, however, that these more or less explicit policies and human right conventions to which the organisations adhere, are not, or only partially, followed up in practice. These discrepancies can impact on the sustainability and development of the projects. In chapter seven those main findings were analysed in depth in relation to the theoretical literature.

In the next sections I summarise the main findings in answer to the sub-questions.

### **1. Gender inequality**

One of the sub-questions was: Do the organisations consider gender in their policies and practices? In this thesis I studied the organisations to see how they endorsed gender in their policies and activities in relation to the rights of children and the CRC. The Gender and Development approach, explained in chapter 2, emphasises the importance of listening and responding to the voices of poor women and working with them in order to change their lives. It considers women's condition of social and economic inequality and their status vis à vis men. Most importantly, it looks at the relations of power between men and women, and the avenues towards empowerment of women. This theoretical perspective was applied in chapter 5 and 6 to find out whether girls and boys were treated equally and gender issues and inequalities were dealt with by the NGOs.

It was found that the policy papers of the health organisations mention impartiality and non-discrimination in general, but not gender, specifically. Including gender in the policy would mean that the organisation aims to take part in the struggle against gender inequality, and to work towards the empowerment of women. If it is not mentioned in the policies, does this mean that the organisation also do not consider gender in their practices? In chapter seven, I analysed how gender is endorsed in the activities of the health organisations. The analysis showed that the health organisations mainly focus on women and children under five years old, which is a good indicator that they do consider women as major actors in their activities. Unfortunately, they consider the factors that can affect the health of women, such as family planning, sexuality and birthing customs, mainly from the perspective of the survival of the small child, rather than the health and reproductive rights of the mother. Moreover, the findings revealed that there is exclusion of men and children from five to eighteen years. The organisations are looking at women and men, but the relations of power between men and women, and the situation of subordination that most women and girls face was not an important issue in their view. Health organisations were not empowering women and girls in their own right, differing needs of the genders were not addressed. Communication was a problem; children were excluded from the health education sessions, and had no say in the project application, execution or feedback. Girls were not treated differently from boys in the health centres, but for girls the access to health care was more limited due to cultural restrictions. Girls and women were not supported to increase their decision-making power in health and reproductive matters. Gendered inequalities connected to class, race, caste and ethnicity are ignored. All this does not contribute to female empowerment and a greater equality in gender

relations. The approach that the organisations are following will not generate a gender sustainable project. Instead, it can be characterised as a relief approach that gives only short-term help for women and children under five years old, but does not bring about structural improvements of girls and women's rights to health care. The relief approach does not go beyond temporary alleviation of the symptoms of underdevelopment. It does not deal with fundamental inequalities, but instead reproduces inequalities, not only because it addresses women and children wrongly, but because it does not involve men in such issues as reproductive health, family planning etc. These results in NGOs being caught in a relief and rehabilitation stage, and never reaching the sustainable development stage. This sustainable development stage needs more work and support from the organisations to enable the beneficiaries to act on their own and be self-reliant in development. This stage needs an indefinite period of time, and strategic management backed by social and institutional analysis, plus facilitation and coalition-building. The NGOs studied here lack time, interest and funds to guarantee the sustainability of their projects, and are unable to empower women and children, who are the most vulnerable group in the community.

In the educational organisations, gender is explicitly included in the policy and the activities of the organisations, but the approach used by the organisations does not guarantee that children, and in particular girls, will be empowered. This is because the exercise of power of the teachers over the children does not give children a chance to decide for themselves and to be emancipated in their own right (see chapter 6). The seating arrangement, the decisions made by teachers on behalf of the children, the power inequality between the boys and the girls in the schools, the segregation of boys and girls, are all factors that work against gender equality and capacity building of children. The educational organisations integrated girls as beneficiaries in their programme, but their practices resulted in a continuation of existing inequalities between boys and girls. Teachers and parents give preference in education to boys, and the teaching methods favour boys. Some teachers have favourite boys, such as the case of the teachers in the reintegration educational centre in Dar al-Salam squatter area (see chapter 6). This reproduces rather than reduces gender inequality in education. Although efforts were made by the teachers to enrol more girls, fewer girls than boys are enrolled in the schools. The community needs more awareness of the necessity for girls' education and of the gender issues involved in education.

Training in gender sensitivity for the staff would have been useful if it was regularly applied, but the analysis showed that training for the staff at the health centres in the camps was non-existent. Only some senior managers said they had some gender training. The same occurred in the educational organisations, where such training was limited to the senior level managers, not the teachers in the camps. In all the organisations the number of females at senior management level is less than males. A female role model at senior management level can help to promote gender equality, and at the same time a female manager can communicate more easily with the displaced women in the camp. The lack of training in gender for health-workers and teachers at grassroots level is one of the reasons for the gender inequality in the health and educational services for the children. In addition, training in a gender-sensitive approach for the children was lacking: as the analysis revealed, the attitude, behaviour, practice and curriculum training of gender is inadequate for the children (See chapter seven). This affects the children, as well as the development of the project, since, in the long term, it inhibits sustainability of the project.

Analysis of the findings showed that the carers (parents or guardian or NGO personnel) are not raising their children to be empowered. Moreover, there is a gender difference in that girls are

allowed less freedom and choice than boys. The boys are given more freedom, which brings me to the literature on power mentioned in chapter two. The literature indicated that rights are called powers, and that power sometimes has the sense of authority. In this research rights and power are not mutually exclusive, they are closely interlinked. Power can take different forms, and in this research it is shown that the boys have power over the girls, the parents have power over their children, and the NGOs have power over the community. There is explicit power inequality among the genders in Sudanese society. Girls are less powerful, and have limited power to claim what they need or want, even if they have the right to do so. The relative powerlessness of girls is exacerbated by the way girls are raised in a displaced environment. Their movements are limited (the case of Fatima in chapter five), they marry at an early age (the case of Nafisa in chapter six), they have limited access to healthcare and education (see chapter five and six), less freedom of expression in the classrooms and health centres, less say in decision-making (see section 7 in chapter six), less participation in the classroom and in the activities of the organisations. All these factors put girls in a position inferior to that of boys. Compared to girls, boys have more power and enjoy more freedom of choice and expression, although also in their case the level of participation and decision-making allowed to them in the projects of the NGOs is limited.

## **2. Age difference**

Another sub question was: Do the organisations consider age in their policies and activities? To answer this question, it was first necessary to sketch how age and age stages are looked upon in Sudanese society, or rather in the camps for the internally displaced people (see chapter 3). Childhood differs from one society to the next, causing children's behaviour to be regarded differently according to the culture in which they are raised. Among the displaced in the camps, a carefree childhood usually ends at a very early age, the boundaries of childhood for them are from birth to five or six years old, the age at which many of them start work. The dimensions of childhood in Sudan among the displaced children showed that most of them become responsible for themselves and/or their families by the age of five. Children have to work, or make a major contribution to the family income, and go to school at the same time. Most likely they leave school early in order to work. That means that it is not age or puberty that makes children mature. Most children in the camps have to carry out adult tasks, bear adult responsibilities and must make adult decisions, yet adults think that they are immature and incapable of taking care of themselves, making decisions or carrying responsibilities. Instead they capitalise on the children's work and treat them as lesser beings. There is a clear anomaly between how displaced children are treated in society and how they act. This makes it difficult for children to claim their rights.

The health and educational NGOs differed from each other in considering age in their policies and practices. The health organisations Medair and SRCS follow human rights conventions but do not follow the CRC, so do not have explicit statements on children or age in their general policies, but as was said, for them age comes in practice when they devote special attention to infants and toddlers. The educational organisations, Save the Children UK and AMAL target children specifically, and Save the Children has played a large role in bringing the plight of children onto the international agenda by the initiation, formulation and follow up of the CRC. Save the Children explicitly mentions children and the CRC in their general policy, and although



AMAL's policy papers are less explicit, in practice they do focus on children and recognise that they have different needs than adults.

Differentiating children from adults does not mean, however, that age is taken fully into account. The findings revealed that the organisations are not paying sufficient attention to the important aspect of age differences among children. The policy of the organisations implies equal treatment and impartiality, but in practice the organisations are discriminating according to the age of the children. The health organisations concentrate on children under five-years old, the most vulnerable group, but by doing so they exclude older children. The objective of their activities was to reduce the morbidity and mortality rate of small children, not to increase all children's rights to health care. This led to an unequal distribution of humanitarian care and a neglect of the specific needs of the various age groups of children. Children were thankful for treatment, but also commented on the disrespect, disbelief, and mistreatment they experienced because they were children. At the adolescent stage, many were left with unanswered questions about health and reproduction. There is an obvious discrepancy and implicit confusion between the policies of the organisations and their implementation at the grassroots level. If the organisations were following an explicit CRC approach, health services for the children would have been more attainable and available and older children would have been more involved in health projects.

It was found that also the education organisations, despite their special concern for children, displayed age discrimination. They prioritised younger children age ten to fifteen, and marginalizing older children, or failed to recognise the differing needs at various ages of boys and girls. Younger girls and boys receive more attention in the classroom than older children. This was shown from the different interviews conducted with girls and boys (see chapter six, section on age). The girls are the most affected by this discrimination because they feel inferior to the boys in such issues. As was shown in chapter 7, the diversity among children, and the different educational needs at a different age, was not answered to. Children from very different ages were put together in one class without considering their specific needs. Moreover, the abilities of especially the older children were undervalued. Adults did not approach them in a respectful manner, but demanded obedience through corporal punishment whatever their age. Even 18 years old children were beaten. Yet, to implement the CRC and fully respect the non-discrimination article (Article 2) requires that age differences are recognised and are taken note of in the development of children and their rights.

### **3. Participation of children**

How is the Convention's request for participation effectuated in the case of children? It was found that the NGOs followed the modern trend of giving much attention to the ideal of participation of the community, at least in their policies. In practice only certain groups of people in the community participate in projects, and these do not include children. Leaders and adults decide for them and mediate between them and the NGOs. Even where children are the sole and direct beneficiaries of the aid provided by the NGOs they are not involved as active agents but merely as recipients. As I explained in chapter 2, there are different forms of participation starting with manipulation, which is the lowest form, to child initiated projects and joint child-adult decision making. However, from the findings it was obvious that the organisations do not give the children an opportunity to take an active role in the project. The health NGOs completely ignored the

children, with the exception of dental health information. Regular health education sessions are not conducted for the children, and when health information is given in school, the session takes the form of a monologue, leaving the children with many unanswered questions. Similarly, in the health education sessions given to pregnant women, the women indicated that they only could listen and that they were not allowed to engage in a discussion with the health promoter. Children aged five to eighteen are not involved in the project, as the policy implies they should be. The interviews conducted with the children revealed that they need more health education sessions, and as regularly as possible, because there are many issues about which they want to know more. There are also many issues of which children and adolescents are unaware, but that could be very relevant for them, such as reproductive health, sexuality, family planning and environmental issues. The organisations could contribute by teaching these subjects to the displaced children. What is in the “best interest” of children, is defined by the NGOs or the adults, not by the children or in cooperation with the children. In the children’s view, it is in their “best interest” to have health information and be involved in the activities of the organisations. This non-involvement of children in the set-up, execution and feedback of the projects is in contradiction to the NGOs policies that clearly state the full involvement and participation of the community, without categorizing certain groups, and in contradiction to article 3 and 12 in the CRC.

The same is true of the education organisations. The children were not given a role other than consumer in the educational activities that concerned them. The organisations assist in the provision of education for children, by helping to build schools, pay salaries and incentives for the teachers and provide schoolbooks. But they do not actively enhance the participation of the children in the project design and assessment. This would mean that children understand the intentions of the project, know who makes the decisions concerning their education, and contribute in the formulation of what they need or provide feedback about the functioning and effect of the project. This role of the children is not of importance to the organisations. Although it is the education organisations’ explicit policy to apply the CRC, including the CRC’s rules on participation, children do not participate in the way intended by these policies. That was clear from the comments of the children interviewed in chapter six, especially the adolescents receiving vocational training. Adolescents generally complained about the lack of attention given to them by the organisations and their non-involvement in decision-making in matters that concern them. For example, the adolescents have financial problems in completing their training but the organisation does not give much attention to this important issue. In addition, they mentioned the limited choices of training given to boys and girls, and the exclusion of girls from many courses. The activities that the organisations perform for the children could have been more beneficial to the children if they had been consulted, and if the children could express openly what they want to learn, how they want to receive education, what they need in school, what is lacking, how they want to communicate with the teachers, and which difficulties they face in completing their education. Much could be learned from the children on why girls drop out of school, what makes children come to school, which decisions they want to share with adults, which projects they would want to initiate and what their interests are. Openly discussing these issues with them moreover trains the children in participation, and leads to empowerment and the bridging the power difference between them and the adults. Unfortunately, the organisations are not applying that approach; the children in this study are still in the first and second stage of participation, manipulation and decoration, doing or saying only what adults wish them to do, but with no real

understanding of the issues (See Miller 1997, chapter two) Children are looked upon as charity recipients, rather than active agents with inherent rights to participate and take decisions The reason for not involving children is the lack of well-trained teachers and medical staff who know how to listen to children and train them in participation suitable for their age Unfortunately, organisations excuse themselves by the fact that they are hindered by two major factors, the limited funds to train their staff, and the provisions and agreement with the state to execute projects that benefit children Those are major issues that hinder the implementation of projects in Sudan and hinder the application of the CRC and in particular article 3 and 12

In conclusion, I can say that in a situation of displacement, children as young as five can be left to fend for themselves, while older children may be made responsible for the social and economic survival of their family Thus, they actively participate in society in adult roles In development projects, however, they continue to be considered as children for whom decisions are made, rather than as people who can participate in decision-making that affects them Despite theoretical trends to promote children's participation in their own development, and the efforts of some NGOs to make children aware of their rights, in practice, children do not participate in the design, execution, or the assessment of the projects meant to increase their rights Children are not yet trained in how to use and practice their rights Children in Sudan are looked upon as receiving objects, and not given a sense of ownership and responsibility

#### **4. Needs and rights of children**

How do children evaluate the NGOs work in providing their basic needs and guaranteeing their rights? It was found that the way children view their needs and rights is quite different from that of the organisations And that the children are not able to claim their rights accorded to them by the CRC and the policies of some organisations The organisations are putting great effort in protecting and meeting the needs of the children in health and education, but in practice this is inadequate Firstly, because the actual needs of the children have not been identified by asking them their opinions and discussing with them which needs should be given priority For some children, having a dress to go to school in, or money to pay the school fee, or breakfast so they could think properly, was of utmost importance But these needs were not fulfilled A second reason why the effort of meeting needs is inadequate, is because it does not guarantee children's rights The approach that NGOs follow is a "needs-based approach" rather than a "rights-based approach" The efforts exerted by the organisations are mainly directed towards the needs of the children, and not their rights

A "rights-based approach" entails that children are empowered to participate in decision-making concerning their own development In such an approach children would be considered as right-holders and encouraged and empowered to claim their rights The right-holders (the children) would be seen as active agents claiming their legal entitlements, rather than as objects of charity However, to be entitled to do something, the holders of that right need to know that they are entitled to that right They need to understand the right in order to claim it Displaced children in this study have no understanding of their rights It was shown in chapter five and six that more than 90% of the children had never heard of the word "right" and do not know that there is a convention that protects their rights, and that they can claim them It is the responsibility of the carers to understand the rights of the children in order for these to have legal existence Moreover,

it is their responsibility to inform the children about their rights and to support them in claiming their rights. Unfortunately, most of the carers are equally unaware of the rights of the children. They have not been trained in considering children as right-holders and active participants, nor in discussing rights with children. Moreover, they doubt whether children should be empowered, and the existing power structure should be changed when it conflicts with the rights of the children. The power structure is imposed strictly by the guardians, making it difficult to protect and implement children's rights. These factors hinder the application of article 6 which states that every child has the inherent right to life and maximum survival and development.

### **5. The CRAD theory to fulfil the rights of children**

What contributions can be made towards the theory on children's rights from this analysis? In analogy to the WID, WAD and GAD approach for women explained in chapter two and the discussion on women and gender in development, I have designed a theoretical model for children and child-rights (see chapter 7). By moving from CID, CAD to CRAD (Child Rights and Development) a change must take place in the way children are seen and approached: from objects to subjects and from victims to agents, from being mute to active participants in their own decisions, from scum to leaders, from hopeless children to powerful hopeful ones, from losers to dreamers, and from vulnerable to strong children who can speak for themselves and claim their rights. This theory works in analogy to the GAD approach, by concentrating on the power relations between children and adults, and the transformation of these relations by the empowerment of children through participation.

The new theoretical model Child Rights and Development (CRAD) is designed to support the transition from a needs-based approach to a rights-based approach in development projects for children. It outlines the key elements that NGOs should take note of when they want to implement the Child Right Convention as fully as possible and take a rights-based approach seriously. These elements include the following: children and child-adult relations are central. Power relations abusive to children are to be transformed. Children should be recognised as active participants in development, and through greater participation in decision-making be empowered. Children should be involved at all stages of projects concerning them, and informed and trained for such involvement, according to the capacities of their age group. Children should not be considered as a homogeneous category, but their diversity, due to gender, age, ethnicity, religion or class should be recognised, and inequalities resulting from this diversity should be remedied. The long term focus should be on such structural and cultural transformations that children can claim the rights accorded to them by the Child Right Convention.

The theoretical model also can function as an assessment tool. This thesis showed that the NGOs dealing with displaced children in Sudan are still stuck in the first stage in incorporating children in their development projects, the CID stage. They give attention to children, but still see them as vulnerable victims. They are regarding children with compassion and charity and, to some extent, as projection and possession. The organisations are not yet perceiving children as human beings with inherent rights. They do not encourage children to be engaged in the development and improvement of their own lives, they just provide health and educational services at a minimal level. Children felt mistreated, disbelieved and not respected in their views by the health organisations. Even the education organisations that promise a rights-based approach,

do not inform children about their rights, or prepare them to express themselves and participate in decision-making. Children feel indecisive, discriminated against compared to adults or children of another sex or age, and left outside the activities. Despite the great and valuable effort that the organisations are making, their projects are not sustainable in the long run because they are not working towards empowering the next generation that will have to play a key role in developing their situation and country in general. I hope that they are willing to take the next steps towards a CRAD approach that does full justice to children's rights as formulated by the Convention on the Rights of the Child. To that end, the following recommendations have been derived from this study.

### **Guidelines and recommendations for the CRAD approach**

1. Organisations should regard children as subjects with inherent rights, rather than objects with no rights.
2. Health organisations should follow the CRC specifically, to ensure health rights for the children and satisfy their gender and age based needs.
3. Education organisations need to follow an explicit rights-based approach to reduce gender inequality and discrimination in age.
4. The importance of gender equality needs to be taught in the schools and to the community.
5. Organisations working in the interest of children should advocate children's rights and work with the state to incorporate children's rights as a topic in the education curriculum.
6. The involvement and participation of children in health and educational projects is necessary to create a sense of responsibility in the children and develop their self-confidence and capability.
7. Organisations need to train children in expressing themselves freely on issues that concern them.
8. Organisations need to listen to children and let them share in decision-making and assessment of projects meant for them.
9. Awareness-raising of the need for girls' education is important for the girls and the community, to increase girls' access to education and to reduce the female dropout rate.
- 10 Organisations should not find an excuse in 'culture' to condone inequality but find ways to change the situation.
11. Training of staff in human rights conventions and in particular the CRC is needed to facilitate working with and for children's rights.



# Appendices

## **Appendix 1: Convention on the Rights of the Child**

### **Preamble**

The States Parties to the present Convention,

Considering that, in accordance with the principles proclaimed in the Charter of the United Nations, recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

Bearing in mind that the peoples of the United Nations have, in the Charter, reaffirmed their faith in fundamental human rights and in the dignity and worth of the human person, and have determined to promote social progress and better standards of life in larger freedom,

Recognizing that the United Nations has, in the Universal Declaration of Human Rights and in the International Covenants on Human Rights, proclaimed and agreed that everyone is entitled to all the rights and freedoms set forth therein, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status,

Recalling that, in the Universal Declaration of Human Rights, the United Nations has proclaimed that childhood is entitled to special care and assistance,

Convinced that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community,

Recognizing that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding,

Considering that the child should be fully prepared to live an individual life in society, and brought up in the spirit of the ideals proclaimed in the Charter of the United Nations, and in particular in the spirit of peace, dignity, tolerance, freedom, equality and solidarity,

Bearing in mind that the need to extend particular care to the child has been stated in the Geneva Declaration of the Rights of the Child of 1924 and in the Declaration of the Rights of the Child adopted by the General Assembly on 20 November 1959 and recognized in the Universal Declaration of Human Rights, in the International Covenant on Civil and Political Rights (in particular in articles 23 and 24), in the international Covenant on Economic Social and Cultural Rights (in particular in article 10) and in the statutes and relevant instruments of specialized agencies and international organisations concerned with the welfare of children,

Bearing in mind that, as indicated in the Declaration of the Rights of the Child, "the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth",

Recalling the provisions of the Declaration on Social and Legal Principles relating to the Protection and Welfare of Children, with Special Reference to Foster Placement and Adoption Nationally and Internationally; the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (The Beijing Rules) ; and the Declaration on the Protection of Women and Children in Emergency and Armed Conflict,

Recognizing that, in all countries in the world, there are children living in exceptionally difficult conditions, and that such children need special consideration,

Taking due account of the importance of the traditions and cultural values of each people for the protection and harmonious development of the child,

Recognizing the importance of international co-operation for improving the living conditions of children in every country, in particular in the developing countries, Have agreed as follows:

## **PART I**

### ***Article 1***

For the purposes of the present Convention, a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.

### ***Article 2***

1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.

### ***Article 3***

1. In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration

2. States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.



3. States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision

#### ***Article 4***

States Parties shall undertake all appropriate legislative, administrative, and other measures for the implementation of the rights recognized in the present Convention. With regard to economic, social and cultural rights, States Parties shall undertake such measures to the maximum extent of their available resources and, where needed, within the framework of international co-operation.

#### ***Article 5***

States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention.

#### ***Article 6***

1. States Parties recognize that every child has the inherent right to life.
2. States Parties shall ensure to the maximum extent possible the survival and development of the child.

#### ***Article 7***

- 1 The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by his or her parents.
- 2 States Parties shall ensure the implementation of these rights in accordance with their national law and their obligations under the relevant international instruments in this field, in particular where the child would otherwise be stateless.

#### ***Article 8***

1. States Parties undertake to respect the right of the child to preserve his or her identity, including nationality, name and family relations as recognized by law without unlawful interference
2. Where a child is illegally deprived of some or all of the elements of his or her identity, States Parties shall provide appropriate assistance and protection, with a view to re-establishing speedily his or her identity.

#### ***Article 9***

1. States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. Such determination may be necessary in a particular case such as one involving abuse or neglect of the child by the parents, or one where the parents are living separately and a decision must be made as to the child's place of residence.
2. In any proceedings pursuant to paragraph 1 of the present article, all interested parties shall be given an opportunity to participate in the proceedings and make their views known.

3. States Parties shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests. 4. Where such separation results from any action initiated by a State Party, such as the detention, imprisonment, exile, deportation or death (including death arising from any cause while the person is in the custody of the State) of one or both parents or of the child, that State Party shall, upon request, provide the parents, the child or, if appropriate, another member of the family with the essential information concerning the whereabouts of the absent member(s) of the family unless the provision of the information would be detrimental to the well-being of the child. States Parties shall further ensure that the submission of such a request shall of itself entail no adverse consequences for the person(s) concerned.

#### ***Article 10***

1. In accordance with the obligation of States Parties under article 9, paragraph 1, applications by a child or his or her parents to enter or leave a State Party for the purpose of family reunification shall be dealt with by States Parties in a positive, humane and expeditious manner. States Parties shall further ensure that the submission of such a request shall entail no adverse consequences for the applicants and for the members of their family.

2. A child whose parents reside in different States shall have the right to maintain on a regular basis, save in exceptional circumstances personal relations and direct contacts with both parents. Towards that end and in accordance with the obligation of States Parties under article 9, paragraph 1, States Parties shall respect the right of the child and his or her parents to leave any country, including their own, and to enter their own country. The right to leave any country shall be subject only to such restrictions as are prescribed by law and which are necessary to protect the national security, public order (*ordre public*), public health or morals or the rights and freedoms of others and are consistent with the other rights recognized in the present Convention.

#### ***Article 11***

1. States Parties shall take measures to combat the illicit transfer and non-return of children abroad.

2. To this end, States Parties shall promote the conclusion of bilateral or multilateral agreements or accession to existing agreements.

#### ***Article 12***

1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.

#### ***Article 13***

1. The child shall have the right to freedom of expression, this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice

2. The exercise of this right may be subject to certain restrictions, but these shall only be such as are provided by law and are necessary.

(a) For respect of the rights or reputations of others; or

(b) For the protection of national security or of public order (ordre public), or of public health or morals.

#### ***Article 14***

1 States Parties shall respect the right of the child to freedom of thought, conscience and religion.

2 States Parties shall respect the rights and duties of the parents and, when applicable, legal guardians, to provide direction to the child in the exercise of his or her right in a manner consistent with the evolving capacities of the child.

3. Freedom to manifest one's religion or beliefs may be subject only to such limitations as are prescribed by law and are necessary to protect public safety, order, health or morals, or the fundamental rights and freedoms of others.

#### ***Article 15***

1 States Parties recognize the rights of the child to freedom of association and to freedom of peaceful assembly.

2. No restrictions may be placed on the exercise of these rights other than those imposed in conformity with the law and which are necessary in a democratic society in the interests of national security or public safety, public order (ordre public), the protection of public health or morals or the protection of the rights and freedoms of others.

#### ***Article 16***

1. No child shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence, nor to unlawful attacks on his or her honour and reputation.

2 The child has the right to the protection of the law against such interference or attacks.

#### ***Article 17***

States Parties recognize the important function performed by the mass media and shall ensure that the child has access to information and material from a diversity of national and international sources, especially those aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health. To this end, States Parties shall:

(a) Encourage the mass media to disseminate information and material of social and cultural benefit to the child and in accordance with the spirit of article 29,

(b) Encourage international co-operation in the production, exchange and dissemination of such information and material from a diversity of cultural, national and international sources,

(c) Encourage the production and dissemination of children's books;

(d) Encourage the mass media to have particular regard to the linguistic needs of the child who belongs to a minority group or who is indigenous;

(e) Encourage the development of appropriate guidelines for the protection of the child from information and material injurious to his or her well-being, bearing in mind the provisions of articles 13 and 18.

***Article 18***

1. States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern.

2. For the purpose of guaranteeing and promoting the rights set forth in the present Convention, States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children.

3. States Parties shall take all appropriate measures to ensure that children of working parents have the right to benefit from child-care services and facilities for which they are eligible.

***Article 19***

1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

***Article 20***

1. A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State

2. States Parties shall in accordance with their national laws ensure alternative care for such a child.

3. Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background.

***Article 21***

States Parties that recognize and/or permit the system of adoption shall ensure that the best interests of the child shall be the paramount consideration and they shall:

(a) Ensure that the adoption of a child is authorized only by competent authorities who determine, in accordance with applicable law and procedures and on the basis of all pertinent and reliable information, that the adoption is permissible in view of the child's status concerning parents, relatives and legal guardians and that, if required, the persons concerned have given their informed consent to the adoption on the basis of such counselling as may be necessary,

(b) Recognize that inter-country adoption may be considered as an alternative means of child's care, if the child cannot be placed in a foster or an adoptive family or cannot in any suitable manner be cared for in the child's country of origin, (c) Ensure that the child concerned by inter-country adoption enjoys safeguards and standards equivalent to those existing in the case of national adoption,

(d) Take all appropriate measures to ensure that, in inter-country adoption, the placement does not result in improper financial gain for those involved in it,

(e) Promote, where appropriate, the objectives of the present article by concluding bilateral or multilateral arrangements or agreements, and endeavour, within this framework, to ensure that the placement of the child in another country is carried out by competent authorities or organs

## ***Article 22***

1 States Parties shall take appropriate measures to ensure that a child who is seeking refugee status or who is considered a refugee in accordance with applicable international or domestic law and procedures shall, whether unaccompanied or accompanied by his or her parents or by any other person, receive appropriate protection and humanitarian assistance in the enjoyment of applicable rights set forth in the present Convention and in other international human rights or humanitarian instruments to which the said States are Parties

2 For this purpose, States Parties shall provide, as they consider appropriate, co-operation in any efforts by the United Nations and other competent intergovernmental organisations or non-governmental organisations co-operating with the United Nations to protect and assist such a child and to trace the parents or other members of the family of any refugee child in order to obtain information necessary for reunification with his or her family. In cases where no parents or other members of the family can be found, the child shall be accorded the same protection as any other child permanently or temporarily deprived of his or her family environment for any reason, as set forth in the present Convention

## ***Article 23***

1 States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community

2 States Parties recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child. 3 Recognizing the special needs of a disabled child, assistance extended in accordance with paragraph 2 of the present article shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation

opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development

4. States Parties shall promote, in the spirit of international cooperation, the exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of disabled children, including dissemination of and access to information concerning methods of rehabilitation, education and vocational services, with the aim of enabling States Parties to improve their capabilities and skills and to widen their experience in these areas. In this regard, particular account shall be taken of the needs of developing countries.

#### ***Article 24***

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

(a) To diminish infant and child mortality;

(b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;

(c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;

(d) To ensure appropriate pre-natal and post-natal health care for mothers;

(e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;

(f) To develop preventive health care, guidance for parents and family planning education and services.

3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.

4. States Parties undertake to promote and encourage international co-operation with a view to achieving progressively the full realization of the right recognized in the present article. In this regard, particular account shall be taken of the needs of developing countries.

#### ***Article 25***

States Parties recognize the right of a child who has been placed by the competent authorities for the purposes of care, protection or treatment of his or her physical or mental health, to a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement

**Article 26**

1. States Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law.

2. The benefits should, where appropriate, be granted, taking into account the resources and the circumstances of the child and persons having responsibility for the maintenance of the child, as well as any other consideration relevant to an application for benefits made by or on behalf of the child.

**Article 27**

1. States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.

2. The parent(s) or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child's development.

3. States Parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.

4. States Parties shall take all appropriate measures to secure the recovery of maintenance for the child from the parents or other persons having financial responsibility for the child, both within the State Party and from abroad. In particular, where the person having financial responsibility for the child lives in a State different from that of the child, States Parties shall promote the accession to international agreements or the conclusion of such agreements, as well as the making of other appropriate arrangements.

**Article 28**

1. States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular.

(a) Make primary education compulsory and available free to all;

(b) Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need,

(c) Make higher education accessible to all on the basis of capacity by every appropriate means;

(d) Make educational and vocational information and guidance available and accessible to all children;

(e) Take measures to encourage regular attendance at schools and the reduction of drop-out rates.

2. States Parties shall take all appropriate measures to ensure that school discipline is administered in a manner consistent with the child's human dignity and in conformity with the present Convention.

3. States Parties shall promote and encourage international cooperation in matters relating to education, in particular with a view to contributing to the elimination of ignorance and illiteracy throughout the world

and facilitating access to scientific and technical knowledge and modern teaching methods. In this regard, particular account shall be taken of the needs of developing countries.

**Article 29**

1. States Parties agree that the education of the child shall be directed to:

- (a) The development of the child's personality, talents and mental and physical abilities to their fullest potential,
- (b) The development of respect for human rights and fundamental freedoms, and for the principles enshrined in the Charter of the United Nations;
- (c) The development of respect for the child's parents, his or her own cultural identity, language and values, for the national values of the country in which the child is living, the country from which he or she may originate, and for civilizations different from his or her own;
- (d) The preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes, and friendship among all peoples, ethnic, national and religious groups and persons of indigenous origin;
- (e) The development of respect for the natural environment.

2. No part of the present article or article 28 shall be construed so as to interfere with the liberty of individuals and bodies to establish and direct educational institutions, subject always to the observance of the principle set forth in paragraph 1 of the present article and to the requirements that the education given in such institutions shall conform to such minimum standards as may be laid down by the State

**Article 30**

In those States in which ethnic, religious or linguistic minorities or persons of indigenous origin exist, a child belonging to such a minority or who is indigenous shall not be denied the right, in community with other members of his or her group, to enjoy his or her own culture, to profess and practise his or her own religion, or to use his or her own language.

**Article 31**

- 1. States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.
- 2. States Parties shall respect and promote the right of the child to participate fully in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity.

**Article 32**

- 1. States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development.
- 2. States Parties shall take legislative, administrative, social and educational measures to ensure the implementation of the present article. To this end, and having regard to the relevant provisions of other



international instruments, States Parties shall in particular: (a) Provide for a minimum age or minimum ages for admission to employment;

(b) Provide for appropriate regulation of the hours and conditions of employment;

(c) Provide for appropriate penalties or other sanctions to ensure the effective enforcement of the present article.

### ***Article 33***

States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances.

### ***Article 34***

States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. For these purposes, States Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent:

(a) The inducement or coercion of a child to engage in any unlawful sexual activity,

(b) The exploitative use of children in prostitution or other unlawful sexual practices,

(c) The exploitative use of children in pornographic performances and materials.

### ***Article 35***

States Parties shall take all appropriate national, bilateral and multilateral measures to prevent the abduction of, the sale of or traffic in children for any purpose or in any form.

### ***Article 36***

States Parties shall protect the child against all other forms of exploitation prejudicial to any aspects of the child's welfare.

### ***Article 37***

States Parties shall ensure that:

(a) No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment. Neither capital punishment nor life imprisonment without possibility of release shall be imposed for offences committed by persons below eighteen years of age,

(b) No child shall be deprived of his or her liberty unlawfully or arbitrarily. The arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time;

(c) Every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person, and in a manner which takes into account the needs of persons of his or her age. In particular, every child deprived of liberty shall be separated from adults unless it is considered in the child's

## Appendix 1

best interest not to do so and shall have the right to maintain contact with his or her family through correspondence and visits, save in exceptional circumstances;

(d) Every child deprived of his or her liberty shall have the right to prompt access to legal and other appropriate assistance, as well as the right to challenge the legality of the deprivation of his or her liberty before a court or other competent, independent and impartial authority, and to a prompt decision on any such action.

### ***Article 38***

1. States Parties undertake to respect and to ensure respect for rules of international humanitarian law applicable to them in armed conflicts which are relevant to the child.

2. States Parties shall take all feasible measures to ensure that persons who have not attained the age of fifteen years do not take a direct part in hostilities.

3. States Parties shall refrain from recruiting any person who has not attained the age of fifteen years into their armed forces. In recruiting among those persons who have attained the age of fifteen years but who have not attained the age of eighteen years, States Parties shall endeavour to give priority to those who are oldest.

4. In accordance with their obligations under international humanitarian law to protect the civilian population in armed conflicts, States Parties shall take all feasible measures to ensure protection and care of children who are affected by an armed conflict

### ***Article 39***

States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment, or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.

### ***Article 40***

1. States Parties recognize the right of every child alleged as, accused of, or recognized as having infringed the penal law to be treated in a manner consistent with the promotion of the child's sense of dignity and worth, which reinforces the child's respect for the human rights and fundamental freedoms of others and which takes into account the child's age and the desirability of promoting the child's reintegration and the child's assuming a constructive role in society.

2. To this end, and having regard to the relevant provisions of international instruments, States Parties shall, in particular, ensure that:

(a) No child shall be alleged as, be accused of, or recognized as having infringed the penal law by reason of acts or omissions that were not prohibited by national or international law at the time they were committed,

(b) Every child alleged as or accused of having infringed the penal law has at least the following guarantees:

(i) To be presumed innocent until proven guilty according to law;

- (ii) To be informed promptly and directly of the charges against him or her, and, if appropriate, through his or her parents or legal guardians, and to have legal or other appropriate assistance in the preparation and presentation of his or her defence;
  - (iii) To have the matter determined without delay by a competent, independent and impartial authority or judicial body in a fair hearing according to law, in the presence of legal or other appropriate assistance and, unless it is considered not to be in the best interest of the child, in particular, taking into account his or her age or situation, his or her parents or legal guardians;
  - (iv) Not to be compelled to give testimony or to confess guilt; to examine or have examined adverse witnesses and to obtain the participation and examination of witnesses on his or her behalf under conditions of equality;
  - (v) If considered to have infringed the penal law, to have this decision and any measures imposed in consequence thereof reviewed by a higher competent, independent and impartial authority or judicial body according to law;
  - (vi) To have the free assistance of an interpreter if the child cannot understand or speak the language used;
  - (vii) To have his or her privacy fully respected at all stages of the proceedings. 3. States Parties shall seek to promote the establishment of laws, procedures, authorities and institutions specifically applicable to children alleged as, accused of, or recognized as having infringed the penal law, and, in particular:
    - (a) The establishment of a minimum age below which children shall be presumed not to have the capacity to infringe the penal law,
    - (b) Whenever appropriate and desirable, measures for dealing with such children without resorting to judicial proceedings, providing that human rights and legal safeguards are fully respected.
4. A variety of dispositions, such as care, guidance and supervision orders; counselling; probation; foster care; education and vocational training programmes and other alternatives to institutional care shall be available to ensure that children are dealt with in a manner appropriate to their well-being and proportionate both to their circumstances and the offence.
- Article 41**
- Nothing in the present Convention shall affect any provisions which are more conducive to the realization of the rights of the child and which may be contained in:
- (a) The law of a State party; or
  - (b) International law in force for that State.
- PART II**
- Article 42**
- States Parties undertake to make the principles and provisions of the Convention widely known, by appropriate and active means, to adults and children alike.

**Article 43**

1. For the purpose of examining the progress made by States Parties in achieving the realization of the obligations undertaken in the present Convention, there shall be established a Committee on the Rights of the Child, which shall carry out the functions hereinafter provided.
2. The Committee shall consist of ten experts of high moral standing and recognized competence in the field covered by this Convention. The members of the Committee shall be elected by States Parties from among their nationals and shall serve in their personal capacity, consideration being given to equitable geographical distribution, as well as to the principal legal systems (amendment)
3. The members of the Committee shall be elected by secret ballot from a list of persons nominated by States Parties. Each State Party may nominate one person from among its own nationals
4. The initial election to the Committee shall be held no later than six months after the date of the entry into force of the present Convention and thereafter every second year. At least four months before the date of each election, the Secretary-General of the United Nations shall address a letter to States Parties inviting them to submit their nominations within two months. The Secretary-General shall subsequently prepare a list in alphabetical order of all persons thus nominated, indicating States Parties which have nominated them, and shall submit it to the States Parties to the present Convention.
5. The elections shall be held at meetings of States Parties convened by the Secretary-General at United Nations Headquarters. At those meetings, for which two thirds of States Parties shall constitute a quorum, the persons elected to the Committee shall be those who obtain the largest number of votes and an absolute majority of the votes of the representatives of States Parties present and voting.
6. The members of the Committee shall be elected for a term of four years. They shall be eligible for re-election if renominated. The term of five of the members elected at the first election shall expire at the end of two years; immediately after the first election, the names of these five members shall be chosen by lot by the Chairman of the meeting.
7. If a member of the Committee dies or resigns or declares that for any other cause he or she can no longer perform the duties of the Committee, the State Party which nominated the member shall appoint another expert from among its nationals to serve for the remainder of the term, subject to the approval of the Committee.
8. The Committee shall establish its own rules of procedure.
9. The Committee shall elect its officers for a period of two years.
10. The meetings of the Committee shall normally be held at United Nations Headquarters or at any other convenient place as determined by the Committee. The Committee shall normally meet annually. The duration of the meetings of the Committee shall be determined, and reviewed, if necessary, by a meeting of the States Parties to the present Convention, subject to the approval of the General Assembly.
11. The Secretary-General of the United Nations shall provide the necessary staff and facilities for the effective performance of the functions of the Committee under the present Convention

12. With the approval of the General Assembly, the members of the Committee established under the present Convention shall receive emoluments from United Nations resources on such terms and conditions as the Assembly may decide.

#### **Article 44**

1. States Parties undertake to submit to the Committee, through the Secretary-General of the United Nations, reports on the measures they have adopted which give effect to the rights recognized herein and on the progress made on the enjoyment of those rights:

- (a) Within two years of the entry into force of the Convention for the State Party concerned;
- (b) Thereafter every five years.

2. Reports made under the present article shall indicate factors and difficulties, if any, affecting the degree of fulfilment of the obligations under the present Convention. Reports shall also contain sufficient information to provide the Committee with a comprehensive understanding of the implementation of the Convention in the country concerned.

3. A State Party which has submitted a comprehensive initial report to the Committee need not, in its subsequent reports submitted in accordance with paragraph 1 (b) of the present article, repeat basic information previously provided.

4. The Committee may request from States Parties further information relevant to the implementation of the Convention.

5. The Committee shall submit to the General Assembly, through the Economic and Social Council, every two years, reports on its activities.

6. States Parties shall make their reports widely available to the public in their own countries

#### **Article 45**

In order to foster the effective implementation of the Convention and to encourage international co-operation in the field covered by the Convention:

(a) The specialized agencies, the United Nations Children's Fund, and other United Nations organs shall be entitled to be represented at the consideration of the implementation of such provisions of the present Convention as fall within the scope of their mandate. The Committee may invite the specialized agencies, the United Nations Children's Fund and other competent bodies as it may consider appropriate to provide expert advice on the implementation of the Convention in areas falling within the scope of their respective mandates. The Committee may invite the specialized agencies, the United Nations Children's Fund, and other United Nations organs to submit reports on the implementation of the Convention in areas falling within the scope of their activities;

(b) The Committee shall transmit, as it may consider appropriate, to the specialized agencies, the United Nations Children's Fund and other competent bodies, any reports from States Parties that contain a request, or indicate a need, for technical advice or assistance, along with the Committee's observations and suggestions, if any, on these requests or indications;

(c) The Committee may recommend to the General Assembly to request the Secretary-General to undertake on its behalf studies on specific issues relating to the rights of the child;

(d) The Committee may make suggestions and general recommendations based on information received pursuant to articles 44 and 45 of the present Convention. Such suggestions and general recommendations shall be transmitted to any State Party concerned and reported to the General Assembly, together with comments, if any, from States Parties.

### ***PART III***

#### ***Article 46***

The present Convention shall be open for signature by all States.

#### ***Article 47***

The present Convention is subject to ratification. Instruments of ratification shall be deposited with the Secretary-General of the United Nations.

#### ***Article 48***

The present Convention shall remain open for accession by any State. The instruments of accession shall be deposited with the Secretary-General of the United Nations.

#### ***Article 49***

1. The present Convention shall enter into force on the thirtieth day following the date of deposit with the Secretary-General of the United Nations of the twentieth instrument of ratification or accession.

2. For each State ratifying or acceding to the Convention after the deposit of the twentieth instrument of ratification or accession, the Convention shall enter into force on the thirtieth day after the deposit by such State of its instrument of ratification or accession.

#### ***Article 50***

1. Any State Party may propose an amendment and file it with the Secretary-General of the United Nations. The Secretary-General shall thereupon communicate the proposed amendment to States Parties, with a request that they indicate whether they favour a conference of States Parties for the purpose of considering and voting upon the proposals. In the event that, within four months from the date of such communication, at least one third of the States Parties favour such a conference, the Secretary-General shall convene the conference under the auspices of the United Nations. Any amendment adopted by a majority of States Parties present and voting at the conference shall be submitted to the General Assembly for approval.

2. An amendment adopted in accordance with paragraph 1 of the present article shall enter into force when it has been approved by the General Assembly of the United Nations and accepted by a two-thirds majority of States Parties.

3. When an amendment enters into force, it shall be binding on those States Parties which have accepted it, other States Parties still being bound by the provisions of the present Convention and any earlier amendments which they have accepted.

***Article 51***

1. The Secretary-General of the United Nations shall receive and circulate to all States the text of reservations made by States at the time of ratification or accession.
2. A reservation incompatible with the object and purpose of the present Convention shall not be permitted.
3. Reservations may be withdrawn at any time by notification to that effect addressed to the Secretary-General of the United Nations, who shall then inform all States. Such notification shall take effect on the date on which it is received by the Secretary-General

***Article 52***

A State Party may denounce the present Convention by written notification to the Secretary-General of the United Nations. Denunciation becomes effective one year after the date of receipt of the notification by the Secretary-General.

***Article 53***

The Secretary-General of the United Nations is designated as the depositary of the present Convention.

***Article 54***

The original of the present Convention, of which the Arabic, Chinese, English, French, Russian and Spanish texts are equally authentic, shall be deposited with the Secretary-General of the United Nations.

N WITNESS THEREOF the undersigned plenipotentiaries, being duly authorized thereto by their Respective governments, have signed the present convention.

## **Appendix 2: List of Focus Group Discussions**

This appendix provides information about the 28 focus group discussions for this research. The focus group discussions were organized in all four areas (Dar al-Salam squatter area, Mayū camp, Wad al-bashīr camp and al-Salam camp). The language spoken in all the groups was Arabic.

The details provided for the focus group discussions are:

- The sex and age of the participants
- Number of participants
- Location and date of FGD
- Characterization of research group in or out of school

### **Focus Group Discussions**

#### **Dar-al-Salam squatter area**

FGD 1	Girls (10-13years), 10 part, Dar-al-Salam squatter area, 30/3/2004, in-school
FGD 2	Girls and boys (10-13years), 8 part, (4 girls and 4 boys), Dar-al-Salam squatter area, 31/3/2004, in-school
FGD 3	Girls and boys (10-13years), 10 part (5 girls and 5 boys), Dar-al-Salam squatter area, 1/4/ 2004, in-school
FGD 4	Girls and boys (10-13years), 10 part, (5 girls and 5 boys), Dar-al-Salam squatter area, 1/4/ 2004, in-school
FGD 5	Girls and boys (10-13years), 6 part, (3 girls and 3 boys), Dar-al-Salam squatter area, 2/4/2004, in-school
FGD 6	Girls and boys (10-18years), 10 part, (1 girl and 9 boys), Vocational training center, 19/4/ 2004, in-school
FGD 7	Girls and boys (10-18years), 10 part (3 girls and 7 boys), Vocational training center, 20/4/ 2004, in-school

#### **Mayū camp**

FGD 8	Boys (10-17years), 10 boys, Mayū camp, 21/7/ 2004, in-school
FGD 9	Boys (10-16years), 5 boys, Mayū camp, 26/4/ 2004, in-school
FGD 10	Boys (10-18years), 5 part, Mayū camp, 26/4/2004, in-school
FGD 11	Girls (10-17 years), 10 part, Mayū camp, 23/7/2004, in-school
FGD 12	Girls (10-18years), 12 part, Mayū camp, 23/7/2004, in-school
FGD 13	Girls (10-17 years), 9 girls, Mayū camp, 22/7/2004, in-school
FGD 14	Girls and Boys (10-18years), 12 part, (7 boys and 5 girls), Mayū camp, 21/7/2004, in-school
FGD 15	Girls and boys (10-17 years), 11 part, (3 boys and 8 girls), Mayū camp, 21/7/ 2007, in-school

#### **Wad al-bashīr camp**

FGD 16	Boys (10-16years), 5 boys, Wad al-bashīr camp, 16/5/2004, in-school
FGD 17	Boys (10-16years), 6 boys, Wad al-bashīr camp, 10/5/2004, in-school and out-school
FGD 18	Girls (10-18years), 8 girls, Wad al-bashīr camp, 11/5/2004, in-school
FGD 19	Girls (10-18years), 6 girls, Wad al-bashīr camp, 18/5/2004, in-school
FGD 20	Boys and girls (10-16years), 12 part, (6 boys and 6 girls), Wad al-bashīr camp, 20/5/2004, in-school



FGD 21 Boys and Girls (10-18years), 11 part, (4 boys and 7 girls), Wad al-bashir camp, 19/5/2004, in-school

**al-Salam Camp**

FGD 22 Boys (10-15 years), 7 boys, al-Salam camp, 9/6/2004, in-school  
 FGD 23 Boys (10-17years), 10 boys, al-Salam camp, 10/6/2004, in-school  
 FGD 24 Boys (10-16years), 8 boys, al-Salam camp, 9/6/2004, in-school  
 FGD 25 Girls (10-18 years), 11 girls, al-Salam camp, 7/6/2004, in-school  
 FGD 26 Girls (10-16years), 6 girls, al-Salam camp, 5/6/2004, in-school and out-school  
 FGD 27 Boys and girls (10-17years), 1 boy and 5 girls, al-Salam camp, 7/6/2004, in-school  
 FGD 28 Boys and Girls (10-18years), 3 boys and 9 girls, al-Salam camp, 5/6/2004, in-school

### **Appendix 3: Questionnaire for the children**

Questions were asked verbally in Arabic and the researcher wrote down the answers. The questionnaire was used as a guideline. Local and easily understandable terms in Arabic were used. Children were encouraged to expand on the topics and to talk freely. 129 children were individually interviewed this way. Certain questions overlap to enable the researcher to check the answers given. The slight changes in emphasis gave the opportunity for new insights. Children were very interested in talking, so it was no problem to have a rather long questionnaire. Each interview lasted about an hour, sometimes more.

Date and place

Name

Age

Religion

Tribe

#### **Family history:**

1. Where are your mother and father?
2. How many sister and brothers do you have?
3. Do you have the same father and mother?
4. Do your father and mother live together? If not, where does your mother/father live?
5. With whom did you come to Khartoum?
6. Why did you come to Khartoum?
7. Does your father work? Where?
8. Does your mother work? Where?

#### **Living situation:**

1. How many people are there in your household?
2. Number of children
3. Number of adults
4. What are the ages of the children in the family?
5. Who takes care of the household?
6. Who is your official carer?
7. Who takes care of you now, your food, clothes, health and education?

#### **Economic aspects:**

1. How do you earn your income?
2. How much do you earn each month or each week?
3. How much time do you spend per day earning your income?
4. Can you estimate the amount of money you spend in a month or a week?
5. What do you spend your money on?
6. Do you run short of money in a month (week)? If you do, what do you do? Do you borrow money from someone?
7. Do you get financial assistance from your guardian? How much?
8. If your guardian cannot help you what do you do?

**School/education:**

1. Do you go to school?
2. When did you start school?
3. Do you pay fees for the school? If so, how much and who pays for you?
4. Did you ever drop out of school?
5. Why did you drop out?
6. How often do you go to school?
7. How far is the school from your house?
8. How do you travel to the school?
9. Have you been to a school other than this? If so, why did you change to this school?
10. Who told you about this school?
11. What is good about this school?
12. Why do you go to school?
13. What kind of services do they give you in the school?
14. Is it better than the other schools?
15. What do you think of the subjects you learn?
16. Are they difficult or easy to study?
17. If difficult, who helps you in the study?
18. What do you think of this school?
19. What do you like about going to school?
20. Who pays your brothers' and sisters' fees?
21. Have you ever been sent away from the school?
22. Have you ever run away from school? If so, why?
23. Is there anything you do not like about school?
24. Do you find school difficult at times? If so, what do you find difficult?
25. Do you find difficulty in paying the fees for you or your brothers and sisters?
26. What do they teach you at the school?
27. In what language?
28. Do you use your own language in the school or at home?
29. Who teaches you at the school?
30. Do you know how many teachers there are in the school?
31. Do you meet the teachers?
32. How often do you meet the teachers?
33. Why do you meet the teachers?
34. Who leads the discussion?
35. How does the discussion take place?
36. How long does the discussion last?
37. Who is the head teacher of the school?
38. Who built the school?
39. Have you heard of the (name of the NGOs)?
40. Do you know what the NGO does?
41. Do you have committee or student union in the school?
42. If so, how is it constructed and who is the leader?
43. Do you participate in decisions regarding students and education? If not, who participates, your guardian?
44. Do you have a school uniform?

## Appendix 3

45. Who pays for the uniform?
46. What do you do in your free time?
47. Do you want to finish school?
48. Why do you want to finish school?
49. What do you want to do after you finish school?

### **NGOs:**

1. What do the NGOs provide you with?
2. What kind of assistance does it give you?
3. What do you think the NGO should do to help you?
4. Do you have meetings with the NGO staff?
5. Do they come and visit the school, and you in the classroom?
6. How many times do they come?
7. Why do they come and visit?
8. What do they discuss with you?
9. How does the discussion take place?
10. Do you participate in the discussion?
11. Are you allowed to take decisions in the discussion?
12. Do the NGOs satisfy your needs?
13. Does the NGO make you aware of your rights?
14. Do you tell the NGO about what you need?
15. What does the NGO teach you?
16. What benefit do you get from the NGO?
17. What do you think of the work that the NGO is doing for you?
18. Do you think the work that the NGO are doing in the area improves standards for the children?
19. Has there been any improvement in your living conditions, in learning, in access to educational facilities (school building, school materials) access to quality education and health education?
20. Does the NGO improve the living condition by giving awareness of the right of the child?
21. Does the NGO advocate the right of the child in the school? How does it do that? Is it in terms of songs, drama etc?
22. What other improvement in your living condition in terms of education can be made with the help of the NGO?
23. What need do you think the NGO can satisfy?
24. Does the NGO take into consideration the psycho-social behaviour of children?
25. Does it supervise, care and protect the children?

### **Rights and needs:**

1. Have you ever heard of rights?
2. Who told you? Where did you hear of them?
3. What do you think your rights should be?
4. Did the NGO tell you of your rights?
5. Do you think there is a difference between rights and needs? If so, what is the difference?
6. Do you think you can achieve all your rights? How can you do that?
7. Do you think your rights are the same as the other children in the world? If not what is the difference?
8. What do you think the priorities are for children's rights?
9. Do you think rights for girls differ from rights for boys? If so, why is that?
10. Do you think needs of girls differ from boys' needs? Why?

11. Do you say what you want and need? Do you claim these?
12. When you need something who you ask?
13. What are the basic things you need?
14. What do you want most?
15. Who decides what is best for you?
16. Who do you think should decide for you?
17. If someone else makes decisions for you, do you agree with those decisions? Do you agree that the person should decide for you?

#### **Gender:**

1. Does the school have boys and girls?
2. How many girls and boys in your class?
3. Is the number of boys greater than the number of girls?
4. Do you think boys and girls should be in one class? If yes/no, why?
5. What do you think of girls going to school?
6. What do girls do if they do not go to school?
7. Do you think girls should stay at home or go to school? Why?
8. What do the boys do in the house after school?
9. What do the girls do in the house?
10. Outside school do you meet your friends, and do you mix with both boys and girls?
11. Do you have more boys or girls as friends? Why?
12. Are they from the same tribe, or a different one?
13. Do you have friends from outside the school?
14. Do you study together with your friends during school hours and after school?
15. Do you go and visit your friends, girls /boys after school?
16. Do you play with your friend's, girls /boys after school?
17. Does the NGO teach you about gender? If so, how often, and when was the last time?
18. If a girl or a boy drops out of school, what do you think the reason might be?
19. What does the NGO do about a drop-out?
20. What do you think should be done to have equal number of girls and boys in the school?
21. Do you think schooling is important for boys /girls? If you think un (important), why?

#### **Culture and traditions:**

1. Are you allowed to go to school? If not, what does the NGO do about that?
2. Do you have your own language?
3. Are you taught your native language? Who teaches you?
4. Does the NGO intervene in your cultural practices? (c.g. female genital cutting, sorcery, early marriage, abortion).
5. Does the NGO respect your cultural traditions or religion? If not, in what way?
6. Are there sports events and recreational activities? If so who organises them?

#### **Health:**

1. Does the NGO provide you with health services? If so, in what way?
2. When you are sick which health centre do you go to?
3. Where is this health centre? How far is it from your house?
4. Is a fee payable to the health centre? How much?
5. Does medicine have to be paid for?

## Appendix 3

6. Who pays for you? How much?
7. Do you go to the health centre alone? If not, who goes with you to the health centre. If so, why?
8. What were your symptoms/diseases?
9. Did the health centre help you?
10. How did it help you?
11. Do they treat children well and cure their illness?
12. Do you think the health centre should help children in any other way?
13. How could they better help you?
14. Do the health workers advise you in preventing disease?
15. How do they do that?
16. Do you like going to be treated?
17. Is the health centre open to all, and at all times?
18. What is good about the health centre?
19. What do you think should be done to improve the conditions of the health centre?
20. Are you aware of harmful diseases e.g. AIDS/HIV? Who told you? Do you know how to prevent these diseases? How frequently do you hear of these diseases?
21. Does the NGO give you sessions on how to prevent these diseases? How often?
22. Do you need more health education sessions on these diseases?
23. Is it better to go to the health centre or the traditional practitioners? Why would it be better?

### **Living conditions:**

1. When did your parents come to this camp?
2. Have you always lived in this camp?
3. Who owns your house?
4. Do you pay rent including water/electricity?
5. Who pays the rent?
6. How many people live in the house?
7. How many rooms are there in the house?
8. Do you have access to toilet?
9. Do you have water? If not, where do you get the water; do you pay for it?
10. Do you have electricity? If so, how much do you pay for the electricity? If not how do you light the house or have sufficient light to study?
11. Do you have TV/radio/stove (heating, cooking)?
12. What kind of cooking facilities do you use?
13. How many people sleep in one bed?
14. How many people sleep in one room?
15. How many meals do you have each day? Of what does they consist?
16. How much money do you spend on food every month (week) and what do you buy?
17. Are meals taken together e.g. sister and brother? If not, why not?
18. Who eats first? Why is that?

### **Decision-making and freedom of choice**

1. If you want or need something e.g. clothes, whom do you ask? Why?
2. Do you get what you want? If not, what do you do?
3. Who told you to go to school?
4. Was it your choice or did someone decided for you?
5. Do you take your own decisions or your does your guardian decide for you?
6. If your guardian told you to stay at home and not go to school what do you do?

7. If your guardian told you it was better to work than go to school, would you agree that this is so?
8. If you do not agree would you still comply if your guardian said you were to work rather than go to school?
9. Do you listen to your guardian opinions?
10. Do you voice your own opinion? If not, why not, if so what kind of opinion, give an example?
11. Do you choose what you want and need?
12. Who is given more freedom at the house, girls or boys and why
13. What are the main difficulties or problem you face?
14. What are your biggest worries for the future?
15. What do you want to be in the future?
16. Is it better to stay here or go to your home town?
17. Do you have a birth certificate? If not, why not?

### **General questions for the NGOs:**

1. What is the name of the organisation?
2. What type of organisation is it?
3. When did it start working in Sudan?
4. Who is the sponsor of the organisation?
5. What are the objectives of the organisation?
6. In which areas do you work and why?

### **Project selection and implementation**

1. In what type of projects do you work? What is the duration of the project?
2. What sort of projects does the organisation prefer? Specifically, education or health?
3. How do you choose your projects? On what basis?
4. How do you know that certain areas need your help?
5. What are the steps that you take in setting up the project?
6. What are your priorities in the project? Are children a priority or not?
7. What are the objectives of the project? Do you achieve all the objectives?
8. What are the obstacles that you face in carrying out the project? How do you deal with those obstacles?
9. Do you specify in your projects the basic needs for boys and girls? How do you specify these? Do you incorporate the needs and interest of the children in the project?
10. Is gender and age considered in the objectives of the project?
11. Do you work with a gender sensitive approach in your project?

### **State, donors and NGOs**

1. Can you describe the relation between your organisation, the donor/sponsor and state?
2. Power is symbolised and represented at NGO level by the director who is from country of the donor, and propagates the ideals of his donor country. So do Sudanese workers abide by all the policies and guidelines of the donor in their work? What adjustments do they make in carrying out the work, and why?
3. Are there conflicts between the donor's policies and what the Sudanese employees see as the best interests of the children?
4. Is there annual/monthly/weekly meetings with the donors. Who arranges the meeting and on what basis, what is the agenda that normally discussed and how the discussion does takes place?
5. Monitoring and evaluation is one of the important elements in the donors guidelines, can you describe how monitoring and evaluation takes place. Who plays a role in the monitoring and evaluation? Do children take a place in this process?
6. Are the objectives of the project for health set according to the donor policy, or set by the Sudanese workers? How does the organisation set the objectives and on what basis? Why do they set it that way and on what criteria do they base their objectives?



7. What is the formal relation between the organisation and the state?
8. How would you describe the relationship between the state and the organisation?
9. Is there an agreement between the state and the organisation?
10. What are the facilities you have, and what obstacles do you face in relation to the state?
11. Is there any co-operation with the state? If so, in which areas, if not, why not?

### **Participation and empowerment**

1. A common NGOs concept is to have the participation of the community in establishing their interests and needs; what does participation mean?
2. How does the NGO ensure that the staff participates fully? In setting up the project who participates?
3. Do junior staff participate and have input in the project or do they receive instructions?
4. How does the NGO involve the community?
5. Does the NGO involve the community in decision making, specifically children aged 10-18?
6. Are there discussions between state and organisation to decide what is best for the community? How do they do that? Who is involved and why? At what stage they participate in?
7. What are the tools that NGOs use in participation?
8. What does empowerment mean for your organisation?
9. How does your organisation use empowerment in its policy and project?
10. How does the staff work towards the empowerment of the community, specifically children Is it important to empower the children?
11. Does the NGO support child empowerment? Does the state support child empowerment? Are there are criteria or provisions in the support of child empowerment?
12. What does ethnocentrism mean for/in your organisation? How do you define it in your project policy?

### **Education**

Those questions were asked for the NGOs dealing with education

1. How does the organisation incorporate education in its projects?
2. Does the organisation take into consideration gender and equality in education for boys and girls? Is it one of the project objectives?
3. Does the curriculum consider the multi-diversity of different backgrounds in the camp? Is it a homogenous curriculum? Does it consider gender in its content?
4. If the organisation becomes aware that there are discrepancies between the curriculum and the ideals propagated by the organisation, do they intervene, and if so how?
5. Do you think that all children in the camp receive education? Is it the responsibility of the NGO to provide education to all the children in the camp?
6. What are the enrolment figures for boys and girls in the schools in the camp? Who drops out more frequently, boys or girls? Why ?

### **Health and health education**

Those questions were asked for the NGOs dealing with health

1. What health services do you provide for the children?
2. What are the most common diseases faced by children aged 10-18, and how do you treat them?
3. Who provides the NGO with medication?
4. Who support the health centre? How many doctors, nurses, midwives and nutritionist are available (foreign/Sudanese)?
5. Are there follow-up health sessions for the children?

## Appendix 4

6. Who are the most affected children, boys or girls from the age 10-18? What do girls suffer from and what do boys suffer from?
7. With which do you feel more comfortable working, boys or girls?
8. What health advice do you give the children? What does the organisation teach the children in terms of health education? How is this conducted, where, what issues are discussed? When and how does the discussion take place and who conduct the discussion?
9. What are the tools that the organisation uses in attracting the children to be treated? Do they accept the idea that they are being helped and treated medically?
10. In the camp the population is very diverse, with different cultures, traditions and norms, how does the organisation take into consideration these factor in the project?
11. How do you incorporate the articles for health in your project from a CRC perspective?
12. How useful do you find the CRC?

### **Convention on the rights of the child**

1. What do you think of the human rights issues and in particular the convention on the rights of the child (CRC)?
2. Does the organisation follow a rights-based approach? Why do you use it and how do you regard it?
3. How do you incorporate the articles for education in your project from a CRC perspective?
4. How useful do you find the CRC?
5. Do you find difficulty in implementing the CRC in Sudan? Why?
6. How do you define a child from a Sudanese perspective?
7. How do you define the best interest of the child in Sudan, and who defines what best for the child?
8. Who chooses what is best for the children in terms of health?
9. How do you define rights for children from an NGO perspective? Do you think children are entitled to have rights? Do you think children should claim to have basic rights to health, how do they claim it?
10. Does the organisation interfere in the lives of the children in terms of what they see as what is best for the children? Does the parent let the organisation interfere?

### **Staff**

1. How many males and females are working in the organisation and the health centre?
2. How do you select the staff? On what criteria?
3. Do you train the staff? How do you train them and who is eligible for training? How often does the training take place? Do you train the staff in the CRC, human rights or gender?
4. Is the staff aware of gender and human rights issues?
5. Members of staff in the NGO itself have different interests and are from different backgrounds, how does the NGOs solve this problem of interest? Whose interest is implemented?

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# Samenvatting

Als gevolg van oorlogen, droogte en economisch wanbeheer hebben meer dan 4 miljoen Soedanese vluchtelingen hun huizen verlaten en wonen momenteel in kampen voor intern ontheemden (IDP) in en rond de hoofdstad Khartoem. De meerderheid van hen zijn vrouwen en kinderen. Omdat de staat niet op afdoende wijze kan omgaan met de problemen die worden veroorzaakt door deze grootschalige verplaatsing, bieden nationale en internationale niet-gouvernementele organisaties (NGO's) hulp aan de mensen in de kampen. Dit onderzoek brengt de problemen in kaart waarmee ontheemde kinderen geconfronteerd worden die in vier kampen rond de Soedanese hoofdstad Khartoem leven, en beschrijft op welke manieren de niet-gouvernementele organisaties proberen de elementaire behoeften en rechten van de kinderen op gezondheidszorg en onderwijs te vervullen en wat de kinderen zelf daar van vinden. Daarnaast worden theoretische suggesties gedaan om de rechten van kinderen beter te integreren in ontwikkelingsprojecten.

Soedan heeft het Verdrag inzake de Rechten van het Kind (CRC) geratificeerd, met inbegrip van het recht op gezondheidszorg en onderwijs. Maar in welke mate kunnen ontheemde kinderen die rechten claimen en kunnen ontwikkelingsprojecten die zijn opgezet door de hulporganisaties hen daarbij helpen? Mijn belangrijkste onderzoeksvraag is: Hoe is het Verdrag inzake de Rechten van het Kind (CRC) geïmplementeerd in het beleid en de praktijk van NGO's die werkzaam zijn in de gezondheidszorg en het onderwijs in Soedan, gezien vanuit het perspectief van ontheemde kinderen? Subvragen zijn: Hoe gaan NGO's om met de CRC in beleid en praktijk? Hoe is de relatie tussen de staat en de NGO's van invloed op de implementatie van dit beleid? Hebben de organisaties een gender-perspectief opgenomen in hun beleid en praktijken? Hebben de organisaties overwogen leeftijdsfactoren in hun beleid en activiteiten op te nemen? Hoe is de gestelde eis tot participatie welke in de Het Verdrag is opgenomen, toegepast in het geval van kinderen? Hoe evalueren de kinderen zelf het werk van de NGO's om in hun basisbehoeften te voorzien en tegemoet te komen aan hun rechten? Welke bijdrage kan dit onderzoek leveren aan de theorieontwikkeling over de rechten van het kind en hoe kan dit vertaald worden naar adviezen voor de praktijk van ontwikkelingswerk voor kinderen?

Deze vragen worden beantwoord door eerst het beleid en de praktijk van de NGO's te onderzoeken op de manier waarop zij de rechten van kinderen incorporeren en uitvoeren en in de tweede plaats door de kinderen te vragen om over hun leven te vertellen en hun visie te geven over de effectiviteit van de hulporganisaties om tegemoet komen aan hun behoeften en hun rechten.

Het doel van het onderzoek is om inzicht te verschaffen in de mogelijkheden en beperkingen die NGO's ondervinden bij de verwezenlijking van de rechten van het kind en om inzicht te verwerven in de beoordeling door de kinderen van deze inspanning. Deze inzichten zijn noodzakelijk ter verbetering van de doeltreffendheid van de NGO's in de ontwikkeling van de rechten van het kind en uiteindelijk ter verbetering van het leven van kinderen in de kampen voor ontheemden.

Het is een expliciete keuze om het onderzoek te concentreren op de kinderen en om hun opvattingen over het werk van de NGO's in de gezondheids- en educatieve diensten in relatie tot de CRC te ontrafelen. Dit is omdat niet veel onderzoek in Soedan is gedaan naar kinderen en in het bijzonder ontheemde kinderen. Kinderen worden beschouwd als ontvangers van hulp, maar hun problemen, zorgen en levenssituatie is nauwelijks onderzocht, laat staan dat hun stem en meningen worden gehoord. Deze studie is daarom gericht op kinderen, op hun leven in een kamp en hun specifieke behoeften als ontheemden en als kinderen. Aan de kinderen werd gevraagd wat zij denken van het werk van de NGO's en of en hoe deze organisaties hen inderdaad helpen bij het voldoen aan hun behoeften en hun rechten in de gezondheidszorg en het onderwijs.

Het onderzoek werd gedaan door een Soedanese onderzoeker die eerder had samengewerkt met enkele NGO's die in Soedan waren gevestigd. Voor dit onderzoek werden vier non-gouvernementele organisaties en hun begunstigden geselecteerd, waarvan twee in de gezondheidszorg en twee in het onderwijs. In elk domein bevond zich een nationale en een internationale organisatie. Een voorwaarde was dat de NGO's al voor langere tijd met ontheemde kinderen werken in een of meer kampen in Soedan.

Voor deze diepte studie werden voornamelijk kwalitatieve methoden gebruikt. De geselecteerde NGO's werden als volgt bestudeerd. Diepte-interviews werden uitgevoerd met zowel de NGO's Project Officers als met de ontheemde kinderen zelf. De interviews werden uitgevoerd door de auteur, met behulp van een open vragenlijst. Van de vier geselecteerde NGO's werden twaalf managers en dertig leerkrachten en medisch assistenten in de vier kampen uitgebreid geïnterviewd. De belangrijkste vragen betroffen hun programma's, hun aanpak van de CRC, hun interpretatie van centrale begrippen zoals kinderen, rechten van kinderen en gender, hun activiteiten, hun criteria bij de selectie van de begunstigden, de richtlijnen die ze gevolgd hadden bij het omgaan met intern ontheemde kinderen, of ze op de hoogte waren gebracht van de VN-Commissie voor de Rechten van de Mens en van het Verdrag inzake de Rechten van het Kind, en welke moeilijkheden ze ondervonden bij de toepassing van de richtlijnen in het Kinderrechtenverdrag in de praktijk.

Een andere reeks interviews werd gehouden met 129 kinderen, allen begunstigden van deze NGO's. Een tweede open vragenlijst werd ontwikkeld voor hen. De belangrijkste vragen betroffen hun levensomstandigheden, hun basisbehoeften en of deze, in hun ogen, werden vervuld door NGO's en hoe ze de zorg van de NGO's voor hen beoordeelden. De interviews werden tevens gehouden om reacties op kwesties als kinderrechten en seks- en leeftijdsdiscriminatie aan het licht te brengen. Ook in dit geval is de vragenlijst voornamelijk gebruikt voor de structuur van het interview en om ervoor te zorgen dat alle onderwerpen werden behandeld. Kinderen werden aangemoedigd om informatie te geven en hun ideeën in hun eigen woorden toe te voegen.

Naast de individuele gesprekken, werden 28 gerichte focus groep discussies (FGD) gehouden, waaraan 122 jongens en 133 meisjes hebben deelgenomen. Het aantal kinderen in iedere discussie

groep varieerde tussen vijf tot twaalf. Aangezien meisjes soms verlegen zijn om te spreken in aanwezigheid van jongens, en de discussie kan leiden tot woede en onenigheid tussen jongens en meisjes, werden 16 van de 28 groepsdiscussies alleen met jongens of meisjes gehouden waarvan 8 voor jongens en 8 voor meisjes. De resterende 12 waren gemengd. Focus groep discussies hebben het voordeel ten opzichte van interviews dat de deelnemers met elkaar kunnen praten, en dat nieuwe gezichtspunten gemakkelijker op de voorgrond komen. De onderwerpen die in deze groepen werden besproken bewogen zich rond kwesties van gezondheid, onderwijs, de ondersteuning van NGO's, de relatie met leerkrachten en andere instanties, rechten en gender. Het verzamelen van gegevens over de visies van de kinderen werd vergemakkelijkt door het gebruik van passende kindgerichte technieken tijdens de interviews en de groepsdiscussies, zoals spelletjes en tekenen.

Ten slotte werd participerende observatie als onderzoeksmethode gebruikt om te bepalen hoe de NGO's de rechten van het kind opnemen in hun besluitvorming en in de uitvoering van hun projecten, en of ze daarin rekening houden met leeftijd en geslacht. Participerende observatie heeft geholpen om inzicht te krijgen in de verschillen tussen wat mensen zeggen en wat ze werkelijk doen, tussen het beleid en de praktijk. Voor zulke inzichten was het nodig om te observeren hoe programma managers samenwerken, reageren, communiceren en zich verhouden tot het personeel in de kampen op het gebied van het projectontwerp, uitvoering, controle en evaluatie. Door te observeren in de kampen, scholen en gezondheidscentra, verwierf de auteur inzicht in hoe het personeel en leerkrachten kinderen behandelen, hoe kinderen zich verhouden tot de volwassenen, en wat kinderen daadwerkelijk belemmert in hun toegang tot gezondheidszorg en onderwijs. Door te observeren hoe de kinderen praten, spelen, drinken, eten, leren, luisteren, reageren en omgingen met volwassenen en met elkaar, verkreeg de auteur gegevens over de belangen van de kinderen en inzicht in hun positie ten opzichte van de volwassenen, en hoe zij betrokken zijn op en zich verhouden tot de programmamanagers, het medisch personeel en docenten van de organisaties. Door het doen van spelletjes, door hen thuis te bezoeken en hun leefomstandigheden te zien, en door te praten met hun ouders of voogden, werd een beter beeld gekregen van hoe de kinderen leven in de kampen, en van de moeilijkheden waarmee zij te kampen hebben in het dagelijkse leven. Ook door de observatie van hoe jongens en meisjes zich gedragen kon de auteur beter de verschillende rollen van jongens en meisjes begrijpen en zo de invloed van gender praktijken en opvattingen op de toegang tot onderwijs en gezondheidszorg beter inschatten. Observatie van de lichaamstaal van de kinderen tijdens interviews of groep discussies gaf informatie over wat kinderen willen of over hun ongenoegen en tevredenheid.

In aanvulling op het veldwerk, werden onder de NGO's gegevens verzameld over hun beleid, met name met betrekking tot kinderen en gender, en werden evaluatieverslagen verzameld en geanalyseerd. Ook werd contextuele informatie verzameld via tijdschriften en internet, en werd wetenschappelijke literatuur gelezen ten behoeve van de verdere ontwikkeling van het theoretisch kader.

In het eerste hoofdstuk wordt de problematiek van ontheemde kinderen in Soedan geschetst en in een historische, politieke en economische context geplaatst. Van daaruit wordt de onderzoeksvraag ontwikkeld, de methoden van onderzoek uitgewerkt en een eerste theoretisch begrippenkader geschetst.

In hoofdstuk twee worden de belangrijkste concepten en de belangrijkste theoretische kwesties die van belang zijn voor dit onderzoek gepresenteerd. Het hoofdstuk is opgedeeld in vier

grote delen waarin vier belangrijke kwesties die gerelateerd zijn aan de studie van de rechten van het kind worden besproken. Deel een bespreekt de concepten 'rechten en behoeften' om te laten zien hoe nauw ze met elkaar verbonden zijn, maar ook dat ze analytisch onderscheiden moeten worden. Rechten worden gedefinieerd in relatie tot macht, om te kunnen analyseren hoe NGO's gebruik maken van hun macht ten aanzien van de rechten van het kind binnen de gezondheidszorg en het onderwijs, en welke macht kinderen hebben om hun rechten te claimen. Rechten worden ook gedefinieerd als correlatieven van plichten, om te kunnen analyseren in hoeverre NGO's hun plichten ten aanzien van ontheemde kinderen vervullen en hoe de kinderen dat zien. Bovendien worden rechten gerelateerd aan eisen. Het wordt van belang geacht te begrijpen of en hoe de kinderen hun rechten als kinderen kunnen eisen en wat daarbij de mogelijkheden en belemmeringen zijn, en of en hoe de NGO's hen steunen in deze eisen. Het begrip 'belang' wordt ook gebruikt in dit onderzoek om uit te vinden wat er bedoeld wordt met 'in het belang van het kind' en of en hoe de kinderen zelf hun belangen en behoeften op het gebied van gezondheidszorg en onderwijs kunnen bepalen en herkennen en of NGO's hen daarin voldoende tegemoet komen. Verder worden in het tweede deel van hoofdstuk 2 de begrippen 'kind zijn' en 'ontwikkeling van het kind' geanalyseerd op hun bruikbaarheid voor dit onderzoek. De relevantie van deze theoretische concepten ligt in de aandacht die ze vragen voor de verschillende dimensies van het kind zijn, haar grenzen en de interne verschillen tussen kinderen als groep. De ervaring van de kindertijd verschilt van een samenleving naar de andere. Hier worden de ideeën over de kindertijd in Soedan beschreven en de verschillende behoeften op verschillende leeftijden, van de vroege kindertijd tot adolescentie, onderzocht. In deel drie van het hoofdstuk wordt de ontwikkeling uitgewerkt van de verschillende benaderingen met betrekking tot gender. Deze benaderingen worden, gekenmerkt als WID (Vrouwen in Ontwikkeling), WAD (Vrouwen en Ontwikkeling) en GAD (Gender en Ontwikkeling) en verwijzen naar een bepaalde fase van de integratie van vrouwen of mannen en gender in het ontwikkelingsproces. Dit overzicht van de verschillende stadia van het denken over de relatie tussen vrouwen / gender en ontwikkeling wordt om twee redenen gegeven. Ten eerste voorziet het in een instrument om de rol van vrouwen en mannen, macht en 'empowerment' in het ontwikkelingsbeleid van deze NGO's te onderzoeken. Ten tweede wordt het gebruikt om het verdere denken over de relatie tussen kinderen en ontwikkeling te informeren, door te zoeken naar analogieën. Het laatste deel van het hoofdstuk beschrijft de 'benadering gebaseerd op kinderrechten' (child-right based approach) en het gebruik van deze aanpak door de NGO's in de toepassing van de rechten van het kind. Als onderdeel hiervan wordt vooral het begrip 'participatie' geanalyseerd om zo een handvat te hebben om te onderzoeken en te beoordelen in welke mate kinderen betrokken zijn bij het beleid en de activiteiten van NGO's.

Een gedetailleerde beschrijving van het leven van de ontheemde kinderen in de kampen wordt gegeven in hoofdstuk drie. Het hoofdstuk begint met het geven van de historische achtergronden van de massale (gedwongen) interne migratie. Het beschrijft de etnische en religieuze conflicten tussen de noordelijke en de zuidelijke stammen, de ecologische rampen, en de economische achteruitgang als belangrijkste oorzaken van de interne migratie. Daarna wordt de culturele en sociale omgeving van ontheemde kinderen in Khartoem uitgebreid beschreven. De problemen waarmee kinderen geconfronteerd worden in de kampen zijn onder andere de gebrekkige voorzieningen in de gezondheidszorg. De instabiliteit van het gezinsleven betekent dat veel kinderen onvoldoende onderhoud, bescherming en verzorging door volwassenen genieten. Ze moeten al jong bijdragen aan het gezinsinkomen of soms geheel in hun eigen levensonderhoud

voorzien. Sommige kinderen waren al met werk buitenshuis begonnen op de leeftijd van vijf jaar. Gezondheidsvoorzieningen in het kamp zijn minimaal, de kwaliteit van de zorg en de informatie erover is laag en moderne medische behandelingen zijn meestal onbetaalbaar. Mensen zijn daardoor gedwongen zich tot traditionele geneeswijzen te wenden, waardoor zij zich moeten verlaten op schadelijke praktijken en vele ziekten onbehandeld blijven. Kinderen worden geconfronteerd met ernstige belemmeringen bij de toegang tot school vanwege de financiële kosten van vervoer, schoolkleding, boeken of examengelden, de moeilijkheid om school te combineren met werk, en gebrek aan energie door onvoldoende voeding. Bovendien zijn de educatieve faciliteiten onvoldoende en is de kwaliteit van het onderwijs laag. Lijfstraffen en discriminatie op grond van geslacht zijn onderdeel van het dagelijks leven op school. De sombere economische situatie, verstoring het gezinsleven en ondersteunende sociale netwerken, herhaalde gedwongen nieuwe plaats toewijzing van de ontheemden, een ongezond milieu, corruptie en onderdrukking, alcoholmisbruik en het gebrek aan zelfrespect door te lange periodes van afhankelijkheid compliceren verder het leven in de kampen van alle kinderen en dragen bij aan hun gevoel van onveiligheid en verwaarlozing.

Hoofdstuk vier bespreekt de relatie tussen de staat en de NGO's in Soedan. NGO's werken in Soedan op verzoek van de regering ingeval van oorlog en natuurrampen. Om te begrijpen wat de NGO's kunnen doen voor de kinderen, is het noodzakelijk te weten wat de rol van de staat is ten aanzien van de NGO's en hoe de relatie tussen staat en NGO's van invloed kan zijn op de toepassing van kinderrechten. Het hoofdstuk tracht antwoord te geven op de vraag of deze relatie coöperatief of belemmerend is. Daarvoor worden de regels en voorschriften die de Soedanese regering aan de NGO's oplegt geanalyseerd om na te kunnen gaan of en hoe de staat het werk van de NGO's faciliteert of beperkt. Geconcludeerd wordt dat de relatie tussen de staat (vooral gepersonifieerd in het staatsagentschap HAC) en de NGO's in Soedan ambigu is, er is sprake van zowel een coöperatieve als een antagonistische relatie. Aan de ene kant bemoeilijkt HAC het werk van de NGO's door het opleggen van regels en de inmenging in zaken zoals de selectie van medewerkers, het toezicht op de geselecteerde kandidaten, het oplettend volgen en sturen van het werk van de NGO's, de registratie van de organisaties, de keuze van de onderwerpen, de locatie van de projecten en doelgroepen. NGO's kunnen niet werken zonder de toestemming of buiten de autoriteit van de staat. Deze inmengingen kunnen nadelig zijn voor de inspanningen van de NGO's voor de tenuitvoerlegging van de rechten van het kind. NGO's klagen dat deze een negatieve invloed hebben op de uitvoering en de verbetering van de dienstverlening aan de kinderen en op de duurzaamheid van de projecten. Bovendien dragen deze belemmeringen bij aan het onvermogen van de NGO's om projecten uit te voeren die leiden tot *empowerment* van kinderen. Aan de andere kant, werkt de staat (via de HAC) mee met de NGO's in de vrijstelling van alle douanerechten, belastingen en heffingen op ingevoerde goederen. Bovendien werkt de staat samen met de NGO's om van hun ervaring te kunnen profiteren. Dit werd duidelijk in het werk van de regeringsinstanties zoals NCCW en KCCW die met de NGO's samen aan projecten werken en in ruil van hun deskundigheid profiteren. Zo kan men zeggen dat de relatie tussen de staat en de NGO's in Soedan complex is en van tijd tot tijd leidt tot een ineffectieve en inefficiënte uitkomst.

Hoofdstuk vijf is gericht op de NGO's werkzaam in de gezondheidszorg en op de ontheemde kinderen die zij op dat gebied helpen. Het hoofdstuk stelt de volgende vragen: Welke gezondheidsprojecten voeren de geselecteerde NGO's uit en welke activiteiten ondernemen ze voor ontheemde kinderen? Passen NGO's in de gezondheidszorg het Kinderrechtenverdrag toe? Zo

niet, houden ze dan toch rekening met leeftijdsverschillen en sekseverschillen en de mogelijk verschillende behoeften die daaruit voortvloeien? Wat zijn de meningen van de kinderen op de verstrekte hulp? Op basis van de verzamelde data wordt aangetoond dat, ondanks het feit dat de organisaties zich formeel houden aan verdragen over de mensenrechten, er een duidelijke discrepantie is tussen beleid en praktijk. Vooral de discrepantie op het terrein van gender, leeftijdsbewust handelen en participatie van kinderen is opmerkelijk.

De onderzochte medische NGO's richten zich in hun medische activiteiten vooral op vrouwen en kinderen onder de vijf jaar oud; dat is een goede indicator dat zij vrouwen als belangrijke doelgroep in hun activiteiten beschouwen. In hun beleidsstukken staat dat ze onpartijdig zijn, al wordt daarbij gender niet specifiek genoemd, maar in de uitvoering maken ze duidelijke gender keuzes. Hoe lovenswaardig hun specifieke aandacht voor vrouwen ook is, het betekent wel een beperking van de toegang van anderen tot gezondheidszorg en een specifieke invulling van aandacht voor gender. Ten eerste worden hierdoor mannen benadeeld, evenals kinderen van beide geslachten van vijf tot achttien jaar. Gelijkheid van mannen en vrouwen en van kinderen van alle leeftijdsgroepen bij de toegang tot de gezondheidszorg is dus niet gegarandeerd. Ten tweede weerspiegelt de keuze van deze doelgroep de gerichtheid van de NGO's op een gezonde voortplanting, niet op de gezondheid van vrouwen per se. Andere factoren die van invloed zijn voor de gezondheid van een vrouw, zoals geboorteregeling, jonge huwelijksleeftijd, onveilige seks, dubbele belasting en gevaarlijke geboortepraktijken, blijven zo veronachtzaamd. En ten derde wordt het streven naar opheffing van gender ongelijkheden niet in praktijk gebracht, omdat de ongelijke verhoudingen tussen mannen en vrouwen noch de effecten daarvan op de gezondheid aan de orde komen. De gezondheidsorganisaties geven geen steun aan vrouwen om meer rechten te verwerven, bijvoorbeeld grotere beslissingsbevoegdheid in reproductieve kwesties, pakken de problematische communicatie tussen de seksen niet aan, gaan niet in op de verschillende behoeften van vrouwen en mannen, en geven vrouwen (noch kinderen) een kans om mee te denken over de opzet en uitvoering van de projecten die voor hen bedoeld zijn. Al deze factoren dragen niet bij aan de emancipatie van vrouwen of aan een grotere gelijkheid in de relaties tussen vrouwen en mannen. De onevenwichtige en gebrekkige aandacht voor gender zorgt er ook voor dat vooral meisjes in de gezondheidseducatie en gezondheidszorg benadeeld worden.

Een soortgelijk verschil tussen het beleid en de praktijk is ook te constateren wat betreft het omgaan met leeftijdsverschillen. Impliciet gaan de beleidsprincipes van de gezondheidsorganisaties uit van onpartijdigheid en non-discriminatie, maar in hun activiteiten is er wel sprake van discriminatie op basis van de leeftijd van de kinderen. Bijvoorbeeld door zich in specifieke projecten te concentreren op kinderen onder de vijf jaar oud, met als hoofddoel een vermindering van het ziekte- en sterftecijfer van zuigelingen en zogende moeders, worden oudere kinderen genegeerd. Een andere discriminatie vindt plaats wanneer zij weigeren kinderen die niet begeleid worden door een volwassene te behandelen. Juist in een omgeving waar ouderlijke zorg en bescherming vaak ontbreekt, kan dit grote problemen opleveren voor kinderen. Het leidt tot een ongelijke verdeling van humanitaire gezondheidszorg. Dit onderzoek toont aan dat de rechten en behoeften van de kinderen van verschillende leeftijden op het gebied van medische zorg en informatie herhaaldelijk worden verwaarloosd. Het laat zien dat de kinderen pijnlijk lijden onder het gebrek aan aandacht voor hun medische behoeften, niet alleen fysiek omdat hun medisch probleem niet opgelost wordt, maar ook sociaal omdat ze een gebrek aan respect ervaren, omdat

hun klachten niet geloofd worden of omdat ze zelfs mishandeld worden. Kinderen hebben duidelijk weinig macht om hun rechten op het gebied van gezondheid op te eisen.

In het beleid van de NGO's wordt de deelname van de gemeenschap die baat heeft bij de projecten expliciet aangemoedigd, maar ook op dit gebied is er een grote discrepantie tussen beleid en praktijk. Alleen bepaalde groepen mensen worden geïnformeerd en betrokken, terwijl anderen, in het bijzonder kinderen, daartoe niet uitgenodigd worden. Niet alleen zijn kinderen gedeeltelijk uitgesloten als begunstigen van medische zorg, zij zijn ook, op enkele uitzonderingen na, uitgesloten van medische informatiesessies. Regelmatige gezondheidsvoorlichting wordt niet meer gegeven aan kinderen. De weinige informatieve sessies voor hen, zoals die over gebitsverzorging door een betrokken tandartsassistente, hebben bovendien de vorm van een monoloog, waarbij aan het eind van de sessie de kinderen met vele onbeantwoorde vragen achterblijven. Zij kunnen daardoor niet aangeven welke onderwerpen zij zouden willen bespreken. Ook in de voorlichting voor zwangere vrouwen, mogen de vrouwen alleen luisteren en kunnen ze niet deelnemen aan een discussie met de gezondheidsvoorlichter. Vooral de nog zeer jonge zwangere vrouwen hebben het gevoel dat er voorbij gegaan wordt aan hun gebrek aan ervaring. Bovendien worden kinderen in de leeftijd van zeven tot achttien, net als de meeste vrouwen overigens, volledig buitengesloten van participatie in de discussies over de opzet en de uitvoering van projecten. Toch hebben jongeren wel een mening over wat voor hen van belang zou kunnen zijn. De geïnterviewde kinderen zeggen bijvoorbeeld dat ze meer gezondheidsvoorlichting sessies nodig hebben, en dan zo regelmatig mogelijk, omdat ze over veel zaken informatie willen. Er zijn ook zaken waarvan de kinderen en adolescenten niet op de hoogte zijn, maar die voor hen specifiek van belang kunnen zijn, zoals reproductieve gezondheid inclusief geboortebepaling, preventie van seksueel overdraagbare aandoeningen, of de gevaren als gevolg van de slechte hygiënische en economische omstandigheden. Het is in het "beste belang" van de kinderen om gezondheidsinformatie te krijgen en betrokken te worden bij de activiteiten van de organisaties; maar dit belang wordt niet in acht genomen. Dit is in tegenspraak met het officiële beleid van de NGO's waarin duidelijk staat dat de volle medewerking en betrokkenheid van de gemeenschap wordt beoogd, zonder te categoriseren in bepaalde groepen. Het is ook in strijd met de artikelen 3 en 12 in de CRC. Als de organisaties een uitdrukkelijke CRC benadering zouden nastreven, zou dat een effectieve en efficiënte impact op de kinderen kunnen hebben.

Hoofdstuk zes is een gedetailleerde beschrijving en analyse van de onderwijsactiviteiten van twee NGO's in het licht van de CRC en hoe de ontheemde kinderen in Khartoem dat evalueren. NGO's spelen een belangrijke rol in de bepaling en de verbetering van het onderwijs aan ontheemde kinderen. Dit hoofdstuk beantwoordt de vraag of en hoe de NGO's het Kinderrechtenverdrag volgen, hoe dit wordt toegepast in hun educatieve projecten en hoe de kinderen het waarderen. De verschillende onderwijsprojecten van de twee organisaties worden beschreven en geanalyseerd, evenals de reacties van de kinderen op deze educatieve diensten die door de NGO's worden aangeboden. Een analyse van de data laat zien dat er ook in het onderwijs, hoewel in mindere mate dan in de gezondheidszorg, er verschillen zijn tussen het beleid en de praktijk van de organisaties, en dat dit een invloed heeft op de uitvoering van de CRC. Bijgevolg is er sprake van een schending van de kinderrechten bij de toegang tot onderwijs. De case studies van de geselecteerd educatieve organisaties laten zien dat de onderwijsorganisaties meer dan de gezondheidsorganisaties in hun formele beleid expliciet melding maken van de CRC. Maar het onderzoek van hoe daarmee in de praktijk van de projecten wordt omgegaan, dat wil zeggen hoe in

## Samenvatting

feite de CRC regels rond gender, leeftijd en participatie worden toegepast, laat zien dat helaas ook op dit gebied de rechten van kinderen niet worden gehonoreerd.

Gender is opgenomen in het beleid van de organisaties, en het streven naar een beter evenwicht tussen mannen en vrouwen wordt expliciet in de activiteiten aan de orde gesteld: meisjes zijn niet alleen geïntegreerd als begunstigden van de programma's, maar worden ook specifiek aangemoedigd om daaraan deel te nemen. Toch is deze extra aandacht voor meisjes niet voldoende om de bestaande ongelijkheden in gender tussen mannen en vrouwen te overwinnen en bij kinderen capaciteitsopbouw en empowerment te garanderen. Het blijkt duidelijk dat de educatieve praktijken op verschillende manieren de bestaande ongelijkheden tussen jongens en meisjes voortzet. Zowel leerkrachten als ouders vinden onderwijs voor jongens belangrijker dan voor meisjes, jongens en meisjes worden zowel binnen als buiten de klas van elkaar gescheiden, en de twee groepen worden anders behandeld of hen worden verschillende cursussen toegewezen. De didactische methoden begunstigen jongens. Jongens hebben regelmatig de zware taak om werk met school te combineren, maar meisjes hebben vaak een driedubbele last met taken binnenshuis, inkomen genererende activiteiten buitenshuis en hun studie. Aan meisjes worden minder bewegingsvrijheid en keuzemogelijkheden toegestaan dan aan jongens. Daarmee wordt gender-ongelijkheid eerder bevestigd dan gereduceerd middels het onderwijs. Ondanks de inspanningen van de leerkrachten om meer meisjes ingeschreven te krijgen, bleef het aantal meisjes op de school achter bij het aantal jongens. In alle organisaties zijn er minder vrouwen op senior management niveau dan mannen. Een vrouwelijk rolmodel op senior management niveau zou kunnen bijdragen aan de bevordering van gelijkheid van mannen en vrouwen, zou de communicatie met vrouwelijke leerkrachten kunnen vergemakkelijken, en zou wellicht meer gevoelig zijn voor de behoeften van ontheemde moeders en meisjes in het kamp. Training van het personeel in bewustwording van en omgang met de gender problematiek zou zinvol zijn, maar uit het onderzoek blijkt dat alleen op het hogere niveau van de senior managers er gender-trainingen verzorgd zijn en niet voor het andere personeel. De leerkrachten in de vluchtelingenkampen die direct verantwoordelijk zijn voor de uitvoering van de CRC regels over gender zijn niet opgeleid om inzicht te krijgen in gender relaties en hoe ze een grotere gender-gelijkheid moeten bewerkstelligen. Bij ontstentenis van in gender getrainde leraren is het ook niet mogelijk een gender bewustzijn over te brengen op de kinderen. Uit de analyse van de houding en het gedrag van de leraren en van het curriculum van de opleiding blijkt dat er onvoldoende aandacht is voor gender om de kinderen daarin te trainen. Dit heeft gevolgen voor de kinderen, voor het wederzijdse respect van jongens en meisjes en voor de toekomstmogelijkheden voor meisjes, maar ook voor de duurzaamheid en effectiviteit van het onderwijsproject.

Hoewel de NGO's hun beleid specifiek afgestemd hebben op kinderen, zijn ze niet immuun voor leeftijdsdiscriminatie in de praktijk. Niet aan alle groepen wordt evenveel aandacht gegeven. De prioriteit ligt bij de kinderen van tien tot vijftien, maar daardoor worden oudere kinderen gemarginaliseerd. Bovendien blijkt het moeilijk om de verschillende behoeften op verschillende leeftijden van de jongens en meisjes volledig te erkennen. De ondervraagde jongens en meisjes melden herhaaldelijk de verschillen in aandacht die ze ondervinden van de leerkrachten en ervaren dat als discriminatie. Oudere kinderen hebben het gevoel dat jongere jongens en meisjes meer aandacht in de klas krijgen. Bovendien hebben ze het gevoel niet serieus genomen te worden op het gebied van besluitvorming, bijvoorbeeld in het kiezen van keuzevakken. Meisjes klagen dat sommige leerkrachten jongens als favoriete leerling hebben, zoals in het geval van de re-integratie



school in Dar al-Salam. De meisjes zijn het meest getroffen door deze discriminatie omdat het hun gevoel van inferieur zijn aan jongens versterkt. Respect voor de verschillende behoeften van kinderen op verschillende leeftijden is een belangrijk aspect in de ontwikkeling van kinderen, en in de verwezenlijking van hun rechten, zoals aangegeven in het CRC en in het bijzonder artikel twee.

Een analyse van de mate van 'participatie' van kinderen laat zien dat kinderen niet, zoals de CRC en de beleidsplannen van de NGO's beogen, als actieve deelnemers mede vorm geven aan deze educatieve projecten. De kinderen wordt geen andere rol gegeven dan die van consument in de educatieve activiteiten. De bijdragen van de organisaties in het onderwijs blijft beperkt, wat betekent dat ze (helpen) scholen bouwen, de leerkrachten een zogenoemd 'incentief' betalen en soms bijdragen aan boeken of andere faciliteiten. Maar de begunstigden, in dit geval kinderen, worden niet actief betrokken bij het bepalen van de behoeftes of de prioriteitstelling in verband met deze specifieke projecten, noch bij het ontwerpen van hun methoden en doelstellingen. Evenmin werden zij geïnformeerd over de bedoelingen en doelstellingen van het project of over wie de besluiten neemt die voor hen als begunstigden van belang zijn, noch worden ze gevraagd voor feed-back ter verbetering van het project. Actieve deelname wordt aangemoedigd in de CRC evenals in de beleidsnota's van de NGO's, die daarmee de recente trend in het mondiaal ontwikkelingsdenken volgen om, ter bevordering van de effectiviteit en duurzaamheid, begunstigden actief te laten deelnemen aan de opzet, uitvoering en verbetering van ontwikkelingsprojecten. Maar in feite zijn kinderen geen actieve deelnemers in die zin in de activiteiten van de organisaties. De kinderen zelf, en vooral de oudere kinderen, zijn zich ten volle bewust van deze reductie tot afnemer en hun uitsluiting als participant. De jongeren die de beroepsopleiding volgen klagen in het algemeen over het gebrek aan aandacht voor hen en hun specifieke wensen en behoeften, en over het feit dat ze niet betrokken worden bij de besluitvorming in zaken die hen betreffen. Zo vinden zij dat de organisatie weinig aandacht besteedt aan wat voor hen een levensgroot probleem is, namelijk de financiële problemen die zij hebben om hun opleiding te voltooien. Daarnaast wijzen ze op de beperkte mogelijkheden van de opleiding van jongens en meisjes, en de uitsluiting van meisjes uit vele cursussen. Het is ontegenzeggelijk zo dat de organisaties belangrijke activiteiten uitvoeren ten gunste van kinderen. Maar deze kunnen nog gunstiger zijn als de kinderen worden geraadpleegd over hun specifieke moeilijkheden om school met werk te combineren, over wat ze willen leren en hoe, over wat ze op school nodig hebben, wat ontbreekt, of hoe ze willen communiceren met de leerkrachten. Veel kan geleerd worden van hun opvattingen over de redenen waarom meisjes vroegtijdig de school verlaten, waarom kinderen naar school willen, welke besluiten ze met volwassenen willen delen, welke projecten zij gerealiseerd zouden willen zien en wat hun interesses zijn. Door deze onderwerpen openlijk met hen te bespreken geeft men kinderen niet alleen een stem, maar tevens een training in participatie. Daardoor leidt het tot *empowerment* van kinderen en een vermindering van het machtsverschil tussen hen en volwassenen. Helaas, de organisaties gebruiken deze benadering niet. De kinderen in deze studie bevinden zich nog steeds in de eerste en tweede fase van 'participatie', te weten die van manipulatie en decoratie. Dat wil zeggen dat de kinderen alleen doen of zeggen wat door de hulpgevers (en de volwassenen in het algemeen) van hen wordt verlangd, zonder echt begrip van de problematiek en zonder inspraak. Dit vormt een belemmering voor een optimale uitvoering van projecten in Soedan, en voor de toepassing van de CRC en in het bijzonder artikel 3 en 12.

Hoofdstuk 7 geeft een diepere analyse van de verzamelde gegevens en een vergelijking van de vier NGO's. Het blijkt dat er een grote verscheidenheid bestaat in de mate waarin NGO's de rechten van kinderen in hun beleid integreren. Maar hoe uitgebreid ze dat ook doen, in alle gevallen ervaren de organisaties problemen met de uitvoering van een op rechten gebaseerde benadering. In alle gevallen is er sprake van een discrepantie tussen de intentie tot verbetering van de rechten van het kind in de gezondheidszorg en het onderwijs en het gebrek ervan in de praktijk. Relevante factoren in deze gebrekkige uitvoering zijn gender, leeftijd en participatie. Hoewel sommige NGO's zich bewust zijn van de bijzondere behoeften van meisjes in vergelijking met die van jongens, en zich zelfs specifiek op meisjes richten omdat ze in het onderwijs achterblijven bij de jongens, hebben zij alle problemen met het aanpakken van de gender-ongelijkheid in de samenleving. Meer inspanningen van de NGO's zijn nodig om veranderingen in dit gebied te bewerkstellen. Leeftijd, dat wil zeggen het rekening houden met de verschillende behoeften van kinderen van verschillende leeftijd, blijkt ook een probleem. Veel kinderen zijn van mening dat de organisaties geen rekening houden met de specifieke behoeften van hun leeftijdsgroep. Dit probleem wordt slechts gedeeltelijk aangepakt door de organisaties. Het meest problematisch echter was de derde factor, participatie. In een situatie van ontheemding worden kinderen al op zeer jonge leeftijd verantwoordelijk gemaakt voor de sociale en economische overleving van henzelf en hun familie. Ze vervullen al vroeg volwassen en actieve rollen in de samenleving, maar in ontwikkelingsprojecten worden ze beschouwd als kinderen voor wie beslissingen worden genomen en die zelf geen inspraak hebben in die beslissingen. Ondanks een aantal theoretische ontwikkelingen ter bevordering van de participatie van kinderen in hun eigen ontwikkeling, en de inspanningen van sommige NGO's om kinderen van hun rechten bewust maken, nemen kinderen in de praktijk geen deel aan het ontwerp, de uitvoering of de beoordeling van de projecten bedoeld om hun rechten te bevorderen. Kinderen zijn nog niet getraind in het opeisen en uitoefenen van deze rechten. Kinderen in Soedan worden gezien als afnemers en een gevoel van participatie en verantwoordelijkheid wordt ze ontnomen. NGO's moeten veel ijveriger werken aan de tenuitvoerlegging van deze rechten door voor kinderrechten te pleiten en te lobbyen, door alle benodigde informatie daarover te verschaffen en door ruimte te bieden voor participatie van de belanghebbenden. Om dit te bereiken, moeten de kinderen deelnemen aan alle zaken waarbij ze betrokken zijn.

Om een benadering gebaseerd op volledige erkenning en toepassing van kinderrechten (*child-right based approach*) te helpen bevorderen, zijn er in het laatste deel van hoofdstuk zeven parallellen getrokken tussen de progressieve stadia van het denken over vrouwen in de ontwikkeling en wat wenselijk zou zijn voor het denken over kinderen in ontwikkeling. Er worden enkele suggesties gedaan om, analoog aan de GAD benadering, een model te ontwikkelen voor een *Child Rights and Development* (CRAD)- Kinderrechten en Ontwikkeling benadering. In dit model worden een aantal aspecten aangegeven en toegelicht die van belang zijn om beter recht te kunnen doen aan de CRC in ontwikkelingsprojecten. Ik hoop dat dit de overgang kan ondersteunen van een op behoeften gebaseerde benadering naar een op rechten gebaseerde benadering in projecten voor kinderen. Kinderen in Soedan moeten niet enkel beschouwd worden als ontvangers van liefdadigheid, maar als individuen die actief en met een bij hun leeftijd passende verantwoordelijkheid deelnemen aan de verwezenlijking van de rechten die aan hen door het Verdrag inzake de Rechten van het Kind worden toegeschreven. Een CRAD aanpak is gericht op het vergroten van de inbreng en de beslissingsbevoegdheid (*empowerment*) van kinderen door hen

op te leiden en actief te laten participeren. In een CRAD aanpak, worden de rechten van kinderen alswel de actieve deelname (*agency*) van kinderen in het verwerven van deze rechten erkend en van belang geacht. Kinderen moeten worden geraadpleegd over hun behoeften, en afhankelijk van hun leeftijd betrokken worden bij zowel het concept, de uitvoering, alswel de evaluatie en verbetering van projecten bestemd voor hen. Dit veronderstelt dat kinderen vanaf jonge leeftijd worden opgeleid om zichzelf uit te drukken, hun mening te uiten, en met hun verzorgers en elkaar te praten. Het veronderstelt ook een gemakkelijk communicatie tussen volwassenen en kinderen, en een wederzijds respect van de verschillende leeftijdsgroepen voor elkaars vermogen om bij te dragen tot de definitie van het probleem en de oplossing ervan. Kortom, het neemt artikel 12 van de CRC serieus.

Bovendien kan een CRAD benadering ervoor zorgen dat de rechten, zoals vermeld in het CRC en andere mensenrechten verdragen, in praktijk worden gebracht. Ten eerste door de kinderen van hun rechten bewust maken en hen strategieën te leren om hun rechten op te eisen. In de tweede plaats door allen die werken met kinderen op te leiden en bewust te maken van de rechten van kinderen. Een CRAD aanpak erkent dat alle kinderen hetzelfde recht hebben om hun potentieel te ontplooiën, en werkt aan verhoging van het bewustzijn en de deelname van alle groepen (kinderen, ouders, staten, NGO's) in de besluitvorming, en beschouwt ook kinderen als actieve deelnemers in alle fasen van het ontwikkelingsproces. Dezelfde rechten hebben betekent echter niet dat kinderen als een homogene categorie kunnen worden behandeld. Net als vrouwen en mannen, verschillen kinderen naar klasse, leeftijd, etniciteit, burgerlijke staat, godsdienst of ras. Deze pluraliteit, en de daaruit voortvloeiende pluraliteit van stemmen, moet worden gerespecteerd en overgenomen. Net als arme vrouwen, hebben arme ontheemde kinderen praktische behoeften zoals voedsel, onderdak, kleding, onderwijs of gezondheidszorg. Het is belangrijk om voor deze praktische behoeften te zorgen, maar dit is op zich niet voldoende om kinderen te laten uitgroeien tot verantwoordelijke volwassenen. Hoewel de praktische behoeften niet altijd gemakkelijk te onderscheiden zijn van de strategische behoeften, is het van analytisch belang dat wel te doen, aangezien het laatste verwijst naar rechten, naar het vergroten van macht om deze rechten te claimen, en naar het benodigde inzicht in de structurele omstandigheden die dergelijke claims mogelijk maken of belemmeren. Het beschouwt kinderen als *rechthebbend* op steun, gezondheidszorg, onderwijs, enzovoort en dus *rechthebbend* om hun rechten op te eisen en om actief deel te nemen aan het formuleren van hun behoeften en het vinden van oplossingen. De CRAD aanpak beschouwt kinderen als menselijke wezens met inherente rechten, en niet zozeer als objecten van liefdadigheid. Het is een lange-termijn perspectief: kinderen worden gemachtigd om hun rechten claimen, waaronder, op het gebied van gender, het recht op gelijke kansen in de samenleving voor meisjes en jongens. De strategische behoeften van kinderen zijn tweeledig. Op de eerste plaats de strategische behoefte aan onderwijs in wat hun rechten zijn en deelname aan het opeisen en realiseren van deze rechten. Op de tweede plaats de strategische behoefte aan het opheffen van structurele ongelijkheden die verantwoordelijk zijn voor hun situatie, zoals gedwongen huwelijk op jonge leeftijd, genitale verminking of soortgelijke traditionele praktijken die schadelijk zijn voor de gezondheid en het welbevinden van kinderen, mannelijke dominantie, economische uitbuiting of oorlog.

Ten slotte vindt in hoofdstuk acht een terugkoppeling plaats van de geanalyseerde gegevens naar de theoretische discussies en wordt het antwoord op de hoofd- en subvragen samengevat. Tevens worden vanuit het gesuggereerde CRAD model aanbevelingen gedaan voor

## Samenvatting

NGO's. De bevindingen van dit onderzoek wijzen op de noodzaak van een expliciete CRAD aanpak door zowel de gezondheidszorg- als onderwijsorganisaties om de rechten van kinderen beter te bewerkstelligen. Dit betekent dat zowel in beleid als praktijk kinderen behandeld dienen te worden als personen met inherente rechten. Organisaties die werken aan de belangen van kinderen moeten pleiten voor de rechten van kinderen en met de staat meewerken om deze op te nemen in het onderwijs curriculum. Andere aanbevelingen betreffen gelijkheid van mannen en vrouwen, participatie, en opleiding in bewustwording, zoals: Het belang van gelijkheid van mannen en vrouwen moet worden onderwezen in scholen en aan de gemeenschap. De betrokkenheid en participatie van kinderen in de medische en educatieve projecten zal leiden tot een gevoel van verantwoordelijkheid onder de kinderen en hun zelfvertrouwen en vaardigheden ontwikkelen. Organisaties moeten kinderen trainen om zich vrij te uiten over zaken die hen betreffen. Organisaties dienen naar kinderen te luisteren en hen deelgenoot te maken in de besluitvorming over projecten die hen betreffen. Verhoging van de bewustwording van de noodzaak van onderwijs voor meisjes is belangrijk voor zowel de meisjes als de gemeenschap. Om het vroegtijdig schoolverlaten van meisjes tegen te gaan moet er een groter besef van het belang van onderwijs voor meisjes komen en de juiste faciliteiten worden verstrekt. Een laatste aanbeveling is dat organisaties geen excuus zouden moeten zoeken in 'cultuur' om ongelijkheid te laten voortbestaan, maar actief op zoek dienen te gaan naar manieren om ongelijkheden te verminderen.

# Curriculum Vitae

Azza Omerelfaroug Abdelaziz Abdelmoneium was born on 25 January 1972 in Khartoum Sudan. She received her Bachelor degree in Organisation Management in 1994 from Ahfad University in Sudan. She started working with international organisations from 1994-1997 which encouraged her to develop her career and specialize in development studies. From 1997-1998 she was granted a fellowship from the Dutch Ministry of Foreign Affairs to attend a Master course at the Institute of Social Studies in the Hague- the Netherlands. She graduated with a Master of Arts in development studies in public policy and administration, with a master thesis on "Impact of state policy on non-governmental organisations and their response- Sudan experience". In 1999 she returned to Sudan and worked with international organisations applying her knowledge and expertise in developmental projects. Also she worked as a part time lecturer at the Faculty of Management at Ahfad University in Sudan. In 2001 she came to the Netherlands and followed several postgraduate courses and decided to write her PhD proposal. In 2003 she initiated her PhD study at the Institute of Gender Studies of Radboud University Nijmegen. During her PhD study she was involved in teaching at the Institute of Gender Studies. She published an article at Ahfad Journal in Sudan and two other forthcoming articles. Her areas of research interest include gender, human rights, developmental policies and community development projects of NGOs.

Email: [abdelmoneium@yahoo.com](mailto:abdelmoneium@yahoo.com)





