

Right to Play Jam Suka Baseline Report: Assessing the protection and the well being of vulnerable children in Mali in the areas of Kayes, Sikasso and Mopti



**RIGHT
TOPLAY**

Produced by

The International Institute for Child Rights and Development (IICRD)

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INTRODUCTION

The following report seeks to create a baseline of qualitative, quantitative and secondary evidence to inform Right To Play's Jam Suka initiative in Mali.

Key Objective

To assess the protection needs, systems capacity and the well being of vulnerable children affected by the crisis in Mali in the regions of Kayes, Sikasso and Mopti

Specific Goals

Research goals:

- Gather qualitative, quantitative and secondary data in relation to Jam Suka PMF indicators
- Where possible apply child centred, participatory approaches to understand the “lived experience” of boys and girls living in the three Jam Suka project regions of Kayes, Sikasso, and Mopti
- Triangulate a variety of sources of data to validate findings
- Provide a pre-implementation quantitative measure of child protection and well being for future comparison in order to measure the Jam Suka project's implementation over time (follow up at midline and endpoint)
- Apply a social ecological, systems lens to better understand the relation between formal (government) and non-formal (peer, family, community based and cultural) child protection systems

Program goals:

- Need for baseline research to initiate Jam Suka project (submit report to GAC)
- Inform Jam Suka programming design via a refined PIP aimed at strengthening local protection mechanisms to mitigate protection risks
- Enhance links among Jam Suka monitoring, evaluation and learning (MEL) for RTP and project partners



Process and Timeline for Baseline Research

- From August – mid September a team of four IICRD staff prepared research a framework and protocol in consultation with Right To Play International and Mali offices
- The team visited Mali from September 18th – Oct. 4th
- The enumerator Household Survey training was conducted in Bamako September 23rd – 26th
- Qualitative Research was conducted in Sikasso, Kayes, and Mopti (Sep. 27th – Oct. 4th)
- Data analysis and draft report writing took place from October 6th – November 4th
- Sharing and strategic discussion with RTP team (e.g. refine PIP goal setting) November 4th – 14th

METHODOLOGY

Applying a mixed methods approach

Both quantitative and qualitative methods were used in the baseline.

Quantitative methods were comprised of household Surveys with randomly selected samples of adolescents and a smaller group of care-givers in separate, non-overlapping households. Sample size estimates were created to reach statistical significance for adolescent surveys per region with a 95% confidence interval, based on population size (regional goal of 400, 1200 surveys total). Given Jam Suka's focus on gender differences, the research team attempted to collect a roughly even number of surveys with boys and girls and fathers and mothers. Women data collectors only collected surveys with girls/mothers and men with boys/fathers to ensure ethical and gender representativeness. A purposeful sample of most vulnerable children and child protection practitioners was additionally taken in each region. The "most vulnerable" category was constructed from the key areas of vulnerability for the Jam Suka project: (1) children affected by conflict, (2) child labour, including begging, (3) early child marriage, and (4) harmful traditional practices, including FGM¹. The assumption was made that vulnerable children should represent at least 15% of the general population, and so, the goal of 60 children was set per region. Child protection practitioners included both formal and informal actors with active roles in each region. .

¹ Note quantitative data collected with the most vulnerable adolescent sub-samples contained multiple errors and is not included in this report, the qualitative and secondary data is included for this group.
report, the qualitative and secondary data is included for this group.



Qualitative tools employed two methods. The first was an ethnographic approach, in which rich narrative descriptions were gathered with various community members. The second used child centred, playfully reflective research tools that encouraged young peoples meaningful participation in data gathering, analysis and where possible validation. Finally, secondary research was gathered to address indicators for which primary data could not be obtained.

The relationship between research methods and Jam Suka program (PMF) indicators is shown in the table below.

DATA COLLECTION METHODS /INDICATORS	TOOLS USED
Triangulation between data gathered through: *Qualitative Tools *Quantitative Tools *Secondary Data - Reports Using an agreed definition of key aspects of an effective child protection system, 4 aspects will be compared from baseline throughout the project life including: 1) Demonstrated improvements in capacity in the formal system improving policy and delivering direct services to children especially girls in Kayes, Sikasso and Mopti; 2) Functioning prevention and response services system contributing to decreased use of harmful traditional practices; 3) Effective data gathering and reporting Monitoring, Evaluation and Learning system reporting against baseline and through SIPRE; 4) Meaningful child participation in both formal and non-formal child protection processes.	*KEY INFORMANT INTERVIEWS (KII) – vulnerable adolescents (4-6/region)- vulnerable families (2-4/region) – practitioners 2-4 per region *FOCUS GROUPS (FG) - Practitioners (15/region), vulnerable family representatives (15-20/region), *SPIDERGRAM/LIKERT SCALES (Spidergram) - vulnerable adolescents (20/region), vulnerable families (20/region) and practitioners (15/region) *SOCIAL & POI MAPPING (S/P Map) - vulnerable adolescents (20/region) HOUSEHOLD AND PURPOSEFUL SURVEYS (QUANTITATIVE) –adult care providers (100/region) /adolescents (400/region)/ vulnerable adolescents (60/region) /practitioners (15-20/region) FORMAL DATA COLLECTED BY NATIONAL DIRECTORATE OF CHILD PROTECTION AND INFORMAL DATA COLLECTED BY LOCAL PARTNERS AND NATIONAL DIRECTORATE ON CHILD PROTECTION and UNICEF (Secondary Data)



1000 - Increase in the effectiveness of the child protection system that respects the rights of children, especially girls in the regions of Kayes, Sikasso and Mopti	1000.1 Child Protection System Effectiveness **	FG – practitioners KII – vulnerable adolescents/vulnerable families/practitioners S/P Map– vulnerable adolescents Purposeful Surveys – practitioners
	1000.2 The experiences of children and adults on the quality of protection services. **	FG – practitioners/vulnerable families KII – vulnerable adolescents/vulnerable families/practitioners Spidergram - vulnerable adolescents/vulnerable families/practitioners S/P Map– vulnerable adolescents Household Surveys – adult care providers/adolescents
2000 - Increased capacity of the communities to ensure better protection of children, especially girls, during and after crises, against harmful practices in the regions of Kayes, Sikasso and Mopti	2000.1 Evidence that community members adopt practices to ensure better protection of children during and after crises *	FG – practitioners/vulnerable families KII – vulnerable adolescents/vulnerable families/practitioners
	2000.2 The experiences of parents or care-givers who report having reported a suspected case of child abuse and know how to report it **	FG – vulnerable families/care-providers KII –vulnerable families Household Surveys – adult care providers
	2000.3 The experiences of care providers and children (especially girls) in the capacity of communities to better protect children **	FG –vulnerable families KII – vulnerable adolescents/vulnerable families/practitioners S/P Map– vulnerable adolescents Household Surveys – adult care providers/adolescents



3000 – increased access to social services and measures of sustainable rehabilitation and reintegration	3000.1 % of Children (m / f) having benefited from at least one basic social service reported by children and verified by one other data source **	FG – practitioners S/P Map– vulnerable adolescents Household Surveys – adult care providers/adolescents
	3000.2 % Children (m / f) affected by the crisis, supported / rehabilitated /rehabilitated **	FG – practitioners Household Surveys – adult care providers/adolescents
	3000.3 The experiences of children affected by the crisis on the quality of basic social services they enjoy. (access) *	KII – vulnerable adolescents Spidergram - vulnerable adolescents/vulnerable families/practitioners
1100 - Strengthen formal and non -formal mechanisms of protection for adolescents, especially girls	1100.1 % of formal and informal Actors effectively using the Information System on Child Protection (SIPRE) *	FG – practitioners
	1100.2 Effectiveness of formal and informal mechanisms for Protection child **	FG – practitioners/vulnerable families KII – vulnerable adolescents/vulnerable families/practitioners S/P Map– vulnerable adolescents Household Surveys – adult care providers/adolescents Purposeful Surveys – practitioners
1200 - Strengthen the mechanisms of coordination, collaboration and delivery (synergy) among child protection service providers	1200.1 Level of coordination and collaboration among protection service providers **	FG – practitioners Purposeful Surveys – practitioners



	1200.2 Children's satisfaction level and quality of adult protective services, particularly for girls and women **	FG – practitioners/vulnerable families KII – vulnerable adolescents/vulnerable families S/P Map – vulnerable adolescents Household Surveys – adult care providers/adolescents Purposeful Surveys – practitioners
2100 - Increase the skill (competence) of protection organizations to prevent and respond to child protection issues during and after the crises	2100.1 % of actors in the formal and informal child protection training who know at least 3 prevention and case management measures in Mali *	Purposeful Surveys – practitioners
	2100.2 Skill level of actors trained in child protection **	FG – practitioners KII – vulnerable adolescents/vulnerable families/practitioners Spidergram - vulnerable adolescents/vulnerable families/practitioners Purposeful Surveys –practitioners
2200 - Enhanced knowledge of policy makers, local leaders and communities on the importance of child protection and the risks related to harmful practices and exploitation	2200.1 Awareness of Formal and informal actors on the laws, policies, and protection codes for children in Mali **	FG – practitioners/vulnerable families KII – vulnerable adolescents/vulnerable families/practitioners Household Surveys – adult care providers/adolescents Purposeful Surveys – practitioners
	2200.2 The extent to which formal and informal actors make use of laws, policies and child protection code of Mali **	FG – practitioners/vulnerable families KII – vulnerable adolescents/vulnerable families/practitioners Spidergram - practitioners Purposeful Surveys – practitioners



	2200.3 Incidence of abuse, neglect and exploitation of children including child marriage, child labour, female genital mutilation and begging **	FG – practitioners/vulnerable families KII – vulnerable adolescents/vulnerable families/practitioners Household Surveys – adult care providers/adolescents Purposeful Surveys – practitioners
2300 - Increased competences (knowledge and skill) of children to protect themselves and other children, and to positively influence protection decisions	2300.1 The level of life skills in children 12- 18 years (PCYD) **	FG – practitioners/vulnerable families KII – vulnerable adolescents/vulnerable families/practitioners Spidergram - vulnerable adolescents/vulnerable families/practitioners Household Surveys –adolescents
	2300.2 Children's knowledge level on child protection **	FG – practitioners/vulnerable families KII – vulnerable adolescents/vulnerable families/practitioners Spidergram - vulnerable adolescents/vulnerable families/practitioners S/P Map– vulnerable adolescents Household Surveys – adolescents
3100 -Improved access to education/training, health and other social services for children affected by the crisis and victims of harmful practices, especially girls.	3100.1 Level of knowledge of children and parents on the importance of birth certificates for the rights and protection of children **	FG – practitioners/vulnerable families KII – vulnerable adolescents/vulnerable families Household Surveys – adult care providers/adolescents
	3100.2 Number of girls and boys who have benefited from education, health and recreational physical and mental expressions **	FG – practitioners/vulnerable families KII – vulnerable adolescents/vulnerable families/practitioners Household Surveys – adult care providers/adolescents



3200 - Strengthen local structures of rehabilitation/reintegration and the guidance of children affected by the crisis and harmful practices, especially girls.	3200.1 Capacity of local structures for rehabilitation and integration of affected children **	FG – practitioners/vulnerable families KII – vulnerable adolescents/vulnerable families/practitioners Spidergram - vulnerable adolescents/vulnerable families/practitioners S/P Map– vulnerable adolescents Household Surveys – adult care providers/adolescents Purposeful Surveys – practitioners
	3200.2 Children and adults experience of local structures for rehabilitation and integration of affected children **	FG – practitioners/vulnerable families KII – vulnerable adolescents/vulnerable families/practitioners Spidergram - vulnerable adolescents/vulnerable families/practitioners Household Surveys – adult care providers/adolescents
3300 - Increased access of adolescents to safe/ protective spaces (environments and people), especially girls.	3300.1 Number of functional protective programs structures/spaces that are operating according to local standards **	FG – practitioners/vulnerable families KII – vulnerable adolescents/vulnerable families/practitioners S/P Map– vulnerable adolescents Household Surveys – adult care providers/adolescents Purposeful Surveys – practitioners
	3300.2 The experiences of adolescents of protective environments **	FG – practitioners KII – vulnerable adolescents Spidergram - vulnerable adolescents/vulnerable families/practitioners S/P Map– vulnerable adolescents Household Surveys –adolescents

Quantitative sample

Household surveys in all 3 regions

- 1298 adolescents ages 12-18, 426 Sikasso (198 girls/203 boys/25 unidentified), 432 Kayes (190 girls/157 boys/ 85 unidentified), 436 Mopti (183 girls/219 boys/ 34 unidentified)

- 319 care-givers/parents (161 women/155 men. 3 unidentified), 111 Sikasso, 106 Kayes, 102 Mopti)

Purposeful surveys in all 3 regions

- 203 most vulnerable adolescents 72 Sikasso (39 girls/33 boys), 69 Kayes (33 girls/32 boys, 4 unidentified), 62 Mopti (31girls/31 boys)
- 53 Service providers/practitioners 20 Sikasso, 18 Kayes, 15 Mopti - with only 5 of these currently working in Social Services

Total 1873

Qualitative sample

- Focus Group Discussions with service providers/practitioners (20 per region, total 60)
- Focus Group Discussions with care-givers/parents (20 per region, total 60)
- Key informant interviews with service providers/practitioners (2-4 per region, total 9)
- Key informant interviews with care-givers/parents (2-4 per region, total 9)
- Key informant interviews with vulnerable children 12-18 (2-4 per region, total 9)
- Social Mapping and POI Mapper walking tour with groups of vulnerable children 12-18 (20 per region, total 60)
- Spidergram diagnostic of service accessibility and challenges carried out with children aged 12-18, care-givers/parents and service providers/practitioners (45 per region, total 135)

Total 342

Grand Total 2215

Sampling secondary data: Sources and limitations

Secondary data regarding child protection in Mali was not able to be procured for consideration in this baseline. Documents on specific issues, such as the National Roadmap on Early Marriage, are available but contain targets rather than baseline data.

Documents such as UNICEF's 2015-2019 Country Program Plan on Child Protection contain baseline data on issues such as: Percentage of women aged 15-49 subject to female genital mutilation/cutting (baseline: 88.5%, target: TBD), and Percentage of women aged 15-49 married before the age of 18 (baseline: 14.3%, target: TBD). But there are problems with respect to collection of this type of baseline data



because the targets change in response to backlash to advocacy against it. For example, there is some evidence to suggest that FGM is being practiced on younger girls, sometimes even infant girls, in an effort to bypass resistance against this practice by traditional community members.

Many of the documents provide valuable overviews of the context in Mali that supports the picture presented in the primary qualitative data. For example, the July 2014 National Plan of Action on Child Protection of the National Directorate of Promotion of Child and Family provides a national picture and includes many national indicators (pages 11-22 of the Plan) that the team can use to finalize the indicators for Kayes, Sikasso and Mopti where RTP is working.



BASELINE RESULTS

1000 Increase in the effectiveness of the child protection system that respects the rights of children, especially girls in the regions of Kayes, Sikasso and Mopti

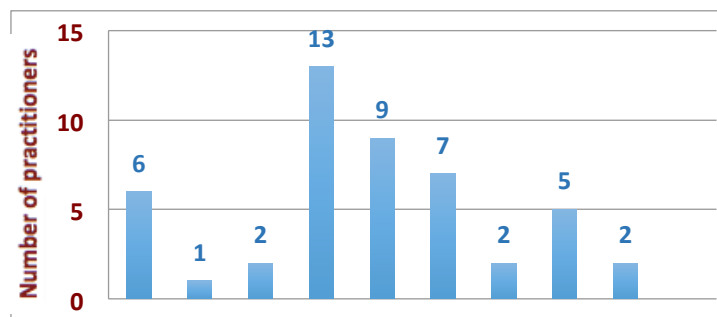
1000.1 Child protection system effectiveness

Based on a review of the literature on child protection systems strengthening², including contexts similar to Mali, the following four criteria were applied to measure CP system effectiveness:

1. Skilled Child Protection workforce

Quantitative results:

Practitioners' perception of quality of child protection services (1=low, 10=high)



Practitioners' perception of quality of child protection services

² See for example: Wulczyn, Fred, et al, 2010; Child Protection Working Group, 2010; UNICEF, UNHCR, Save the Children and World Vision, 2013; UNICEF 2015.

Qualitative results:

- Practitioners self reported a high level of knowledge of the existing Mali laws on child protection and ability to use the case referral system, in particular for cases of abuse and extreme poverty
- Practitioners had low levels of awareness on mechanisms to support boys and girls affected by harmful traditional practices such as child labour, FGM and early marriage, and the skills to directly protect them

2. Functioning prevention and response services system involving formal and non-formal actors

Quantitative results:

- 47.2% of practitioners interviewed had received some sort of child protection training – 60% in Sikasso and Mopti and only 22% in Kayes. (P3)

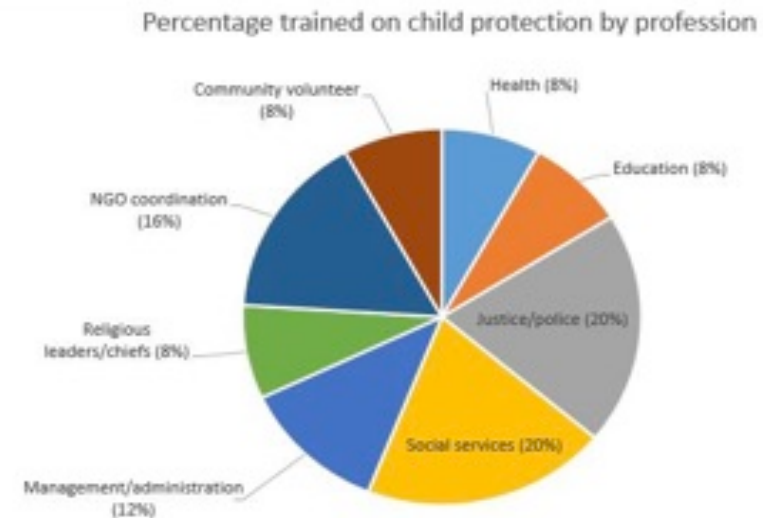
Qualitative results:

- Practitioners interviewed reported feeling competent in case management procedures but primarily on issues of domestic violence, neglect and extreme poverty, less so on harmful traditional practices

3. Effective data gathering and ongoing Monitoring, Evaluation and Learning

Qualitative results:

- Practitioners had not started using SIPRE
- Child protection cases were being recorded and reported to government in monthly reports



4. Meaningful child participation in both Child Protection formal and non-formal processes

Quantitative results:

- Only 2.1% of children interviewed reported using child protection services
- 0% of children interviewed reported being supported by rehabilitation services

Qualitative results:

- For non formal supports children listed: Family (especially parents), close relatives, community leaders, a trusted adult, as the main sources of informal support

1000.2 The experiences of children and adults on the quality of protection services

Quantitative results:

Care givers perceptions of the quality of protection services

Quality Scale		Frequency	Percent
Valid	1	3	.2
	2	5	.3
	3	5	.3
	4	5	.3
	5	15	1.0
	6	8	.5
	7	4	.3
	8	4	.3
	9	1	.1
	10	6	.4
	Total	56	3.7
Missing	System	1455	96.3
<u>Total</u>		<u>1511</u>	<u>100.0</u>

Qualitative results:

- Interviews with care providers revealed lack of access to formal child protection services
- Children reported very low or no use of protection services

1100 Strengthen formal and non formal mechanisms of protection for children, especially girls

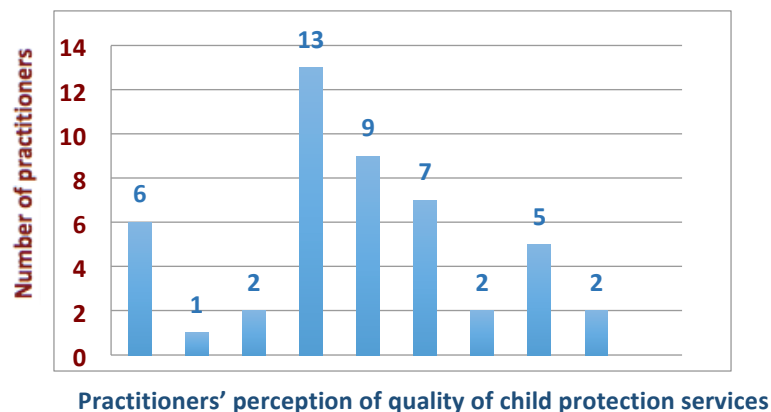
□ 1100.1 % of actors of formal and informal protection systems that efficiently use the Information System on Child Protection (SIPRE)

- SIPRE is not being used yet, implementation will begin in year 1 of Jam Suka

□ 1100.2 Effectiveness of formal and informal mechanisms for Child Protection

Quantitative results:

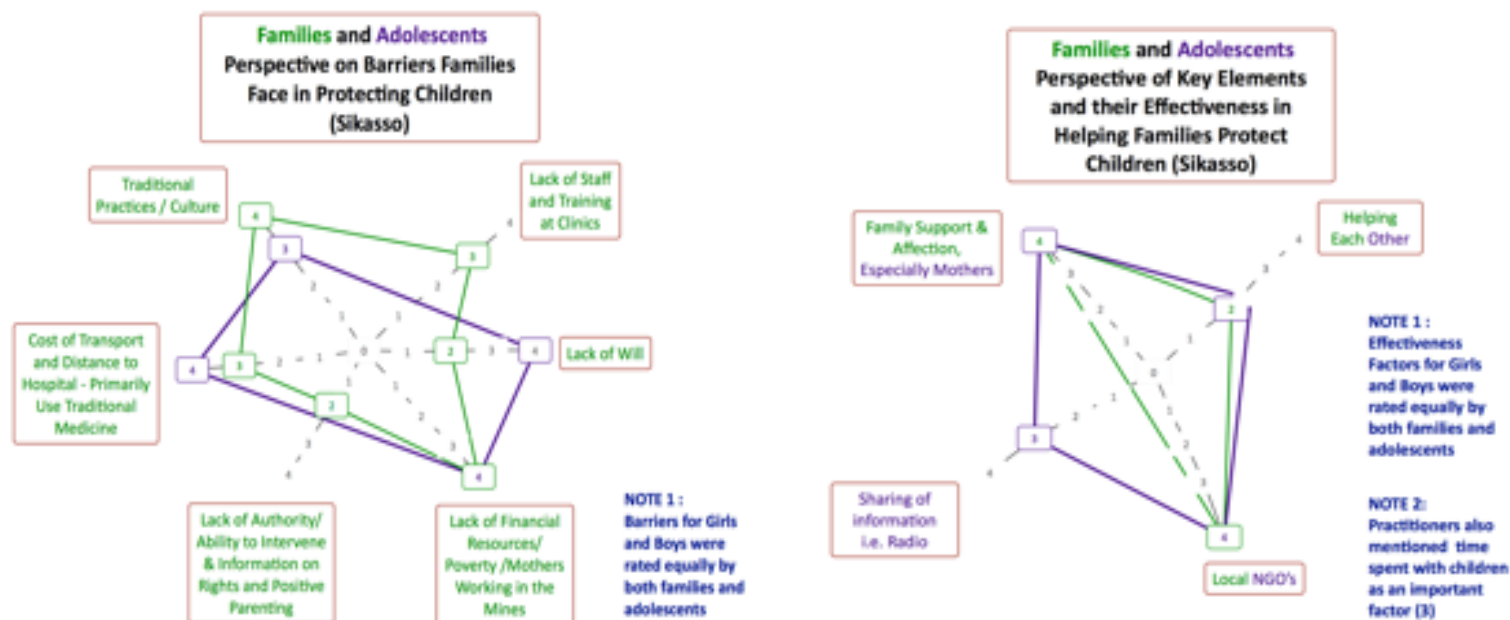
Practitioner's perspectives on effectiveness of formal child protection services (1=low, 10=high)



Quantitative and Qualitative results:

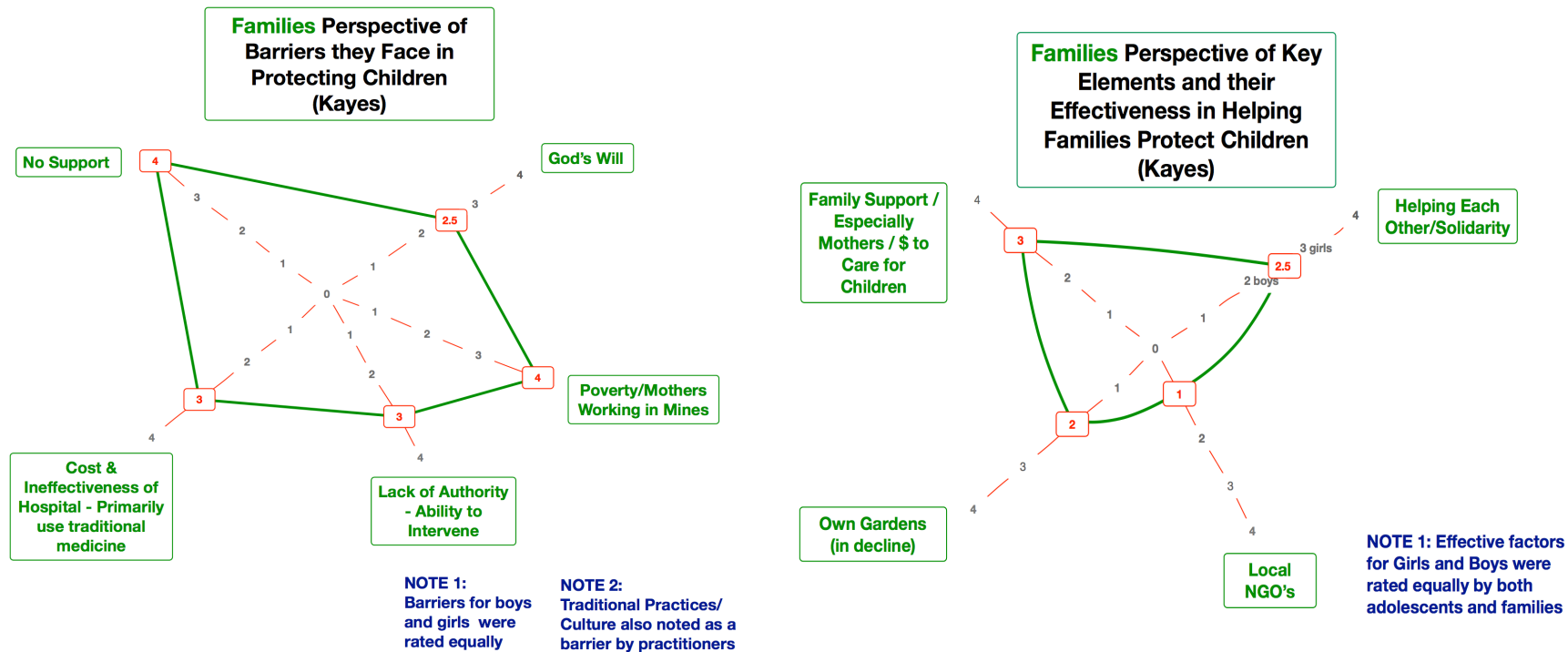
Spidergrams Rating Regional Barriers and Effectiveness factors 4=highest – 1=lowest

Sikasso



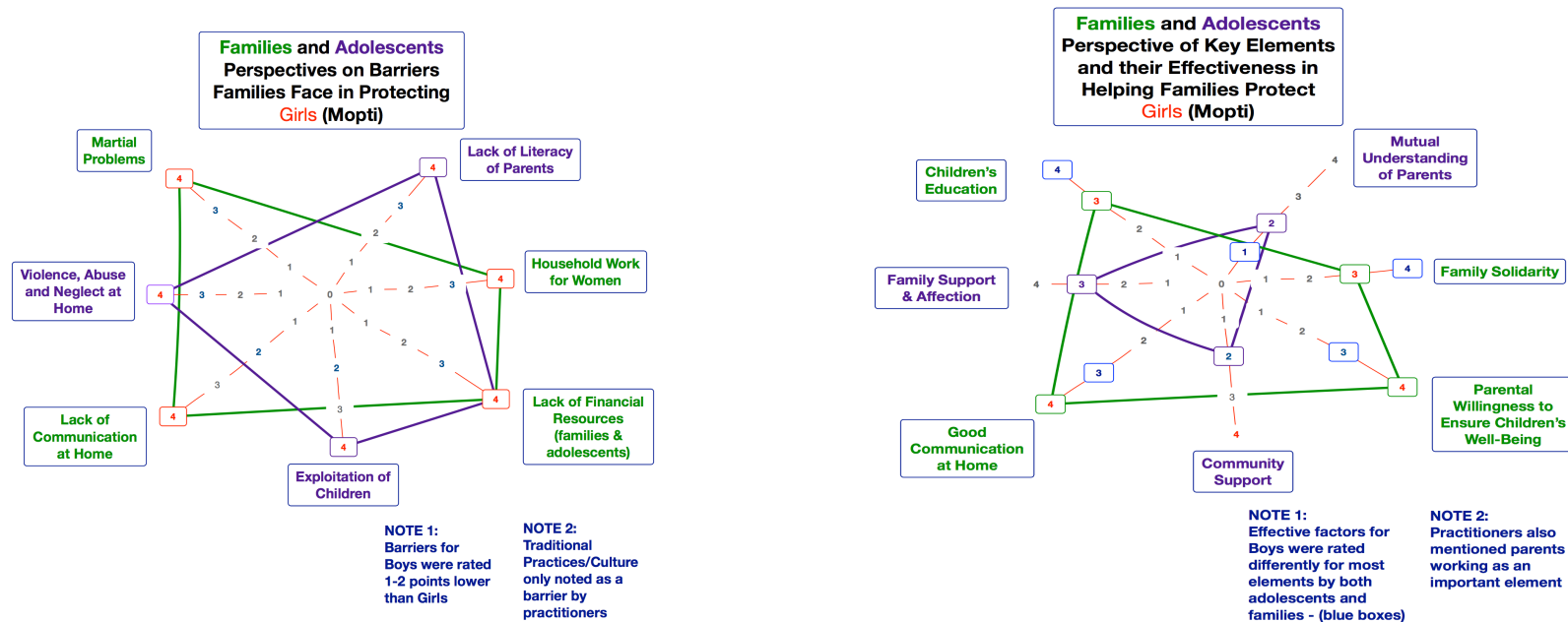
The first spidergram from Sikasso on **barriers** perceived by families and adolescents shows both families and adolescents identifying harmful cultural beliefs as a key barrier to using protection services (with families ranking this slightly higher as a problem). Similarly both families and adolescents mentioned cost of transport, poverty of mothers, and lack of motivation/will as important factors limiting their capacity to seek protection. In regards to dimensions of child protection **effectiveness**, families and adolescents both unanimously reported that family support, especially from mothers (for adolescents) was critical in creating a protective environment. This belief was reinforced by a similar notion that helping each other was critical in managing protection threats. While government services were not mentioned, NGO services were perceived to be effective as was sharing of information, though this was not as highly ranked as the other effectiveness factors.

Kayes



Spidergrams from families in Kayes reveal a similar pattern to Sikasso in that financial **barriers** are ranked highly as is the general lack of government support, poverty and a sense of resignation that protection threats are part of God's will and families see themselves as being powerless to intervene. In Kayes aspects of **effective** factors in protecting children from threats include the key role of families themselves, mothers in particular, families helping each other and to a lesser degree the role of NGO's.

Mopti



In Mopti, key **barriers** experienced by families included: marital problems, lack of communication at home, lack of financial resources and women's domestic responsibilities. For adolescents barriers included lack of parental literacy, child exploitation (work) and domestic violence. Key dimensions of **effectiveness** helping families protect children included: children's education, good communication at home, family solidarity and parental commitment to child well-being. Adolescents rated family support and affection, parental understanding and community rapport as key aspects of effectiveness in protecting children.

Qualitative Results:

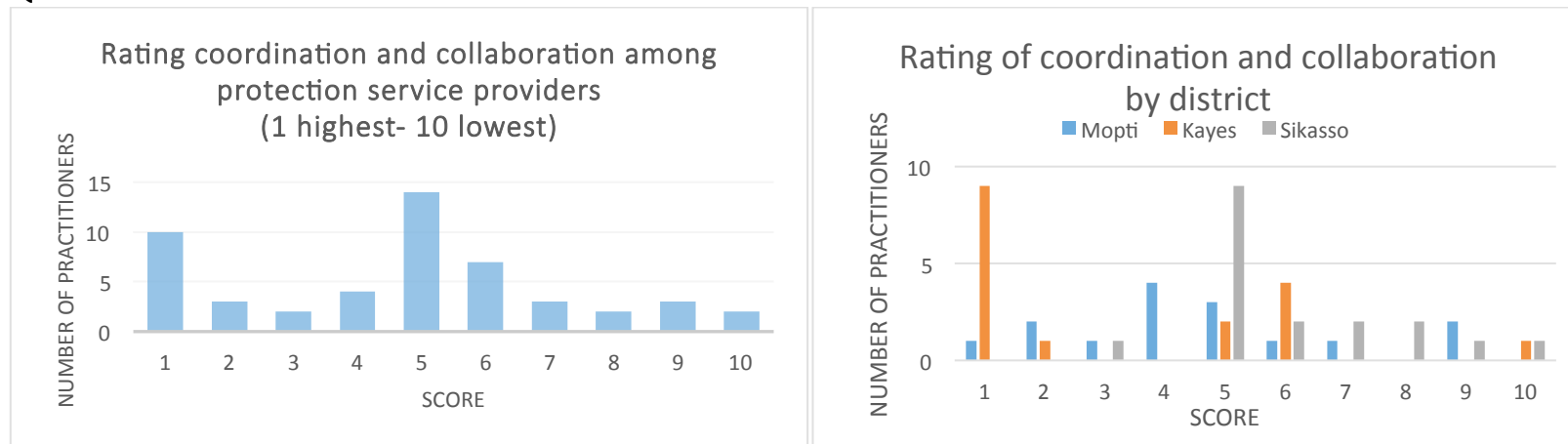
- High levels of risk factors for boys and girls in all three regions
- Deep levels of poverty leading to school drop out and engagement in hazardous labour activities
- Boys and girls 8-18 years working in gold mines in Sikasso and Kayes

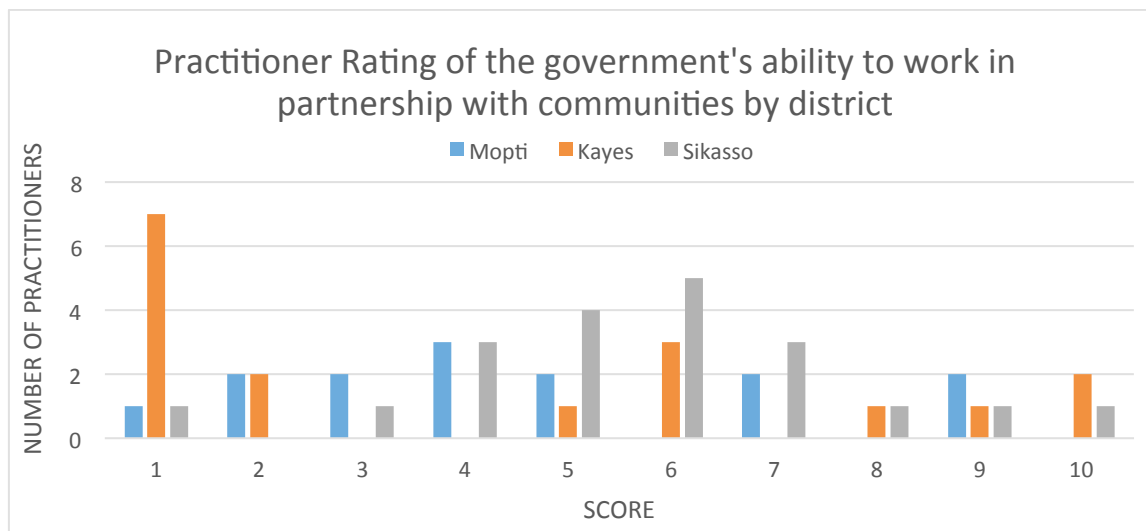
- High rates (est. 70-90%) of FGM in Kayes and Sikasso, practice happening with younger girls, many as infants
- Many boys begging, especially through Koranic schools in Mopti
- Many harmful practices such as child labour, early marriage, and FGM
- Formal Child Protection system weak and underused, focus on orphans and children living in extreme poverty, less focus on harmful traditional practices (translation of 'vulnerable' into local language Bambara is 'very poor')
- Weak understanding of CP amongst secondary service providers, such health care and education and need for greater support for early child care services as secondary CP intervention
- Child Protection practitioners often caring for referred children themselves due to limited Child Protection facilities
- Limited understanding of Child Protection amongst general population

1200 Strengthen the mechanisms of coordination, collaboration and delivery (synergy) among child protection service providers

□ 1200.1 Level of coordination and collaboration rated by protection service providers

Quantitative Results:



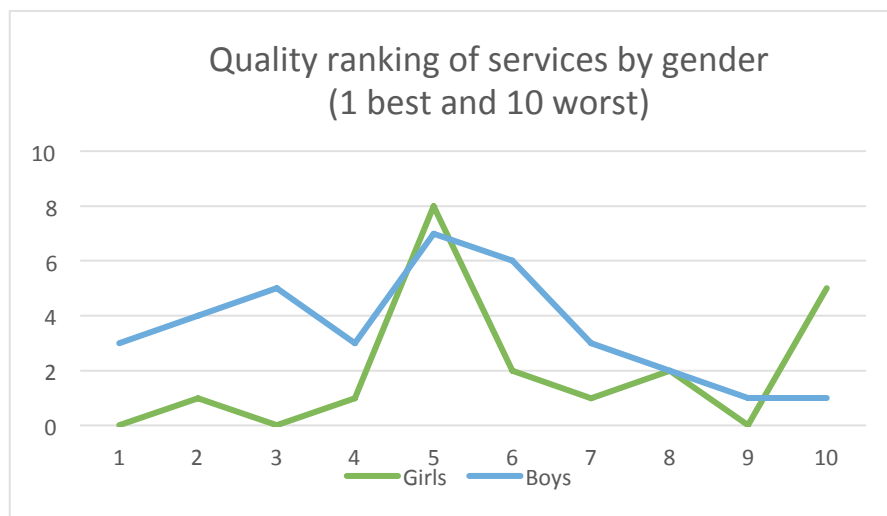


Qualitative Results:

- Some collaboration between service providers (e.g. Ministry of Women, Children and Families (SPFEF), Chef du Village and Development Social) in supporting vulnerable mothers noted in Sikasso
- Coordination and structure lacking, especially in Kayes and Mopti
- Some duplication and overlap of services, especially those provided by INGO's/CBO's, reported in Mopti
- Lack of funds for referrals
- Services often located at district level with lack of direct service provision to communes
- Lack of training and funds for rehabilitation/reintegration services
- Many services not perceived to be gender sensitive by girls
- Lack of focus on harmful traditional practices (FGM, early marriage, child labour)

□ 1200.2 Children satisfaction level and quality of adult protective services, particularly for girls and women

Quantitative Results:



Note: Of the 1298 adolescents surveyed only 20 girls and 35 boys had accessed services.

Adolescent's understanding of protection mechanisms

	Frequency	Percent
Valid	1232	81.5
1. Community Police	66	4.4
2. Child Rights committees	111	7.3
3. Other	77	5
88. Don't know	22	1.5
99. No response	5	.3
Total	1513	100.0

Qualitative Results:

- Only a small number (3) of adolescents interviewed said that they accessed services or knew that services exist in the community, of these adolescents 1 was moderately pleased with the outcome and 2 (both girls) were not satisfied with the outcome
- Community members, including boys and girls, have low levels of awareness about child protection services
- Girls are excluded from access to information (many drop out of school), and lack control of decision making
- Girls frequently do not seek support from formal CP services due to resignation with some protection threats such as early marriage or because they feel these services will not be able to protect them
- Family first line of defense and many vulnerable parents consider harmful practices a type of protection (e.g. early marriage is seen to protect girls from even more harmful threats such as prostitution, migrant labour, etc.)



2000 Increased capacity of the communities to ensure better protection of children, especially girls, during and after crises, against harmful practices in the regions of Kayes, Sikasso and Mopti

2000.1 Evidence that community members adopt practices to ensure better protection of children during and after crises

Quantitative Results:

- 51.1 % of care-givers had access to services, but of the 163 care-givers that had accessed services, only 6 had accessed legal and justice services and only 10 of them (2%) had used child protection services

Qualitative Results:

- Many family and community members have low awareness of child protection issues, especially harmful traditional practices
- Many protection threats (child labour, early marriage, FGM) seen as protective, need for social norm understanding before social norm change programs are introduced
- Some harmful practices are changing (e.g. FGM being practiced with infants rather with teenagers), challenging efforts to properly target these practices
- Many CP practitioners have limited capacity to refer clients, and are therefore less motivated to assess overall level of child protection needs
- In Mopti, the crisis has had a significant economic impact, increasing stress on families
- No major issue reported on discrimination against displaced families or groups. They seem to be well accepted in the community although many suffer economic hardship and heightened levels of psychosocial stress.

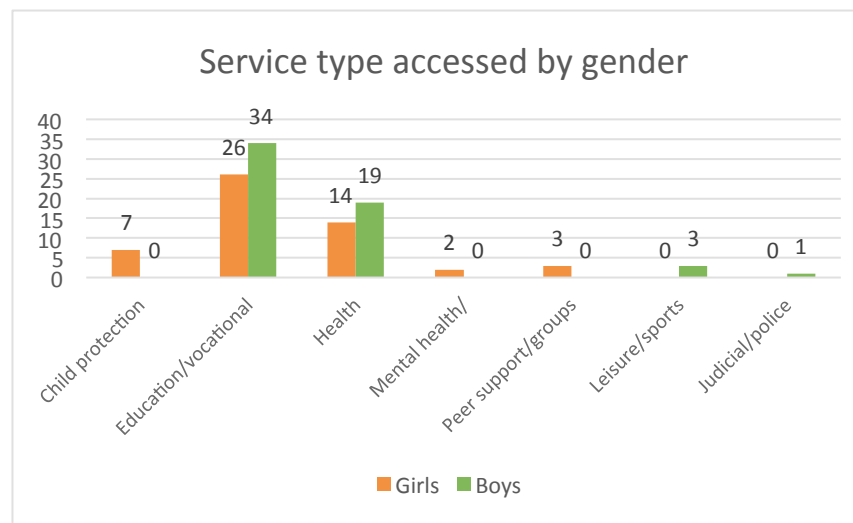


2000.2 The experiences of parents or care-givers who have reported a suspected case of child abuse and know how to report

Quantitative results:

The following tables describe the frequency of parents using differing types of government (Formal) services for their children and the types of services sought by gender of the child.

	Frequency	Percent
Valid	156	33.2
Education / Vocational school	135	28.7
Health	136	28.9
Mental health/psychosocial support	2	.4
Justice/police	6	1.3
Leisure/sports	19	4
Support groups	2	.4
Child protection	10	2.1
Other	5	1
Total	471	100.0



NOTE: of 163 parents that accessed services, only 6 accessed legal/justice services and 10 (2%) child protection services

Qualitative results:

- The level of reporting of cases by care-givers and parents was very low (only three cases were reported from all qualita-

- One area of universal lack of satisfaction of services reported by care providers and practitioners was the availability of rehabilitation service

2000.3 The experiences of care providers and children (especially girls) with respect to the capacity of communities to better protect children

Quantitative results:

The following table reports girls' perceptions of safety in the communities.

		District				Total
			Mopti	Kayes	Sikasso	
	Count	1	23	65	13	102
	% within District	20.0%	4.6%	12.8%	2.6%	6.8%
1. Yes	Count	0	92	250	253	595
	% within District	0.0%	18.4%	49.4%	50.6%	39.4%
2. No	Count	4	362	169	188	723
	% within District	80.0%	72.4%	33.4%	37.6%	47.8%
88. Don't know	Count	0	23	20	44	87
	% within District	0.0%	4.6%	4.0%	8.8%	5.8%
99. No response	Count	0	0	2	2	4
	% within District	0.0%	0.0%	0.4%	0.4%	0.3%
Total	Count	5	500	506	500	1511
	% within District	100.0%	100.0%	100.0%	100.0%	100.0%

Qualitative Results:

- Families, especially mothers, were noted as the primary protectors of children. Extended family members also played an important role in childcare
- Both boys and girls reported few cases of helping each other, although it was more common for girls to help their peers than boys. The exception was children working in the gold mines where strong social support networks were reported
- Girls reported feeling less safe in their communities, especially in regards to threats from sexual harassment and abuse

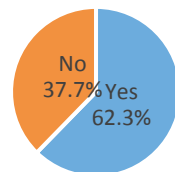
2100 Increase the skill (competence) of protection organizations to prevent and respond to child protection issues during and after the crises

□ 2100.1 % of actors in the formal and informal child protection training who know at least 3 prevention and case management measures in Mali

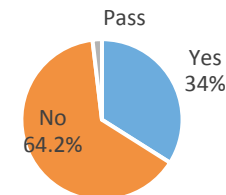
Quantitative Results:

- Across the 3 regions, 62% of the practitioners could name 3 prevention measures, while only 34% could name 3 case management measures.

Ability of practitioners to name three prevention measures for child protection



Ability of practitioners to name three case management measures used for child protection





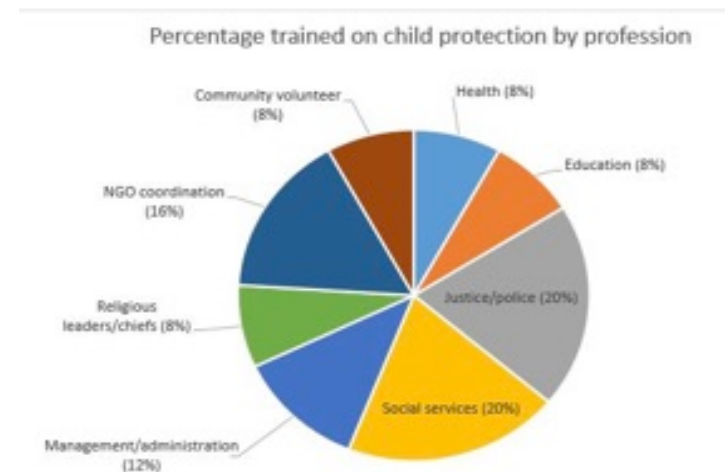
□ 2100.2 Skill level of professional actors trained in child protection

Quantitative Results:

- 47.2% of practitioners interviewed had received some sort of child protection training – 60% in Sikasso and Mopti and only 22% in Kayes.

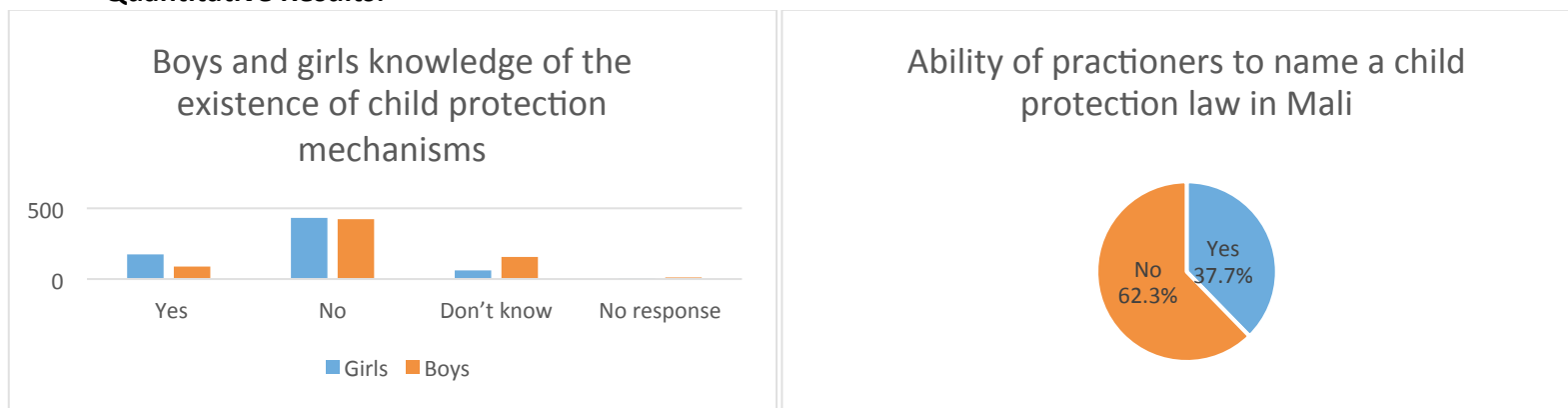
Qualitative results:

- Practitioners reported receiving basic training in referral processes
- Practitioners requested additional training in managing complex cases, including harmful traditional practices 2200 Enhanced knowledge of policy makers, local leaders and communities on the importance of child protection and the risks related to harmful practices and exploitation



□ 2200.1 Awareness of formal and informal actors on the laws, policies, and protection codes for children in Mali

Quantitative Results:





Qualitative Results:

- Lack of laws on harmful practices such as early marriage, FGM and child labour
- Adolescents and Families minimal knowledge of current laws and mechanisms
- Practitioners have some knowledge of current laws and mechanisms but have limited means and motivation to implement laws
- Practitioners have low levels of knowledge and practical skills to manage cases of harmful traditional practices
- Few female practitioners, resulting in fewer girls and women seeking support

□ 2200.2 The extent to which formal and informal actors make use of laws, policies and child protection code of Mali

Qualitative Results:

- Practitioners have some knowledge of child protection laws but are unable to adequately implement the laws due to lack of resources and fear that services will be overwhelmed by large demand
- Laws do not cover many harmful practices such as early marriage and exploitative child labour

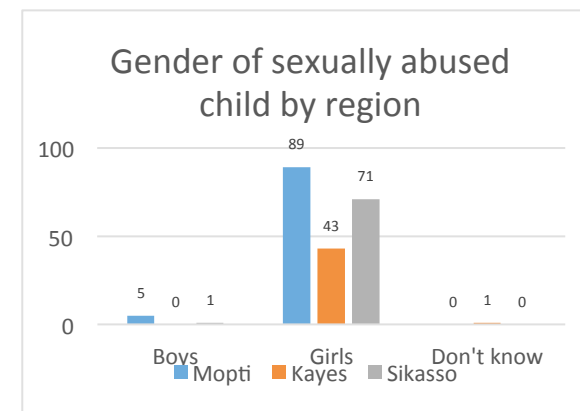
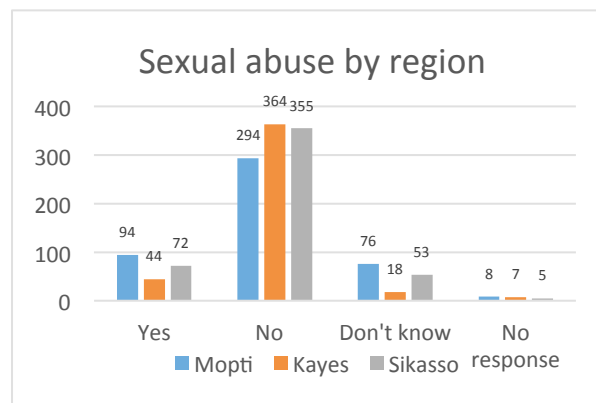
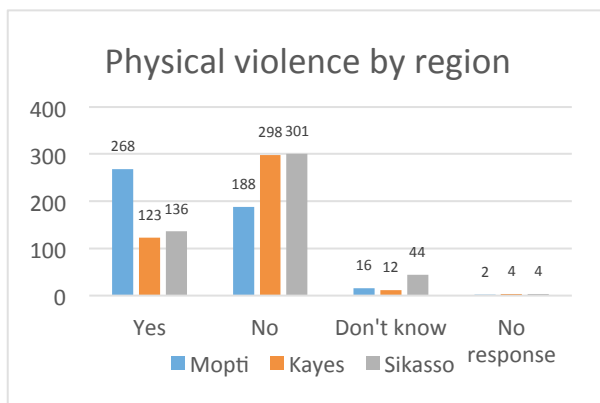
□ 2200.3 Incidence of abuse, neglect and exploitation of children including child marriage, child labour, female genital mutilation and begging

Quantitative results:

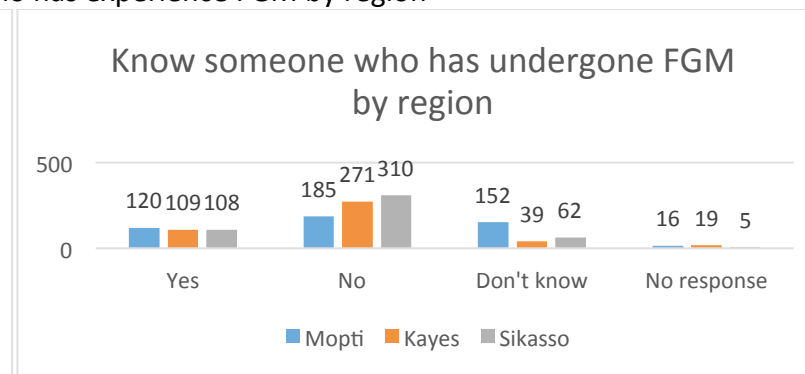
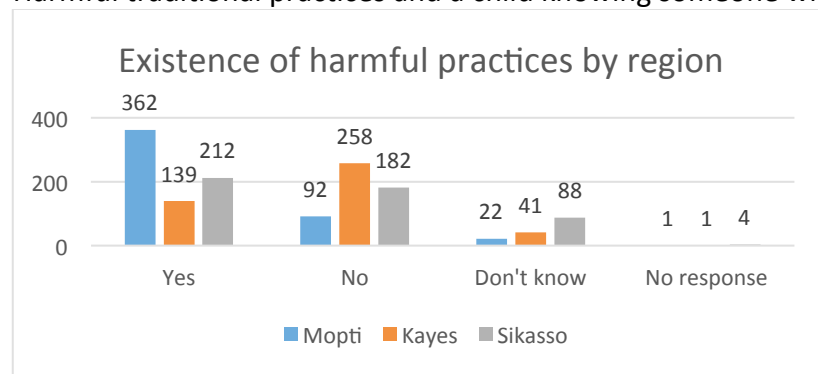
The following tables describes girls and boys perceptions of incidence of child protection threats in their communities



Physical Violence and sexual abuse by region and gender

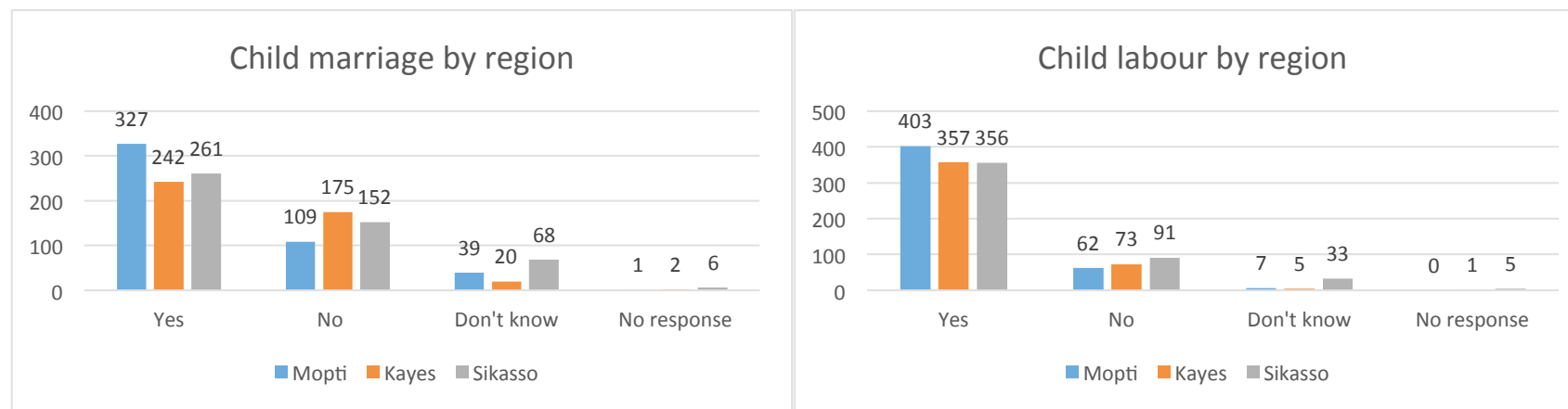


Harmful traditional practices and a child knowing someone who has experience FGM by region

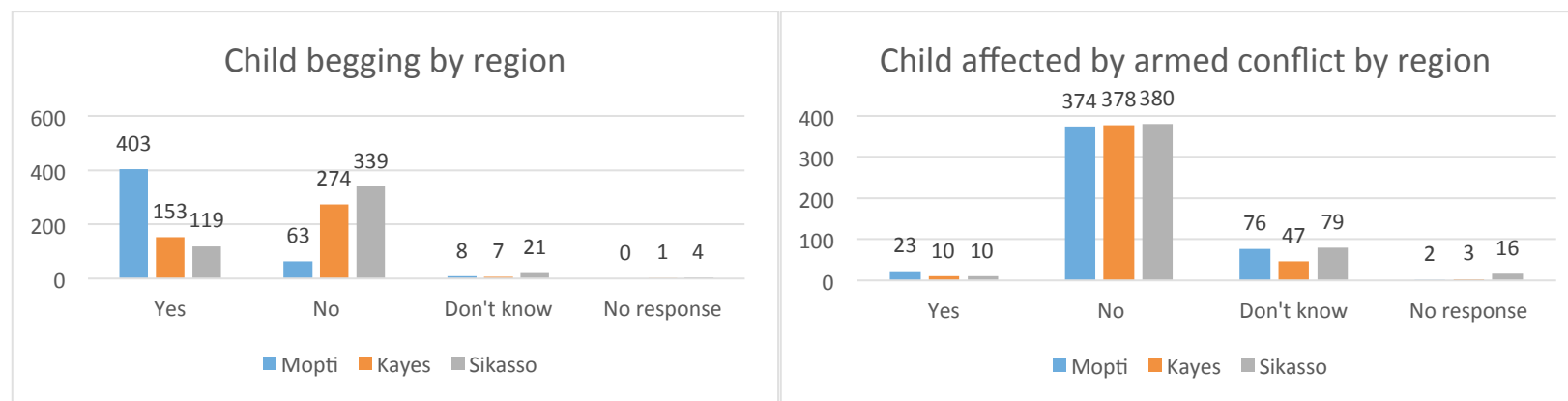




Know someone who has married early and child labour by region



Child begging and children affected by armed conflict by region



2300 Increase in competences of the children to protect and protect the other children, and to influence the decisions of protection positively.

□ 2300.1 The level of life skills in children 12-18 years (PCYD)

Qualitative results:

- Children, especially girls, generally have low levels of knowledge on self protection from various risk factors, especially harmful traditional practices
- Children's communication skills are generally low, and children (especially girls) have few opportunities to express themselves on protection issues to adults
- Children have low levels of knowledge on children's rights
- It is often challenging for boys and girls to interact with each other, thus hindering gender based sharing on life and protection issues
- Children are keen to learn new life skills
- Children have few opportunities to join children's clubs, especially in Kayes

□ 2300.2 Children's knowledge level on child protection

Qualitative results:

- Children had low levels of knowledge on child protection as a sector and the risk and protection factors associated with child protection
- Girls especially had low levels of knowledge on child protection and the ability of protection services



3000 Increased access to basic social services and measures of sustainable rehabilitation/reintegration for children affected by the crisis, as well as children who are victims of harmful practices, particularly girls in the areas of Kayes, Sikasso and Mopti

3000.1 % of Children (m / f) having benefited from the provision of at least one basic social service

Quantitative results:

- Care-givers reported that 32% of boys and girls had accessed at least one service.
- Less than 3% of children report having used and benefited from child protection services

3000.2 % of Children affected by the crisis, supported / rehabilitated

- 0% (zero out of 69 children interviewed responded affirmatively to this question)

3000.3 The experiences of children affected by the crisis on the quality of basic social services they enjoy

Qualitative results:

- Many children have birth certificates, and the majority of children up until 12 years are attending school, health care is perceived to be a safe and effective place and services are being used, although local traditional medicine is often used as a first line of defense due to poverty
- Care providers and children have limited knowledge of child protection services and very few children are using these services

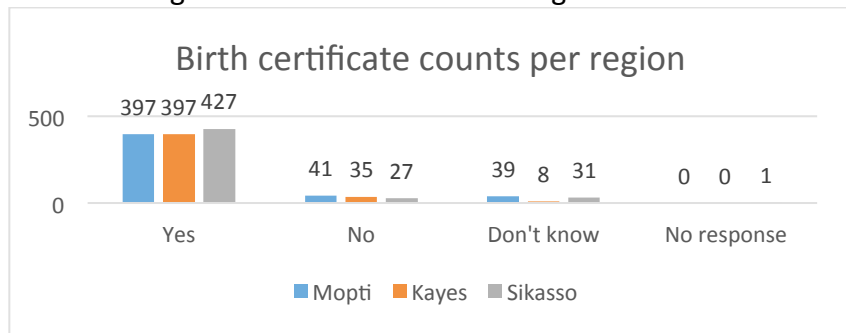


3100 Improve access to education/training, health and other specific social services for children affected by the crisis and those victims of harmful practices, especially girls

□ 3100.1 Level of knowledge of children and parents on the importance of birth certificates for the rights and the protection of the child

Quantitative results:

The following table indicates the knowledge and rate of birth certificates by region



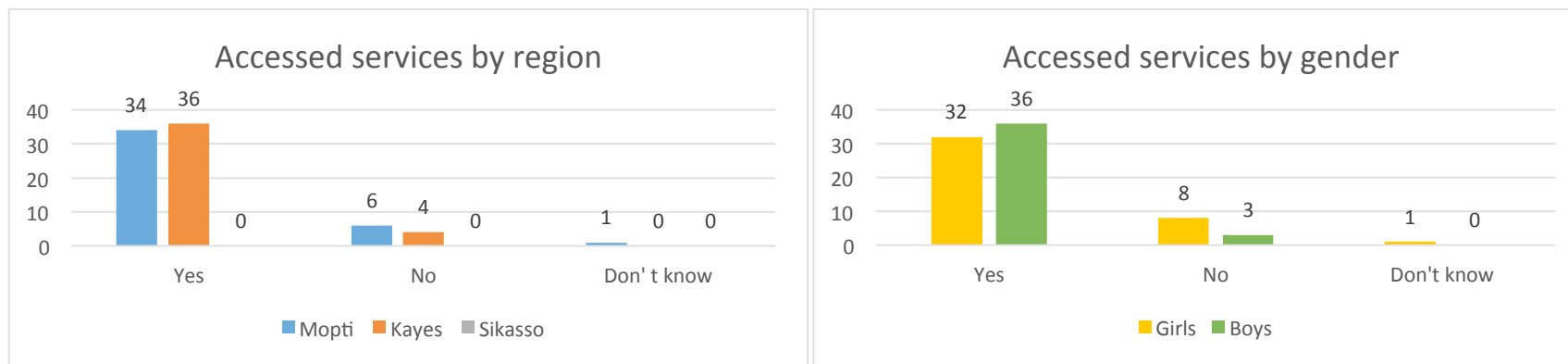
Qualitative Results:

- In all three regions respondents knowledge of the importance of birth certificates was high, and almost all respondents actively registered their children after birth

□ 3100.2 Number of girls and boys who have benefited from education, health and recreational physical and mental expressions

Quantitative results:

The following table reflects children's use of services by region and gender.



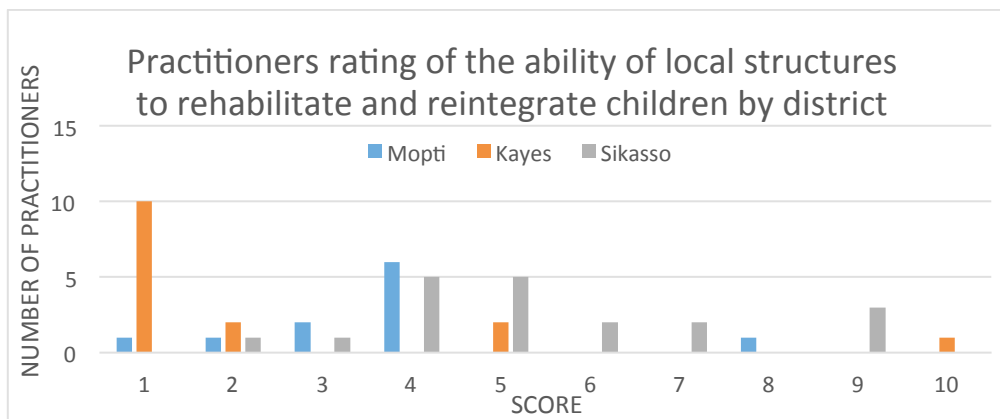
Qualitative Results:

- Most children report having gone to school, although many had dropped out to work to support their families and themselves
- While clinics were thought of as safe /protective places, most care-givers and girls and boys stated that they were not accessible due to cost and that they mostly used traditional medicines
- Other than football, interactive games seemed foreign to many of the boys and girls. The football pitches were also often cited as risky places as the grounds were not maintained causing injury, and many of the younger children were hurt or bullied by the older children when playing sports

3200 Strengthen local structures of rehabilitation/reintegration and the guidance of children affected by crisis and harmful practices, especially girls

□ 3200.1 Capacity of local structures for rehabilitation and integration of affected children

Quantitative results:



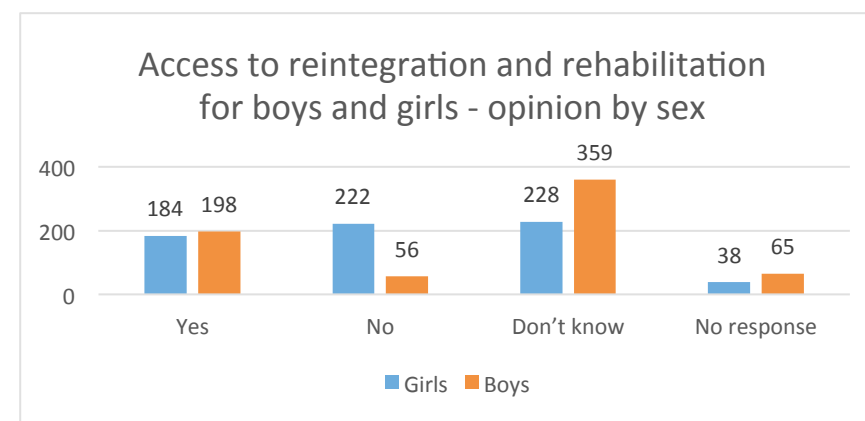
Qualitative Results:

- Lack of structures for rehabilitation and reintegration of children were reported in all three regions, especially Kayes
- It was reported that there were many International agencies and CBO's operating in Mopti region with a focus on vulnerable children and families. Often these were criticized for duplicating services and not engaging closely enough with local communities in planning, implementing and evaluating programs
- Where services exist, there is often a lack of coordination with no formal platform or consultation framework for organizations to meet, discuss and plan together on a regular basis (this is an OPPORTUNITY for Jam Suka to coordinate to increase synergy and greater impact of actions on beneficiaries)

□ 3200.2 Children and adult experiences on local structures for the rehabilitation / reintegration

Quantitative results:

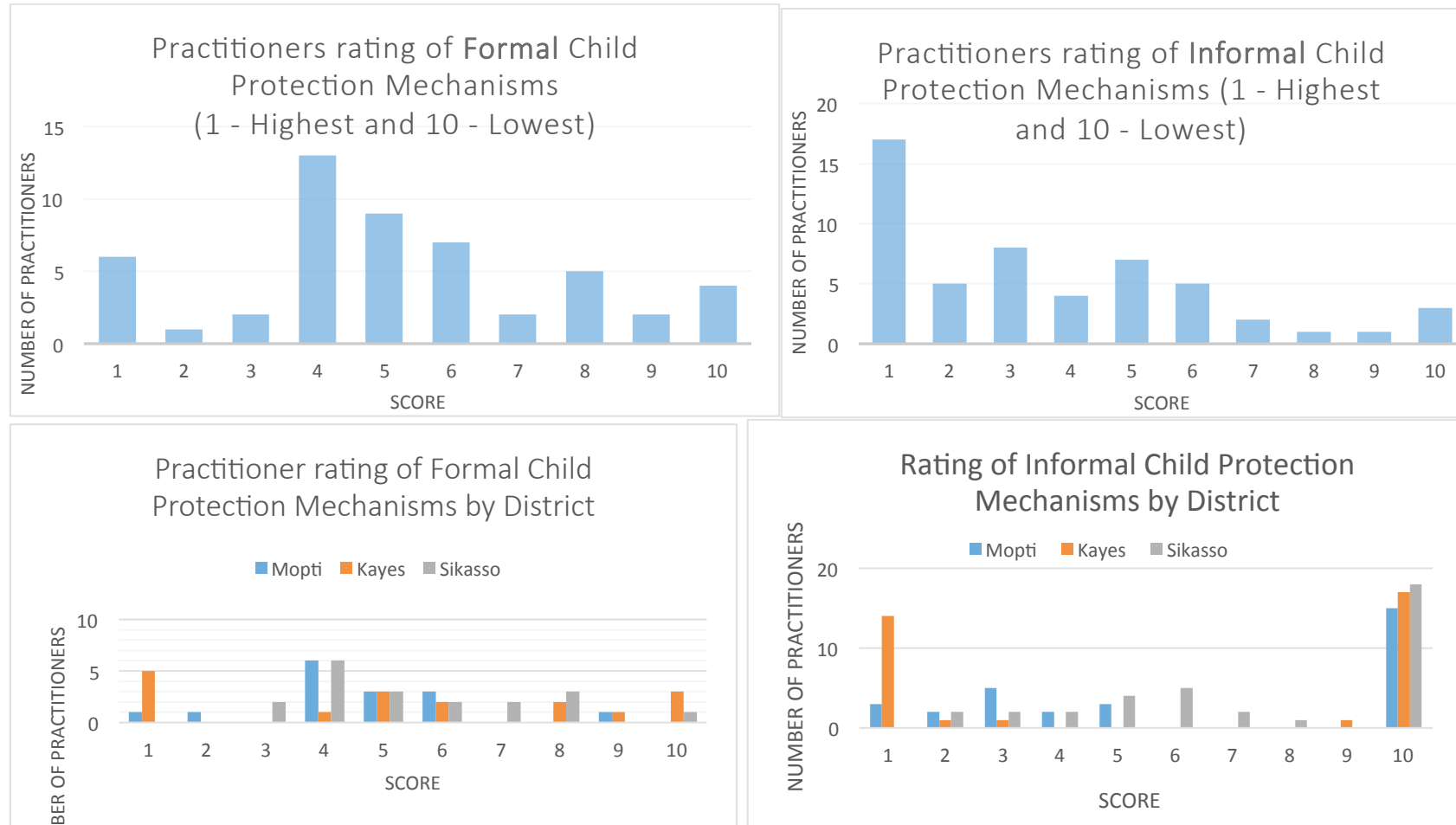
- Youth responses varied, with girls having less access to reintegration and rehabilitation services, and both boys and girls having low levels of knowledge of reintegration and





rehabilitation services.

Rating of the effectiveness of the formal and informal child protection mechanisms in the community as a whole and by district (1 – best and 10 – worst) as a whole and by district





Qualitative Results:

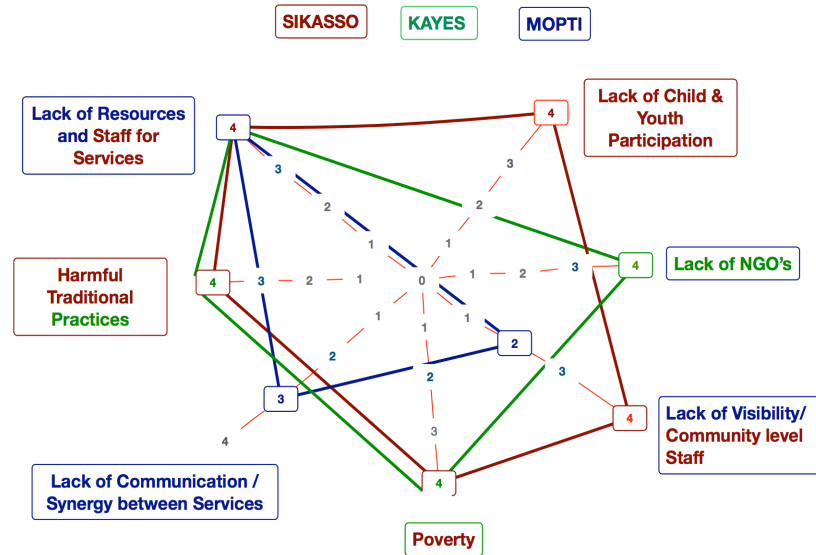
- Few children or adults are aware of, or have first hand experience of, formal protection services
- A few children reported being assisted by SPFEF, many remain with Child Protection practitioners due to limited referral options

Specific barriers and effectiveness of formal child protection services shared by practitioners in Sikasso, Kayes and Mopti

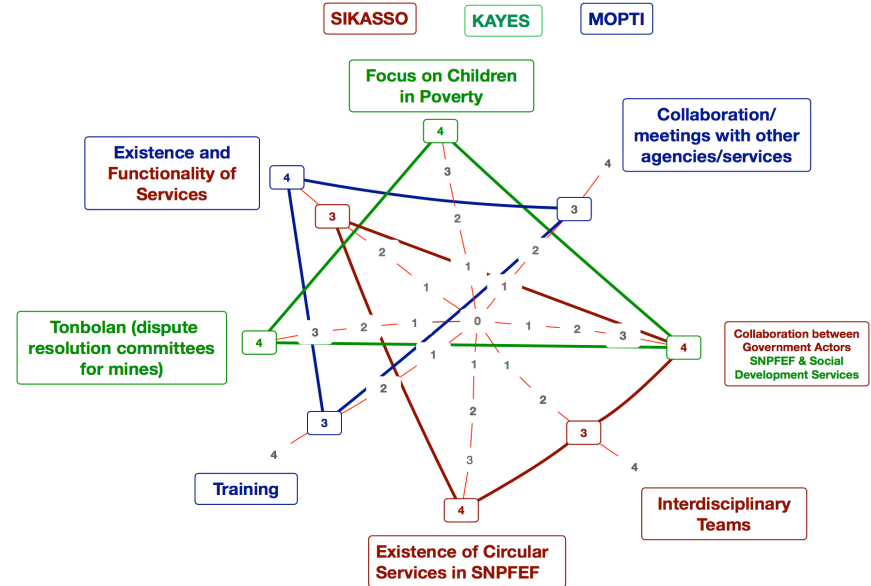
Practitioners in Kayes ranked lack of resources, lack of visibility, harmful traditional practices, and lack of NGO's as major **barriers** to effective services. In Sikasso barriers included lack of resources and community level staff, poverty, harmful traditional practices and lack of child and youth participation. In Mopti barriers included lack of visibility of services, lack of synergy between services, and lack of resources as the main barriers to service effectiveness.

Aspects of **effectiveness** in Kayes included focusing on the most vulnerable children living in poverty, the government child protection (DPFEF) and social development services working closely together and the role of community actors working to protect vulnerable children, such as the *Tanbola* in the gold mines. In Sikasso, effectiveness criteria included the basic functionality of services, the inter-sectoral “circular” collaboration of protection agencies under the SNPFEF, and inter-sectoral teams. In Mopti, aspects of effectiveness included training received by protection professionals, collaboration between agencies and the presence of protection practitioners at the regional level.

Practitioners Perspectives on Barriers to Formal Child Protection Services



Practitioners Perspectives on Effectiveness of Formal Child Protection Services



3300 Increased access of children to safe/ protective spaces (environments and people), especially girls

□ 3300.1 Number of child friendly and rehabilitation areas functioning according to local standards



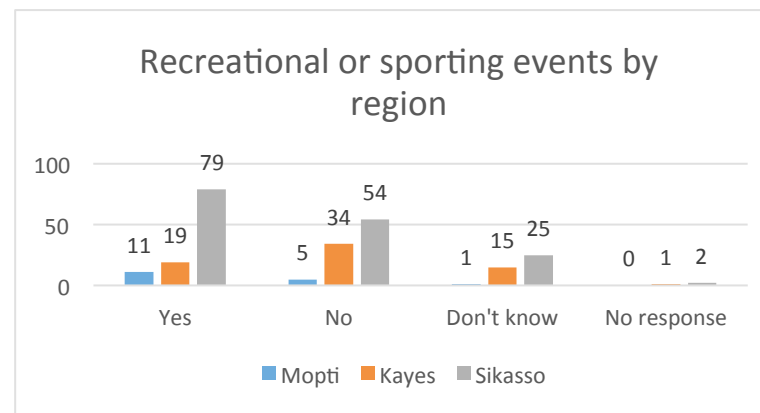
Quantitative results:

Rehabilitation

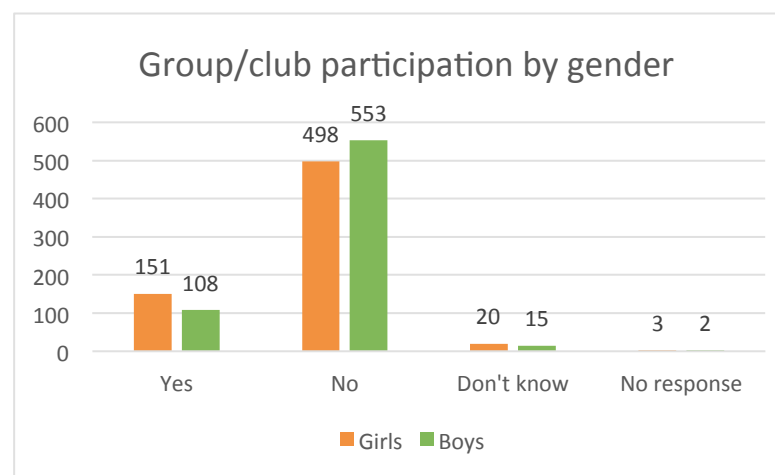
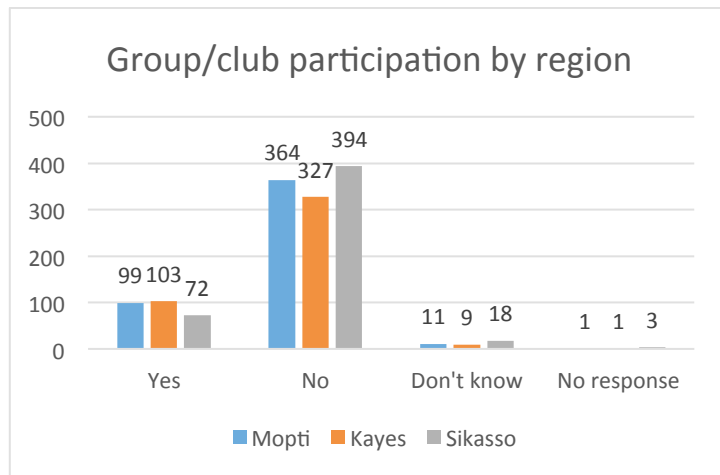
- Care-giver, child and practitioner quantitative assessment of children's use of rehabilitation services was below 4% in each region.

Sport and recreation

- The following table reflects children's access to child friendly play spaces



The following tables reflects participation in a sports group or club by region and participation in a sports group of club by gender



□ 3300.2 The experiences of children of protective environments

Qualitative Results:

- Family is overwhelmingly seen as the “safe space” for children (boys and girls) in Sikasso and Mopti although incest was mentioned as an issue in Sikasso
- In all three districts the mosque/parish was seen as a safe place
- Town hall frequently seen as a safe place
- The hospital/clinic was also mentioned as a safe place with medicine and security although noted this was only used when traditional medicine had failed and several barriers – re staff, capacity, distance and cost were all noted as barriers.
- Limited knowledge amongst children of CP protection services (e.g. SPFEF) in all three districts

Results from social mapping with boys and girls in Sikasso (Dugoukoro, Lafala, Boumoukoubougou)

Strengths (Bou-moukoubougou) (girls)	Strengths (Dugoukoro) (boys)	Strengths (Lafala) (boys & girls)	Risks (Boumoukoubougou) (girls)	Risks (Dugoukoro) (boys)	Risks (Lafala) (boys & girls)
1. Home - A place that is safe from attacks	1. Family support and love	1. House/home as a place of love and safety	1. Forest/ bandits/snakes/lions – far from help	1. Forest/ bandits/snakes – far from help	1. Forest/ brigands, children are robbed and abused
2. School, teachers are trusted and school is a safe place	2. Mosque, a place of safety and Imam is trusted	2. Town hall, where staff will help vulnerable children	2. Road – traffic accidents b/c using cell phones while driving– robbery while walking	2. Road – traffic accidents	2. Road – traffic accidents
3. Health Center - medicine - security		3. Mosque, a place of safety and Imam is trusted	3. Dance club – when adults drink – abusive to girls	3. Soccer pitch, bullying and violence occur here	3. Soccer pitch, bullying and violence occur here
4. Mosque – safe place in the community, good relation with Imam, respect for Muslim teachings			4. Market - robbery/ attacks/children neglected and injured–also described as a safe place when other caring adults are present		

Results from social mapping with boys and girls in Kayes (Keneiba town and local gold mine)

Strengths (Keneiba) (girls) / (boys)		Risks (Keneiba) (girls) / (boys)		Strengths (local gold mine) (girls) / (boys)		Risks (local gold mine) (girls) / (boys)	
1. Hospital, nurses and doctors trusted and hospitals are seen as a safe place	1. Hospital, nurses and doctors trusted and hospitals are seen as a safe place	1. River, danger of drowning sometimes caused by neglect	1. Traffic	1. Shelters, safe place for girls,	1. <i>Tanbola</i> , traditional resolver of conflict in gold mines used by boys as safe person	1. Neglect resulting in drowning after falling in wells	1. Children injured in mining accidents (tunnels collapse during rains)
2. Town Hall	2. Mosque, Imam trusted and safe place	2. Well, danger of drowning sometimes caused by neglect	2. Water, danger of drowning sometimes caused by neglect	2. Gold Exchange house helping adults including <i>Tanbola</i>	2. Hospital, nurses are trusted in protection cases	2. Neglect resulting in drowning in Quick sand /steep banks for washing clothes	2. Snake bite on route to work
3. Parish, safe place with trusted adults	3. Chef du Quartiere - police/ Town Hall	3. Sexual and physical violence of girls selling	3. Sports field – drugs alcohol – (Orange & 120) some girls abused when adults take alcohol	3. <i>Tanbola</i> – Girls working in gold mines use this committee to report violence and abuse	3. House, families trusted as safe place	3. Sexual and physical attacks on women when alone	3. Traffic Accidents
							4. Child Sacrifice, still practiced secretly in Kayes

Results from social mapping with boys and girls in Mopti – (Lafia Bougou, 3rd Quartier, 6th Quartier)

Strengths (Lafia Bougou) (Talibe boys)	Strengths (3 rd Quartier) (orphaned boys & girls)	Strengths (6 th Quartier) (orphaned boys & girls)	Risks (Lafia Bougou) (Talibe boys)	Risks (3 rd Quartier) (orphaned boys & girls)	Risks (6 th Quartier) (orphaned boys & girls)
1. Koranic Schools, Imam is a trusted person	1. Police Station, not always trusted but safe for some children	1. Family, parents first line of support for children	1. Black Water (i.e. Marigot) – where wash bath and get water, danger from injury and people	1. River side - mysterious disappearance of children	1. Forest, violent gangs assault children
2. Mosque, good relations with Imam and safe place	2. Bus station, due to presence of caring adults	2. Mosque, good relations with Imam and safe place	2. Uncovered well, danger from drowning sometimes caused by neglect	2. The bridge – fall or attacked as part not lit – also site for ‘Sogoloka’	2. Road, traffic accidents, neglected children at risk
3. Kindergarten and School, presence of teachers	3. Football Pitch, due to presence of peers	3. Police Station		3. The bush/forest – snake bite and bad people	3. Soccer pitch, violence and bullying of children
4. Clinic (only used when traditional medicine fails)	4. Town Center as near police station	4. <i>Togouna</i> - sacred gathering place to discuss social issues			

Summary of Findings and Recommendations

Summary of findings

The following summary statements, grouped into themes of *Patterns of risk and protection*, *The weak capacity of government and mixed representation and roles of NGO's and INGO's*, and *The important role of family and community*, and *participation of girls and boys* reflect triangulation of the results of the quantitative, qualitative and secondary data findings.



Patterns of risk and protection

1. A wide variety and high levels of risks exist for boys and girls are present in all three regions of Sikasso, Kayes and Mopti. Harmful traditional practices of FGM, early marriage, begging, child labour are particularly evident
2. The risk factors identified by boys and girls and care-givers emphasize the effect of deep levels of poverty and entrenched harmful traditional practices caused by widely held social norms, especially in relation to discrimination and lack of opportunity and access to services for girls and women (e.g. mothers). Discrimination against girls and lack of girls knowledge and use of social services (including protection services)
3. Patterns of child protection risks seem to be changing, for example in Sikasso it is reported that in many cases FGM now happens in infancy rather than the earlier practice in late adolescence, this has implications for Jam Suka focus on targeting adolescents
4. Each region has some similarities (e.g. high levels of protection threats) and unique needs (e.g. Mopti, child begging)

The weak capacity of government and mixed representation and roles of NGO's and INGO's

1. Practitioners generally have knowledge of child protection laws but aren't able to implement these laws.
2. Care-givers and practitioners reported weak government protective systems, and lack of focus on harmful traditional practices
3. Generally weak civil society protection services available, although these services are stronger in Sikasso and Mopti than in Kayes which has fewer INGO and NGO resources available. In Mopti there appear to many civil society protection actors and care-givers and practitioners report problems with duplication of CP efforts and lack of meaningful engagement with community (non-formal) actors

The important role of family and community

1. In all three regions family is widely perceived by adolescents (both boys and girls) as the main source of protection
2. In these regions many families also believe that some harmful practices such as FGM, early marriage and child labour are in an of themselves protective against risks that are perceived as even more dangerous
3. Communities have high expectations around being involved in future protection programs

Participation of girls and boys

1. Some of the most vulnerable children in each region (e.g. boys and girls working in the gold mines) would like to receive more protection, health and education services but would like these services to be more geographically and social accessible
2. In all three regions girls have less knowledge and access to services than boys and would like more access on their terms (e.g. re-

ceiving gender oriented services)

3. Boys involved in begging in Mopti represent a very vulnerable group of children who are hard to reach due to the closed nature of the Koranic schools
4. Generally girls and boys have few opportunities to join sports groups or participate in recreational activities, though more children are participating in sports and recreation in Sikasso
5. Girls and boys seek more opportunities for physical, cognitive and social learning through play however many play grounds are identified by children as places of protection and risk (e.g. from bullying)

Recommendations

Recommendations are organized by PMF indicator to facilitate the integration of Jam Suka baseline findings into project goals and activities.

1000 Increase in the effectiveness of the child protection system that respects the rights of children, especially girls in the regions of Kayes, Sikasso and Mopti

1. There is a large need for the RTP Jam Suka child protection program in all three regions of Mali
2. Girls are especially vulnerable in their high levels of risk factors, lack of protective mechanisms (e.g. knowledge of services), and limited opportunities to child protection and other access services, special attention should be focused on addressing these needs
3. Incidence levels of child protection may go up at the outset of Jam Suka as awareness is raised and cases are identified and referred and this should be considered in understanding and assessing ongoing Jam Suka MEL interventions
4. Child protection practitioners feel they have adequate knowledge of the law and referral skills but are understaffed at the commune level and lack transportation and effective monitoring and evaluation skills, Jam Suka should provide resources for scaling formal practitioner interventions at the community level in partnership with non-formal community actors
5. Protection assessment, reporting, referral and rehabilitation services are taking place in a limited way without adequate attention being given to scale of outreach across communes and in relation to focus on harmful traditional practices. Jam Suka should seek to equip practitioners with the means to reach wider sectors of the population and better support them with knowledge and skills to address issues of harmful traditional practices such as FGM, early marriage, begging and child labour
6. Service monitoring and evaluation was identified as one of the weakest areas of service provision and tools such as SIPRE and the planning partnerships with the 20 communes should be used as entry points to strengthening ongoing child protection



monitoring and evaluation

7. Due to their unique needs and local strengths, communities, including children, youth and families should be included in these child protection monitoring and evaluation activities
8. The research findings indicate that there is an opportunity in the context of Jam Suka for creative partnership with government NGO's and CBO's in strengthening formal and non-formal child protection systems, these partnerships should build on each regions unique partnership dynamics
9. There is a need to examine interventions to increase protective factors, for example the role of family in all three regions, while mitigating risk factors such as lack of understanding of child protection issues and minimal services available to deal with harmful practices
10. Adolescents and families in all three regions identified some "harmful" practices such as FGM, early marriage and child labor as being inherently protective (compared with more harmful threats), Jam Suka's sensitization efforts and CP reporting, referral and rehabilitation interventions should be developed in ways that build on helpful local notions of protection while addressing some of the harmful aspects of these traditions

2000 Increased capacity of the communities to ensure better protection of children, especially girls, during and after crises, against harmful practices in the regions of Kayes, Sikasso and Mopti

1. Jam Suka activities should seek to meaningfully involve families, community leaders and key protection stakeholders such as *Tanbola* in the context of gold mines in Kayes and Muslim faith leaders in Mopti and Sikasso
2. Community involvement should be tailored to the context of each of the three regions, where the role of NGO's and CBO's already working with community differs (e.g. build on existing longstanding community relations developed by BonFonden in Sikasso)
3. Right to Play has already developed community relations through previous programs such as the Paqe program and should use these successful relations as a foundation for Jam Suka
4. Enhance involvement of community leaders in Jam Suka program design planning and implementation, since most issues to address are rooted in religious beliefs, custom and cultural norms. This will increase acceptance of communication messages, promote ownership and strengthen local accountability
5. There is a need to work closely with community, non-formal, Social Opinion Leaders (e.g. *Tanbola*, community male and female leaders, religious leaders) on traditional issues such as early marriage, FGM, exploitive labour, begging etc.
6. Jam Suka will need to continue to understand the unique needs and situation of most the vulnerable girls and boys, and seek

- 
- to engage these girls and boys in project activity design, monitoring (MEL) and refinement to ensure effectiveness of services
7. Given their unique vulnerabilities, vulnerable girls participation in project design, monitoring and refinement should be supported

3000 Increased access to basic social services and measures of sustainable rehabilitation/reintegration for children affected by the crisis, as well as children who are victims of harmful practices, particularly girls in the areas of Kayes, Sikasso and Mopti

1. In regions such as Mopti where other NGO's are active in providing child protection and other services (e.g. health, youth life skills), Right To Play will need to strategize to properly position itself and demonstrate the added value of Jam Suka interventions as well as focusing on helping coordinate formal/non-formal collaboration
2. Each of the three regions was struggling in meeting the rehabilitation and reintegration needs of vulnerable children and families and this should be an early priority for Jam Suka. Caution should also be exercised as practitioners were fearful that limited services could be overwhelmed by the large need once Jam Suka sensitization efforts begin
3. Jam Suka should combine existing strategies focusing on sensitization, with economic strengthening, since sensitization alone may be insufficient for children and families with high levels of economic need
4. FGM strategies and programs should be adapted to target the needs of infants, as patterns of FGM seem to be shifting, this might include working with pregnant mothers and mothers with young infants
5. Jam Suka intends to focus special protection services on conflict affected children various data suggest that conflict is not a primary risk factor for children and families and the secondary economic issues may be a better focus of activities, the lack of direct conflict risks for communities should also be taken into account in re-strategizing Jam Suka's psychosocial interventions
6. Deep engagement with children, especially the most vulnerable, is recommended to ensure effectiveness and sustainability and context specific services, including rehabilitation and rehabilitation
7. Girls and boys would like more access to sports and recreation in all three regions and this will provide a useful entry point for life skills and other protection related activities for Jam Suka. Where possible community leaders and family members should be involved in these activities to change harmful social norms, especially towards girls