



RIGHT TO PLAY

PROTECT. EDUCATE. EMPOWER.

Jam Suka Final Evaluation

Final Report

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HCA

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Acronyms

CCPE	<i>Comité Communal pour la protection de l'enfant</i> (child protection committee)
COCECM	<i>Collectif des Centres d'Ecoute Communautaire du Mali</i> (community listening centres)
CVPA	<i>Comité Villageois de Prévention et d'Alerte</i> (Village Prevention and Alert Committee)
DAC	Development Assistance Committee
ENDA	<i>Environnement et Développement</i> (Environment and Development)
FDG	Focus Group Discussions
FGM	Female Genital Mutilation
GAR	Gross Admission Rate
GBV	Gender Based Violence
GER	Gross Enrollment Rate
GRADE M	<i>Groupe de Recherche Action Droits de l'Enfant Mali</i> (Mali Child Rights Action Research Group)
HCA	Harry Cummings & Associates
KII	Key Informant Interview
NGO	Non-Government Organizations
OECD	Organisation for Economic Co-operation and Development
PBL	Play Based Learning
PDSEC	<i>Programme de développement socio-économique et culturel</i> (Socio-economic and cultural development program)
PEC	<i>Prise en charge</i> (Care Support)
PFE	<i>Pratiques Familiales Essentielles</i> (Essential Family Practices)
PMF	Performance Monitoring Framework
PMO	<i>Plan de Mise en Oeuvre</i> (implementation plan)
SIPRE	<i>Système d'information sur la protection de l'enfant</i> (Information on protection of the Child)
TOC	Theory of Change
TOR	Terms of Reference

About the Author

Harry Cummings & Associates (HCA) is an evaluation and planning firm with offices in Guelph, ON and Kamloops, BC. Since its inception in 1997, HCA has completed over 200 program evaluations, research reports, strategic plans, and related projects across Canada and internationally. HCA has extensive experience working with a variety of clients including all levels of government, Canadian and international non-governmental organizations, and the private sector. We have worked on many programs and evaluations for Right To Play in Canada and internationally (including several regions in Africa). HCA is committed to supporting organizations and communities to define, plan for and achieve their own vision of successful programming. The Mission of HCA is to provide the best services combined with the best research and advice in planning and evaluation to clients.

To complete this project, HCA has assembled an experienced and dynamic project team, which collectively has over 50 years of professional research experience. Team consultants have degrees in planning and geography and have extensive experience conducting education-based evaluations in an international setting.

This final evaluation was led by Dr. Harry Cummings (PhD), Director, HCA. The evaluation report was developed by Christine Zwart Cooper (MSc; HCA Consultant) and Patrick Kathoni (MSc; Independent Consultant) as lead authors with support from Dr. Harry Cummings (PhD; Director, HCA) and Josephine Bamanya (MSc; HCA Consultant).

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HCA has greatly enjoyed working on this evaluation and we appreciate the opportunity to work with Right To Play on this important work. We look forward to future partnerships.

Executive Summary

Jam Suka, which means "child well-being" in the Peulh language, is a five-year, \$10.2 million (CAD) initiative implemented by Right To Play and designed to meet the specific needs of vulnerable children exposed to the worst forms of child labour (e.g., traditional gold mines) in three regions in Mali, Africa (Kayes, Sikasso and Mopti). The ultimate goal of the Jam Suka program is to improve the protection and well-being of vulnerable children affected by crisis. The project works towards directly benefitting approximately 72,000 children (54,290 girls and 17,710 boys) across the three target regions, with a strong emphasis on girls.

Right to Play engaged Harry Cummings & Associates, Inc. (HCA) to conduct the final evaluation. This report documents the achievement attained during the project implementation over the last five years (baseline to final evaluation). The report is structured around the Organisation for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC) evaluation criteria of relevance, effectiveness, and impact. The project performance monitoring framework (PMF) outcome areas of intermediate and immediate outcomes that contribute to the ultimate outcome are analyzed through DAC criteria. The report concludes with a brief section discussing lessons learned and recommendations based on the evaluation findings and document review.

Findings

The following presents an overview of the findings from the final evaluation organized by DAC evaluation criteria.

Theory of Change

The theory of change has proven relevant to the context and the need of targeted communities concerning child protection. The project activities have improved children's conditions in these communities and raised awareness of the consequences of harmful traditional practices and the maltreatment of girls and boys (i.e., early marriage, child labour, female genital mutilation (FGM), etc.). The project supported and created local structures and mechanisms involved in child protection and engaged with critical social structures and stakeholders involved in child protection in targeted communities. The project partially adapted well to local context by involving formal and informal local structures in the implementation. The project partnership with local non-government organizations (NGOs) and the coach network notably made a great contribution in terms of adaptation to local context. The project activities were gender responsive. From the design through the implementation the project made a deliberate effort of involving women as implementing actors and direct beneficiaries of the project. The project activities were also designed to improve girls and women conditions within these communities.

However, lack of assumptions related to population movements due to armed violence and, political and social unrest left the project without flexibilities of putting in place mitigation measures for a suitable programming. In addition, an involvement of religious and

traditional/customary leaders as vectors of changes that the project intends would have had a greater impact in improving behavioral change positively.

Relevance

Jam Suka's project actions respond to child protection needs experienced in the southern regions of Mali, namely, Kayes, Sikasso, and Mopti. Armed conflict in the northern regions of Mali since 2012 has resulted in displacement in these regions, disrupting social structures in the southern regions. Furthermore, the regions of Kayes, Sikasso, and Mopti had been dealing with rampant poverty even prior to the impacts of civil unrest and population movements out of the north. Early marriage and the customary practice of female genital mutilation (FGM) have severely undermined girls' development and equitable access to education as compared to boys; as early marriage often results in girls dropping out of school prematurely and health consequences (e.g., pain, emotional distress) from FGM can lead to reduced focus and/or school absences for girls. National policies aimed at gender equality have done little to improve the rights of women and girls as many of the gender policies aimed at improving the overall wellbeing of women and girls go against widely held cultural practices and religious beliefs. The 2011 family code, *'Code du Mariage et de la Tutelle'* which aimed to raise the minimum wage of girls, strengthen the property and inheritance rights of women, and removed a prior clause demanding a wife's obedience to her husband; was withdrawn in 2012 and resulted in these rights for women being revoked.¹ As a result, Malian women find themselves with few legal rights.

Several humanitarian actors and the Malian government have been advocating for interventions that address child protection issues (i.e., equitable access to education, early marriage, child labour, FGM, etc.) and improve conditions in these regions. The Jam Suka project contributes to national policy objectives in creating the social and economic conditions for women, children, and family empowerment. These policies include economic recovery and sustainable development initiatives such as employment/skill development and vocational training. Jam Suka has also been working with other sectors (i.e., education, health) to ensure that children are protected in their communities. At the local level, the project works to ensure that girls and boys enjoy their rights by strengthening child protection systems against violence, abuse, exploitation, and neglect.

Efficiency

In general, the Jam Suka project has met its intended goals and outcomes in a timely and cost-effective manner. The efficiency analysis has shown that the project strengthened the local mechanism for coordination, collaboration, and accountability among service providers. A large majority of program practitioners (84.3%) were satisfied with the project's contribution to the collaboration between protection services. Among 44 male practitioners interviewed, 37 positively rated the collaboration between protection services and 21 out of 26 female practitioners

¹ USAID. (2012, July 1). *Mali Gender Assessment*. USAID.GOV.
<https://www.usaid.gov/sites/default/files/documents/1860/Mali-Gender-Assessment.pdf>

gave this collaboration a positive rating. Furthermore, 51.4% of practitioners reported satisfaction in the level of government involvement in establishing protection mechanisms and 15 out of 26 female practitioners reported a positive involvement of government entities in protection mechanisms and 19 out of 44 male practitioners reported positive government involvement.

Effectiveness

The program has been effective in meeting many of the program outcomes including access and quality of care provided to adolescents, training practitioners on how to prevent and manage child protection issues and increasing municipal engagement in child protection matters through the development of child protection plans. Child protections were incorporated into development plans at local levels (commune and village). However, their implementation was very dependent on the Jam Suka project presence and was limited in financial resources, as such, future projects should include technical and financial support to government entities.

Program stakeholders reported that Jam Suka has supported the improvement of child protection systems at the local level. In addition, of incorporating child protection issues in local development plans, the project supported formal and informal institution at local level. Participating communities received institutional support to improve working conditions and to meet the protection needs of children. The project also delivered effective training and awareness sessions to service protection actors along with the material support provided by the program.

Program monitoring data show that the number of complaints regarding early marriage, child labour, and FGM have increased since the mid-term evaluation (71 complaints at the mid-term: 367 complaints between the mid-term and final evaluation). Possible explanations for this increase in complaints may be that there has been an increase in confidence and capability to report instances of child abuse in the community; however, it is also possible that volatile social context (political instability, teacher strikes, the Covid-19 pandemic, etc.) has led to an increase in domestic abuse. Further investigation into the rise in stakeholder complaints would serve to confirm the reason for the increase. Regarding abuse case management, adolescent satisfaction with case management has increased since the mid-term (50% at the mid-term to 85% at the end-line). Adolescent were particularly satisfied with the implication of coaches and school authorities in addressing problems related to child marriage as well as children education. Most of the complaints (95%) were handled within the allotted time according to procedures. The areas where children reported lower satisfaction levels were in cases of FGM (which happens when children are young and do not have an option or authority to stop it) and in child labour (specifically in mining activities as parents often accompany their children to the mines for work).

One area where Jam Suka failed to meet its program targets was in increasing student enrollment rates across the three participating regions. Findings from the final evaluation show that student enrollment rates (Gross Enrollment Rate (GER) and Gross Admission Rate (GAR)) have decreased

in two out of three regions since the mid-term evaluation.² None of the regions met the PMF targets for GER in the final evaluation, whereas two out of the three regions (Kenaba and Yanfolila) met the target for GAR despite rates decreasing since the mid-term. Stakeholders did not comment on the lower GER and GAR rates in the final evaluation. However, contextual factors such as ongoing civil unrest, teacher strikes, and the Covid-19 may have contributed to a reduction in school enrollment. Further investigation is needed however to confirm this assumption.

Jam Suka was successful in contributing to increased access to treatment centers for cases of abuse, with access steadily increasing from the baseline to final evaluation (20% at baseline to 71% at final evaluation). Furthermore, adolescents reported high levels of satisfaction with the quality of available health care with satisfaction rates increasing from 50% at the baseline to 89.9% (91.5% M; 88.2% F) in the final evaluation (this percentage exceeded the expected 50% set in the PMF).

Jam Suka also worked towards putting in place, and improving, systems for the protection of children. To achieve this goal, the program trained practitioners on how to prevent and manage child protection issues and developed a network of coaches led by women. Jam Suka met both of these PMF targets at the final evaluation. A majority (88.6%) of practitioners were aware of measures to prevent child protection problems and 82.9% knew how to effectively manage child protection issues. The number of female lead coach networks at the end-line evaluation has declined slightly from the mid-term (from 19 to 18), however it exceeded the targeted 60% outlined in the PMF.

At the final evaluation, stakeholder knowledge and awareness of child protection laws and harmful practices was lower than expected. Regarding knowledge of child protection laws in Mali, none of the stakeholders surveyed met the PMF target of 70% (with only 17.8% of adolescents, 26.3% of parents/caregivers, and 64.3% of practitioners reporting that they knew of at least child protection law in Mali). Furthermore, the final evaluation found that parental education on child rights, and the consequences of harmful practices, needs to increase. At the final evaluation, less than half (44%) of parents knew of three or more negative consequences of early marriage and only 14% knew six or more (out of 11) of the short- and long-term risks of FGM – with 21% of parents saying that they did not believe that FGM violated a girls' rights. This indicator is higher among practitioner in part because of their level of education and exposure to human rights concepts. Parents in the community are not as exposed to these concepts and have a stronger attachment to traditional values that message vectors failed to change. The evaluation findings suggest that using the moral authority of religious and traditional/customary leaders as

²In Kenaba, GER went from 75% at the mid-term to 44% in the endline; in Yanfolila, GER went from 81% at the mid-term to 66% at the end-line; and in Bandiagara, GER went from 38% at the mid-term to 49% at the end-line (see PMF indicator 3001 in Appendix A for a dissemination by gender).

implementing actors can improve parent receptiveness of these concepts their behavioral change.

Lastly, Jam Suka has made improvements towards increasing the skills of children on how to protect themselves. The total percentage of girls who were aware of the procedure for reporting abuse in their community met the PMF target of 50% at both the mid-term (49.9%) and end-line (50.6%) evaluation. Adolescents also scored well on the post-assessment on the areas of law covered by the convention of rights of the child, with 88.7% receiving a passing grade including 92% of girls and 86% of boys. Furthermore, 73.28% of adolescents (81.41% for girls and 65.55% of boys) knew of at least three self-protection measures at the final evaluation.

Impact

The primary results of the program were improving knowledge of practitioners, increased municipal engagement through the development of child protection plans, increased child safety, and positive steps towards decreasing harmful practices (i.e., child labour, begging, early marriage, and FGM). The following paragraphs outline these impact findings from the final evaluation in more detail.

Jam Suka increased the knowledge of local protection service actors on child protection issues and strategies for responding to the protection needs of girls. The program also contributed to 100% of communities incorporating a child protection practice in community plans.

Jam Suka has also been successful in increasing the capacity of communities to protect children. Program activities have resulted in an increased sense of safety among girls, with 70% of girls reporting that they are safe in their communities. Incidences of early marriage and child labour have also decreased since the baseline assessment, with 35% of children saying that they knew of an underage adolescent getting married in the last two years at the final evaluation (compared to 59% at the baseline); and 48% of children saying that they knew of a child who had worked a dangerous job in the last two years (compared to 72% at the baseline). Adolescents were also asked to elaborate on the reasons why children get married early or who are engaged in dangerous/hazardous labour. Of the adolescents who participated in the survey, parental pressure³ and economic reasons⁴ were cited most often as the catalyst for these child protection issues. Although the numbers have declined since the baseline, 60% of adolescents still reported the existence of harmful practices in their community at the final evaluation. Community plans are working to address these issues, with 100% of community plans incorporating child protection strategies and 90% of communities implementing plans for the prevention and management of cases of child abuse at the final evaluation.

Jam Suka has contributed towards the implementation of child protection measures at the municipal level. At the end-line, 100% of municipalities had incorporated a support mechanism

³ 51.7% of adolescents (45.0% M; 55.7% F) reported parental pressure as the reason for a girl to marry early and

⁴ 36.5% of adolescents (43.1% M; 32.6% F) cited economic reasons as the catalyst for girls to marry early and

for child victims (exceeding the 80% target identified in the PMF). The support provided by Jam Suka is also reflected in the confidence of practitioners in their capacity to care for child victims according to current procedures. At the final evaluation 75% of practitioners reported that they were confident in the capacity of both health social service workers and social education officers to care for victims of abuse. One area for improvement, however, is the knowledge of parents regarding essential family practices (PFE). Only 10.6% of parents knew 10 or more of the 14 PFE (with the majority of parents knowing between 4-5 PFE). Furthermore, only 37.6% of parents identified birth registration as an essential family practice.

The program met all targets for strengthening of local structures for the rehabilitation/reintegration and guidance of children affected by the crisis and victims of harmful practices. At the end-line evaluation 91% of adolescents reported confidence in their ability to conduct economic activities (exceeding the target of 70%) and 100% of CEC facilitators scored 80% or above on their post assessment test.

Finally, Jam Suka made improvements towards increasing child access to protective environments. However, none of the PMF targets for these outcome indicators were met. Approximately 70% of adolescents reported that they felt safe on play areas (decreased from 76% at the mid-term) at the end-line survey. Access to latrines equipped for menstruation management has been steadily increasing since the baseline assessment, with 68.3% of adolescent girls reporting that they had access to latrines at the final evaluation; however, this percentage did not meet the targeted 85% set in the PMF. Although the PMF targets were not met for these indicators, providing safe play areas and access to latrines are positive steps towards increasing the protection of girls.

Lastly, 71% of community volunteers expressed confidence in their ability to conduct their regular activities. This finding is similar to the mid-term evaluation, both of which were below the targeted 90% set in the PMF. At the time of this evaluation, it is unknown as to why these child protection indicators were not met. Changes in local context including the teacher strikes, civil unrest, and Covid-19 may be contributing factors to lower than anticipated child protection outcomes. More research into these and other areas is needed in order to fully understand contextual limitations and strategies for increasing child protection outcomes in the future.

Recommendations

Taking into consideration the findings presented above, HCA has developed recommendations for future Right To Play programs in Mali. More context and details regarding recommendation implementation and responsibility can be found in section *8.0 Recommendations* of this report.

1. It is recommended that Right To Play continue programming focused on improving the rights, quality of life, and access to education of children (particularly girls) in the conflict affected regions of Mali.

2. It is recommended that, in conjunction with other interventions, future Right To Play programs in Mali engage with governmental protection actors, including the mayor's offices and the police, to enforce child labor policies.
3. It is recommended that Right To Play continue to engage religious and traditional/customary leaders in their programming throughout the intervention to promote and sustain positive change about child protection and management of harmful practices in their communities.
4. It is recommended that future programs focus on vocational skills training for adolescents.
5. It is recommended that Right To Play, acknowledging the risk associated with political, social, and economic instability in Mali, develop a Disaster Risk Reduction (DRR) Strategy (accompanied by annual context assessments/risk analysis and adaptive management practice) to identify and monitor program risks from program inception.
6. It is recommended that future Right To Play programming engage parents in Play Based Learning activities to increase knowledge and awareness of harmful practices.
7. It is recommended that future Right To Play programming engage children and adults in capacity building efforts that increase collective community capacity to protect children, report instances of abuse, and advocate for the rights of children and girls.
8. It is recommended that Right To Play develop a sustainability plan for Jam Suka and all future programming.
9. It is recommended that Right To Play Mali incorporate a sustainable livelihoods framework in future programs to provide viable income generating alternatives for families.
10. It is recommended that Right To Play continue to set up/support community learning centres with specialize in coaches that support the needs of young people.

1.0 Introduction

This report presents the findings from the final evaluation of Right To Play's Jam Suka project in Mali. Right To Play is an international humanitarian organization that uses play to promote the holistic development of children and youth in the most disadvantaged places in the world. Right To Play is committed to improving the lives of children and strengthening communities by turning best practices in sport and play into opportunities to promote development, health, and peace. The primary goal of Right To Play's programming is to promote healthy child development and create safer and stronger communities.

This report presents the findings, conclusions, and lessons learned from the final evaluation and recommendations for future programming. The report also provides an overview of the Jam Suka program and the research methods and limitations of this evaluation.

2.0 Project Background

Jam Suka, which means "child well-being" in the Peulh language, is a five-year, \$10.2 million (CAD) initiative designed to meet the specific needs of vulnerable children, especially girls, exposed to the worst forms of labour (e.g., traditional gold mines) in three regions in Mali, Africa (Kayes, Sikasso and Mopti).

The ultimate outcome of the project is to improve the protection and well-being of children vulnerable and affected by the crisis, especially girls, in the three target regions. Jam Suka seeks to address the following key child protection risk areas: FGM, early marriage, child labour, and begging. In order to address these child protection risk areas, Jam Suka developed the following immediate and intermediate program outcomes:

Intermediate Outcomes:

- 1000 Increasing the effectiveness of the child protection system for a protective and respectful environment for children, especially girls, in the Kayes, Sikasso, and Mopti regions.
- 2000 Increased capacity of communities to better protect children, especially girls during and after crises, from harmful practices in the Kayes, Sikasso, and Mopti regions.
- 3000 Increased access to basic social services and sustainable rehabilitation/reintegration measures for children affected by the crisis and those affected by harmful practices, including girls, in the Kayes, Sikasso, and Mopti regions.

Immediate Outcomes:

- 1100 Strengthening formal and non-formal mechanisms for the protection of children, particularly girls.
- 1200 Strengthening mechanisms for coordination, collaboration, and accountability between child protection service providers, particularly girls.

- 2100 Increased skills of protection organizations to be able to prevent and respond to child protection issues during and after crises.
- 2200 Increased skills of policy makers, local leaders, and communities on the importance of protecting children, especially girls, and the risks associated with harmful practices and exploitation.
- 2300 Increased skills of children, especially girls, to protect themselves and other children, and to positively influence protection decisions.
- 3100 Improved positive learning environments and access to health for children affected by the crisis and for those affected by harmful practices, especially girls.
- 3200 Strengthening local structures for rehabilitation/reintegration and referral of children affected by the crisis and those affected by harmful practices, especially girls.
- 3300 Increased access for children to protective environments, especially for girls.

The project works towards directly benefitting approximately 72,000 children (54,290 girls and 17,710 boys) across the three target regions, with a strong emphasis on girls. The project is wrapping up its final year of implementation and is scheduled to conclude on March 31, 2021. This evaluation will measure the impact of Jam Suka on the three target regions over time by comparing the baseline and mid-term assessments with end-line findings.

3.0 Purpose, objectives, and evaluation questions

The final evaluation of Jam Suka serves to provide a strategic review of project performance and progress against objectives and expected results. This evaluation covers the expected immediate and intermediate outcomes of the project and will report on the corresponding level of achievement for the different indicators (see immediate and intermediate outcomes listed in the section above).

Beyond examining the impact of the project on its direct beneficiaries (children and parents/caregivers), this evaluation also serves to assess the successes and constraints of the project design and implementation process execution and the relevance of the intervention logic. The evaluation examines the consistency and sustainability of activities carried out over the life of the project and documents best practices and makes recommendations for future applications of the project.

Four key assessment themes and corresponding questions guided this evaluation:

- The validity and viability of Jam Suka's theory of change.
- The effectiveness of the child protection system.
- The capacity of communities to ensure better protection of children.
- The extent to which children have access to basic social services.

4.0 Evaluation methods and limitations

HCA implemented a mixed-methodology approach for the completion of the Jam Suka final evaluation. The data collection methods used were:

- Document review
- Monitoring data review and analysis
- Survey/questionnaire
- Key informant interviews
- Focus group discussions.

A summary on the implementation of each data collection method is discussed below.

Document review: Documents and secondary data reviewed in this final evaluation were sourced with the support of Right To Play international and country office staff. Project reports, documents and data sources reviewed in the preparation of this report included:

- Program Theory of Change (TOC)
- Performance Measurement Frameworks (PMF)
- Baseline reports and raw data
- Mid-term report
- Gender Strategy
- Financial reports
- Data collection instruments

Findings from the document review and secondary data supported project background understanding as well as comparison of results at report writing. Document review provided essential context and guidance for the collection and analysis of primary quantitative and qualitative data collected to assess project contribution. Review of the baseline and mid-term reports supported the comparison and triangulation of results from the final evaluation.

Survey/questionnaire: The instruments used for this final evaluation were based on tools developed and used at baseline and mid-term evaluation. These were adapted to the context of this final evaluation after consultation with technical team from Right To Play. All questionnaires were drafted in French but administered in the local language. The questionnaires were developed for adolescents, household heads, and practitioners.

Key informant interviews: Semi-structured interviews were administered from a sample of project beneficiaries in this case adolescents (girls and boys). The semi-structured interviews were also addressed to Right To Play, *Environnement et Développement* (ENDA) Mali, *Collectif des Centres d'Ecoute Communautaire du Mali* (COCECM), *Groupe de Recherche Action Droits de l'Enfant Mali* (GRADEM), heads of households, vulnerable children, religious and traditional/customary leaders, local protection committees, etc. Key Informant Interviews (KII) aimed to collect qualitative information to aid explanation of quantitative program performance

and impact. Interviews were conducted one-on-one (face-to-face) and remotely through email by field team members and local consultants in either French or local languages as required or preferred by the respondent.

Focus group discussion: Focus Group Discussions (FGDs) were conducted with children (girls and boys), heads of households (women and men) and Right To Play partners and practitioners. A total of 11 FGDs were conducted with between 8-10 participants per group.

4.1 Sampling

The end line evaluation sampling strategy was an attempt to duplicate that used in the mid-term evaluation. It should be noted that a local team, led by Diatrou Dembele and Ousmane Macina, oversaw data collection for the final evaluation. Ousmane had been involved in the mid-term evaluation. Brehima Simpara from Right to Play assisted. HCA was not engaged in the sampling methodology or data collection processes used. The details provided on the sampling below were the details given to HCA, upon request, by the local team.

At the final evaluation, the three communes that were participants in the project each provided a list of villages. For Kenieba commune, four villages were selected at random. For Yanfolila commune, 10 villages were selected at random. For Badiangara commune three villages were selected at random. The villages selected in the mid-term were also used in the final evaluation. In some cases, due to security concerns, villages had to be substituted in the final evaluation.

The quantitative sampling strategy was driven by the adolescent survey which utilized a cluster sampling approach. Using cluster sampling and a design effect of two (2), approximately 768 adolescent respondents would be necessary to obtain 95% confidence and 5% error. To ensure an adequate and representative sample, the sample size was expanded to 995.⁵ Once the adolescent target was established, the interview team proceeded to the village school where teachers were asked to select from their classes at random to yield the desired number of youth ages 12-17. A small number of vulnerable youth were selected by coaches in each of the villages to be included in the survey also, bringing the total number of surveyed youth up to 1,222.

Sampling approaches used at the mid-term were also replicated to select parents and practitioners to complete the survey/questionnaire at the final evaluation. Purposeful sampling was used for both demographic groups. For the household survey, practitioners went door-to-door in each community to find parents who were willing to participate in the survey (this was continued until the target number of households were reached). Similarly, one or two practitioners were surveyed in each of the target communities. Practitioners were selected based on availability at the time of data collection.

The instruments used and number of respondents are listed in Table 1 under the *Demographics* section below.

⁵ <https://www.surveysystem.com/sscalc.htm>

4.2 Quality Assurance and Data Cleaning

Quality assurance procedures were implemented at various stages of the evaluation process. In the planning phases, HCA worked with Right To Play to compile the inception report and redevelop the data collection instruments. Inception report and instruments were shared and collaboratively reviewed with the Right To Play evaluation committee to ensure that key program areas were addressed. Prior to data collection, HCA conducted training with local field teams to ensure that data collection instruments were clearly understood and that consistent data collection procedures would be followed. Significant time was spent in each training session to ensure that data collection instruments had been or could be accurately translated into all appropriate local languages before instruments were taken into the field.

Prior to the full implementation, the data collection instruments were carefully reviewed with Right To Play evaluation committee to ensure that they could be accurately and consistently implemented. As needed and as appropriate, small adjustments to the language of data collection instruments and to the data collection protocols were made to ensure that local contexts were appropriately addressed. Throughout the data collection process, the HCA team remained in contact with field teams and reviewed the quality of protocols and data as the collection activities proceeded. No major data quality issues were identified during the data collection, though, the HCA lead consultant (Dr. Cummings) debriefed with field teams to discuss strategies to strengthen the data collection techniques and documentation procedures used by field team members.

Following the completion of data collection phase, HCA consultants carefully reviewed all electronic data files (in Microsoft Excel) and implemented a data cleaning protocol prior to data analysis. Quantitative data cleaning consisted of the following: determining that no repeated entries had been put into the electronic platform, that any missing data was understood and accounted for, and that responses appeared to be consistent and reliable based upon the wording and intent of the survey questions. To allow for better aggregation of results, and preparation of quantitative counts, a significant amount of data sorting and alignment took place to ensure that collected data was properly aligned to the data collection instruments (i.e., codebook development). For each questionnaire, electronic spreadsheets were formatted into numeric formats to allow for quantitative analysis using the SPSS Statistics software package. Qualitative data was reviewed for reliability and validity. Qualitative data was cleaned and configured into a format that facilitated content analysis and coding.

For baseline and monitoring data, a review and data cleaning assessment were conducted collaboratively between Right To Play Mali staff and HCA to ensure that data was clearly understood and formatted in a way that would allow for quantitative analysis.

4.3 Data Analysis

The overarching data analysis plan for this report consisted of aligning the available primary and secondary data to the appropriate indicators of the PMF. For each indicator, there is a variety of data sources (both quantitative and qualitative) identified in the PMF to produce evidence for that indicator. Each question in the primary data collection instruments (questionnaires, interview guides and focus groups guides) have been purposefully designed to provide relevant

outcome data to speak to the indicators of the PMF. Qualitative narrative has been prepared and presented under the appropriate indicator.

For quantitative findings, the primary analysis conducted was mainly descriptive in nature, presenting frequencies, percentages, and cross-tabulations from questionnaires. Inferential quantitative analysis was conducted to identify significant differences between findings based on gender.

Qualitative analysis was also guided by the indicators of the PMF. Qualitative questions from each data collection tool were aligned to the appropriate outcome indicators. The responses associated with the corresponding question and indicator were subsequently analyzed for common themes. The themes (codes) allowed the frequency of a theme or concept to be counted for each stakeholder type. Identified themes were presented by stakeholder groups and providing counts and accompanying narratives under each indicator. It is important to understand that this analysis reports upon positive responses and frequency of themes but does not imply that respondents that did not identify themes did not share the same perspectives with other respondents. In addition to the thematic analysis, a series of quotations or examples that speak meaningfully to the outcome of interest are also presented to help contextualize and validate the summarized quantitative and qualitative findings.

4.4 Research Ethics

HCA respects the Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans⁶ as the best practice standard for ethical research and adheres strictly to the Canadian Evaluation Society Code of Ethics.⁷ All evaluation participants were made aware of the voluntary nature of their participation and of their rights to informed and continued consent throughout this study. To ensure that all participants (particularly female respondents) felt comfortable answering questions openly and honestly, over 50% of the hired enumerators were female.

HCA is committed to protecting the identities of the interview, survey, and focus group respondents. Raw data files do not contain names but do contain a variety of demographic and descriptors that could allow for the identification of some respondents. All analyzed and publicly reported data will ensure that no personal identifier data is accessible beyond the evaluation team.

4.5 Challenges and Limitations

Challenges of this evaluation were:

1. Prevalence of Covid-19 pandemic. The year 2020 was a year of lockdown and barriers globally due to Covid-19 restrictions. To ensure successful completion of the evaluation, HCA remotely supervised the field team through social media and monitoring online the

⁶ http://www.pre.ethics.gc.ca/pdf/eng/tcps2-2014/TCP2_2_FINAL_Web.pdf

⁷ <http://evaluationcanada.ca/ethic>

data entry into the Kobo tool. In the field, the evaluation team adhered to all barriers such as wearing masks, social distancing, and regularly washing/sanitizing their hands.

2. Security threats within the country. Mali is politically unstable country with fighting in the country. The field team ensured security and confidentiality of the respondents. Interviews and surveys were administered in a safe and secure open space while respecting the Right To Play code of conduct.

Key limitations to the evaluation were:

1. Limited data for baseline and midterm to allow comparison of final evaluation results. Much of the data from the baseline and mid-term reports was presented as percentages without n-values. To account for this limitation HCA reviewed output datafiles provided by Right To Play from the baseline and mid-term studies to determine n-values where possible. Where n-values were not provided a note is made in the PMF table.
2. Data collected for vulnerable children was aggregated with data from non-vulnerable children in the sampling strategy and analysis. These children were not necessarily the ones interviewed at the baseline and the mid-term evaluation. Community coaches identified 172 (88 M; 91 F) vulnerable adolescents to be included in the survey. This method was the same method used in the mid-term evaluation, however in future evaluations it would be best to sample and analyze vulnerable youth separately.

4.6 Demographics

Table 1 presents the full scope of the demographic data for the primary data collected during field visits led by HCA and the in-country local consultants.

TABLE 1: RESPONDENT PROFILE OF PRIMARY DATA COLLECTED

Data Collection Tool	Female	Male	Total
Adolescent questionnaire/survey (12-17 years)	620	602	1,222
Household Survey	127	128	255
Practitioner Questionnaire/Survey	26	44	70
KII with Vulnerable children	6	7	13
KII with Community Leaders	7	8	15
KII with Religious and traditional/customary leaders	0	8	8
KII with Practitioners	2	4	6
KII with Household heads	8	5	13
Focus group with Children ^a	10	20	30
Focus group with Heads of household ^b	30	10	40
Focus group with Community Leaders ^c	2	14	16
Focus group with Practitioners ^d	6	12	18
Total	844	854	1,698

^a Three FGD for vulnerable children, two were with boys (20) and one with girls; ^b Four FGDs conducted with household heads. Three were with female heads each having 10 participants and one was with the males; ^c Two FGDs with community leaders; ^d Two FGDs with Practitioners

Adolescent survey: A total of 1,222 youth aged 12-17 were surveyed in three cercles of Bandiagara (16.4% of surveys), Kenieba (38.3% of surveys) and Yanfolila (45.3% of surveys). Equal gender representation in the youth survey was largely maintained (620 females and 602 males). Villages were selected at random from the districts. Each village was assigned a target population for sampling for the adolescent survey. That target population was proportional to the village's share of the total population in the villages selected.

The survey team was introduced to the village head who then introduced the team to the school. The target survey population was assigned to the school. Students 12-17 were the target age group. The number of students 12-17 years of age were estimated for the school. For example: say there were 100 students ages 12-17 in the school, equally split between girls and boys. If the target sample size was 15 adolescents for the school, then $100/15=6.66$ say 7. Eligible students in classes would be numbered from 1 to 100 and every 7th student selected for an interview.

Household survey: A total of 255 households were surveyed from three locations of Kayes (40.4%), Mopti (16.5%) and Sikasso (43.1%) with equal representation between female households (49.8%) and males (50.2%). The household survey was an availability sample with 1-2 available households selected per village.

Practitioner survey: A separate questionnaire was administered with available Right To Play selected practitioners. These were RTP trained health and community development professionals. A total of 70 surveys were completed by both the female (37.1%) and male (62.9%) respondents. Respondents were practitioners in the health, education, social service, justice/police, management/administration, community volunteers and other sectors.

Other surveys, focus groups: The remaining interviews and focus groups were administered to individuals who made themselves available to the researchers.

5.0 Results

5.1 Theory of Change Analysis

In general, the Theory of Change (TOC) was assessed as being valid. The project strategy designed to engage schools, municipal officials, parents, and others in an agenda focused on improving the protection, health, and opportunities for young people, especially girls, was seen as being relevant.

There was a strong focus in activities on child rights and the reduction of child labour especially that associated with the mining sector. In addition, many of the local practices impacting girls were addressed in the TOC and project activities including female genital mutilation and early marriage.

The activities carried out were logically linked to these outcomes. There was also evidence that government agencies implicated (schools, health units, etc.) were supportive of the strategies. Some of the most salient activities include sports clubs, introducing child rights education to the schools and elsewhere, training coaches for sports in life skills, helping children out of school

return to school, strengthening school curriculum to help to keep children in schools, and working with local partners to carry out all the above.

The political and social environment of Mali affected the project implementation. The lack of these assumptions related to population movement due to armed violence and political and social unrest has left the project without flexibilities of putting in place mitigation measures for a suitable programming.

Religious and traditional/customary leaders' place in the social structures of targeted communities has proven very critical in influencing communities' members social values. Their role as community influencer is an opportunity that can significantly improve the performance of the project in producing the desired behavioral change in the target communities.

Social economic conditions of families and their implications are critical factors for consideration in effectively addressing child labor and school attendance. The ability of parents to assume their family responsibilities in relation to their children was mentioned by several respondents as the cause of these harmful practices.

Jam Suka is seen to be relevant and incorporating appropriate strategies to enable change. It is likely that the lessons from Jam Suka will be sustained. Jam Suka implemented some of its activities through local organisations as they know the context better. Working with local NGOs supported local capacity and ownership as elaborated further below. At the same time there are significant risks involved in the implementation of these strategies. These are associated with instability in organizations and systems targeted by Jam Suka. The risks to the project manifested themselves in 2020: a political coup, a teachers' strike, and the Covid-19 pandemic.

Despite all of this, the project continued. Given the issues associated with formal sector organizations (health, school, local government) the Jam Suka strategy of working with non-governmental organizations seems particularly important and effective. In addition to the local NGOs the network of coaches has played a critical role in the achievement of the project.

Going forward, Right to Play and its partners must continue to monitor the risks and be prepared to modify the strategy to mitigate the risks.

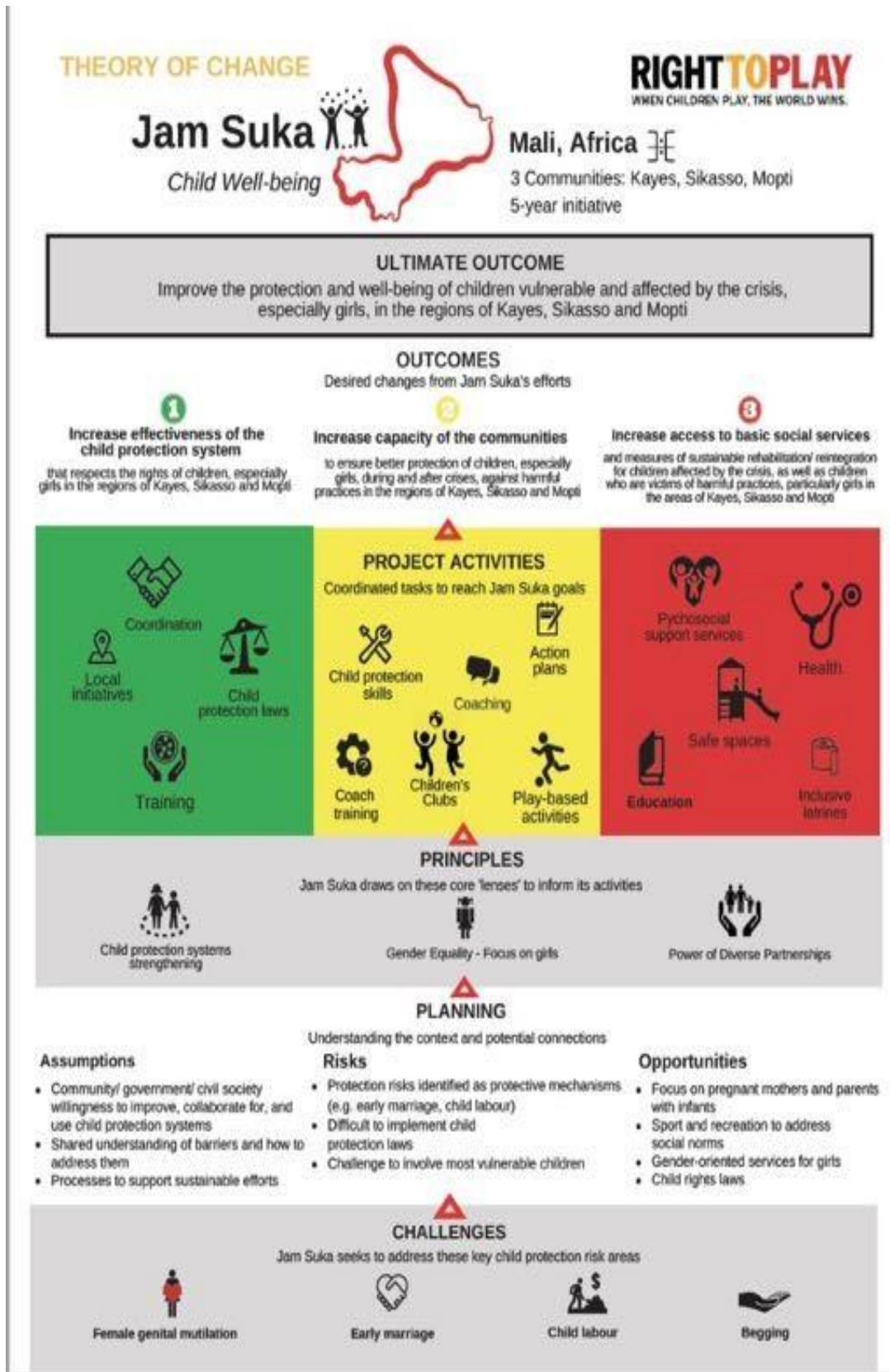


FIGURE 1: JAM SUKA THEORY OF CHANGE

5.2 Program Relevance

The Jam Suka's interventions address the child protection needs that girls and boys face in Mali, particularly in regions of Kayes (Kanieba), Mopti (Bandigara), and Sikasso (Yanfolilia). Through several reports, the government and humanitarian actors active in these regions attest to the widespread precarious conditions of children, especially girls. The crisis in 2012 affected people in the southern areas where Right To Play is implementing the Jam Suka project. Recurrent natural disasters and constant political and social instability have worsened the humanitarian situation and increased the need for women and children's protection in these areas. An analysis of secondary data from humanitarian actors carried out by the Protection Cluster attested that more than 4.1 million people, including over 50% women and girls, need protection due to multidimensional crises in these regions (Protection Cluster, 2018).

Children's protection and wellbeing in Mali are essential since half of the country's population is under eighteen (Mali-Unicef Cooperation Program, 2020). Child protection interventions carried out by the Jam Suka project support the Malian government's national policies as stipulated in the strategic framework for economic recovery and sustainable development (2019-2023). The protection of children dropping out of school is a major concern of the Malian government. The significant drop out of children (especially girls) from the education system resulted from child marriage, rural exodus, parental poverty, or school infrastructure remoteness. When schools exist, they still lack facilities to facilitate retention (canteens, toilets, etc.). Girls are removed from school to participate in domestic work or when they do not perform well. They are married at an early age and forced to drop out of school to take care of their household and children (Ministry of Economy and Finance, Mali, 2019). Children who participated in the interviews and focus groups attest that they often experience these practices as they are too young. Despite the government's efforts and its partners to combat excision, more than 70% of girls still undergo FGM with adverse consequences on their health, education, and development. (Mali-Unicef Cooperation Program, 2020). FGM can lead to reduced concentration and / or school absences for adolescents due to remaining medical issues on the urogenital tract.

Feedback from key informant interviews and focus group discussion participants indicated that the Right To Play Jam Suka project was relevant in the targeted regions of Kaneiba, Bandiagara and Yanfolila. Interviewed stakeholders viewed the project as well-gearred to solving the harmful practices within their community such as child begging, FGM, child labour in the gold mines and early childhood marriage. All participants noted that the presence of Jam Suka project in their community had positively led to the decline of harmful practices such as child labour and early marriage. Through the training of coaches, they had played a vital role in raising awareness in communities on issues such as birth certificate registration, ending of child labour and advocating for children's rights, especially education. Participants noted that these harmful practices had existed because of the poverty of parents who would send their children to work in the mines to get food to eat or were done by the religious and traditional/customary leaders (Koranic masters)

who would send children to beg. However, with the awareness received from the project these practices were declining as one participant noted below.

“The desire and love for money pushes the children to go to the gold mines. There are parents who give their children to Koranic masters who are sending the children to do begging. However, through Jam Suka project support, there are awareness committees in each community that are helping to raise awareness on child protection, birth registrations, enrollment of children in schools and fighting child begging. In some villages they have a protection group made of hunters who have helped to stop children from going to gold mines and return them to their parents.”

– Household head (Source: Household head key informant interview)

Participants felt that the Jam Suka project helped build community capacity to protect boys and girls from child protection risks. There are community structures that have been put in place (village prevention and alert committees (*Comité Villageois de Prévention et d’Alerte’s*) and community protection committees (*Comité Villageois de Protection*) at the four municipalities). Additionally, there are village protection committees that have been set up. For example, committees have been set up in 100 villages of the Yanfolila circle and all the actors of these different village prevention and alert committees have been trained on child protection. Further assessments can inform the project if there are remaining root causes.

5.3 Program Efficiency

Program efficiency measures the degree to which the Jam Suka program meets its intended goals and outcomes in a timely and cost-effective manner. This section of the report provides a value for money analysis to determine the extent to which the program outcomes were achieved in a cost-effective manner. It then assesses the extent to which the Jam Suka program has strengthened local mechanisms for coordination, collaboration, and accountability among service providers (outcome indicator 1200). A strong degree of coordination is necessary to ensure that service providers are working together to provide the best level of care in an effective and time sensitive manner. Furthermore, strong connections between local service providers and government entities helps to ensure that local governments are working with care providers to improve the safety of children (through access to care, government support, and policy development).

Finally, the section looks at the way women and girl's participation and capacity to act in advisory framework, decision making and in child protection mechanisms has improved as the result of the project interventions.

Value for Money Analysis

The following presents a value for money analysis of the Jam Suka program. The approach used here is consistent with the work by Penny Jackson for OECD.⁸ For this analysis we have examined the effectiveness of few select indicators in the PMF table (found in Appendix A) that we believe best align with the overall goal of the Jam Suka program.

The outcome indicator measured for this analysis is indicator 2000. *Increased capacity of communities to ensure better protection of children, especially girls during and after crises, against harmful practices in the regions of Kayes, Sikasso and Mopti. % / total of girls who feel protected in their communities.* To measure this outcome the following indicators were examined:

- 2001: %/total girls who feel protected in their communities
- 2002: Incidence of girls' early marriage cases
- 2003: Incidence of child labor cases in communities

The financial data for this analysis came from the Jam Suka project operational plan developed at project commencement (Plan de Mise en Oeuvre (PMO) (Avril 2016 – Mars 2021)). For this assessment it is assumed that there were 54,920 girls in the targeted villages (based on the number of targeted girls outlined in the baseline report). The following subsections outline the value for money analysis of the above indicators.

Limitations to this approach: One of the constraints to this approach is attribution. We have assumed that all the change is attributed to the project. There were several confounding factors we have identified elsewhere in the report. It should also be noted that this analysis would be facilitated by explicitly linking the budget to the PMF indicators in future projects.

2001: %/total girls who feel protected in their communities

To determine the value of this indicator, the percentage of girls in the adolescent survey at the baseline, mid-term, and end-line evaluation was applied to the total population of girls in the target regions to generate the total number of girls protected through the Jam Suka program (see table 2). Based on this assessment we estimate that 16,696 felt more protected at the final evaluation than at the baseline (38,334 minus 21,638 girls).

TABLE 2: ESTIMATED NUMBER OF GIRLS PROTECTED IN THEIR COMMUNITIES (BASELINE TO END-LINE COMPARISON)

Assessment period	Girls who were protected in their community		
	Percentage (%) of girls	n-value	Total number (#) of girls
Baseline	39.4%	571	21,638
Mid-term	64.8%	588	35,588
End-line	69.8%	620	38,334

⁸ More information can be found at: <https://www.oecd.org/dac/effectiveness/49652541.pdf>

To determine the cost of protecting one girl over the five-year project period HCA analyzed the budget activity in the PMO from project inception. It should be noted that the budget was operational and did not have specific budget lines linked to this indicator, and so this number should be viewed as an estimate only. HCA examined the PMO and selected budget items (budget items: 3211,3112,2314, 2112) that were determined to be linked to this outcome. **The total of these items came to \$1,089,075. Comparing this to the estimated 16,696 girls who felt more protected at the end line evaluation than they did at the baseline evaluation, the cost of protecting one girl over five years would come to \$65.23 (CAD).**

2002: Incidence of girls' early marriage cases

Using the same approach as above, the instances of child marriage cases (as reported by adolescents surveyed) was applied to the total number of girls in the target regions. Using this method, it is estimated that there was awareness of 7,414 fewer cases of early marriage at end-line compared to baseline (see table 3). **The total cost for this change came to \$1,508,080 (or a cost per case of \$203.40).** PMO budget lines applied to this were: 1112 (50% of total), 1113, 2111, and 2212 (50% of total).

TABLE 3: ESTIMATED NUMBER OF CHILD MARRIAGE CASES (BASELINE TO END-LINE COMPARISON)

Assessment period	Instances of child marriage		
	Percentage (%) of children	n-value	Total number (#) of girls
Baseline	48.9%	1,356	26,856
Mid-term	56.0%	1,163	30,755
End-line	35.4%	1,222	19,442

2003: Incidence of child labor cases in communities

For the final indicator, instances of child labour cases in communities, it was estimated there was awareness of 4,174 fewer cases of child labour at end-line than at baseline. **The total cost for this change came to \$1,070,860 (or a cost per case of \$256.56).** PMO budget lines applied to this were 2211, 2212 (50% of total), 3112, and 3213.

TABLE 4: ESTIMATED NUMBER OF CHILD LABOUR CASES (BASELINE TO END-LINE COMPARISON)

Assessment period	Instances of child labour cases		
	Percentage (%) of children	n-value	Total number (#) of girls
Baseline	55.8%	1,356	30,645
Mid-term	72.8%	1,163	39,982
End-line	48.2%	1,222	26,471

1200. Strengthening mechanisms for coordination, collaboration, and accountability among providers of child protection services, especially girls. Degree of coordination (scale of 1 to 4) between protection service providers.

1201: Degree of coordination (scale of 1 to 4) between protection service providers⁹

Practitioners were asked to rate the degree of coordination between protection service providers on a scale of one to four (with one being the worst and four being the best). Of the 70 practitioners surveyed, 84.3% (80.8% M; 86.4% F) gave the degree of coordination a score of three or above, indicating that they were satisfied with the level of coordination. This rating is slightly lower than the mid-term evaluation, where 87.2% of practitioners gave the degree of coordination between service providers a rating of three or four. The community authorities who took part in various interviews reported that the coordination of protection actors essentially depends on the Jam Suka project's activities.

Mechanisms put in place and supported by the Jam Suka project, such as the coach network, children's club, and the integration of aspects of protection into various local development plans, have brought about a significant improvement in the coordination of protection activities implemented by local actors. None of the key informants spoke to reasons why the level of satisfaction may be lower at the final evaluation than it was at the mid-term, however contextual factors such as Covid-19 and the teacher strikes may have had an impact. Further investigation into this issue would be needed to determine the cause for the difference in satisfaction.

Practitioners surveyed in both the mid-term and the end-line evaluation found a moderate degree of coordination between the government and communities in their ability to protect children with approximately half (50% at mid-term and 51.4% (45.5% M; 61.6% F) at end-line) of practitioners giving the degree of coordination between governments and communities a positive rating. Community authorities who participated in focus group discussions asserted the local government entities do not coordinate protection activities. Government agents do not carry out coordination activities to ensure an effective and efficient response to protection issues. Governments entities' involvement is necessary as their efforts offer benefits that other protection actors do not have, in particular, coercive measures related to child protection policy implementation. Local government entities are appropriate to support coordination mechanisms given their proximity with other protection actors and community representatives. In addition to the Jam Suka project's coordination interventions, the hunters sometimes work in coordination with community leaders to ensure protection in the villages.

To understand how formal and non-formal protection services are functioning, practitioners were also asked to rate the effectiveness of formal and non-formal child protection mechanisms in their community on a scale from one to four. Of the 70 surveyed practitioners, 88.6% (88.6% M; 88.5% F) gave the effectiveness of formal child protection mechanisms a rating of three or

⁹ This indicator was not measured in the baseline assessment.

above and 67.1% (63.6% M; 73.1% F) gave non-formal child protection measures an effectiveness rating of three or above. This data suggests that there is room to improve how non-formal child protection mechanisms operate in the target communities.

1202: %/total roundtables on protection issues involving decision-makers

Community roundtables were all including discussions on protection issues involving decision makers at the time of this evaluation (100% of roundtables). Data from the mid-term evaluation show that 100% of communities were meeting this target in 2019 as well, showing that the Jam Suka project has exceeded their expected target of 60% for the last two years.

Gender Strategy Objective: Strengthen the participation of women and girls and their capacity to act in advisory frameworks, in decision-making bodies and in child protection mechanisms:

In addition to roundtables, the project strengthened women's participation through their capacity development and involvement in child protection activities. Right To Play staff and protection actors interviewed for this evaluation attested that women are courageous and actively participate in child protection due to their involvement in Jam Suka initiatives. Women performed better than men during the tests administered during different training pieces on protection subjects to community members.

5.4 Program Effectiveness

This section of the evaluation examines the extent to which the Jam Suka program effectively contributed towards the goals and objectives outlined in the TOC. Specifically, this section of the report looks at the following intermediate and immediate outcome goals and their corresponding PMF outcomes indicators:

- 1000. Increase in the effectiveness of the **child protection system** for an environment that protects and respects the rights of children, especially girls, in the regions of Kayes, Sikasso and Mopti. Number of official complaints reported by children, adults (disaggregated by types of vulnerability).
- 3000. Increase access to basic social services and sustainable rehabilitation / reintegration measures for children affected by the crisis and those victims of harmful practices, especially girls, in the regions of Kayes, Sikasso and Mopti.
- 2100. Increase in the skills of protection organizations to be able to prevent and respond to child protection issues during and after crises
- 2200. Improve skills of decision makers, local leaders, and communities on the importance of protecting children, especially girls and the risks associated with harmful practices and exploitation.
- 2300. Increase **skills of children**, especially girls, to protect themselves and other children, and positively influence protection decisions. % / total of girls who know the procedure for reporting cases of abuse in their communities

1000. Increase in the effectiveness of the child protection system for an environment that protects and respects the rights of children, especially girls, in the regions of Kayes, Sikasso and Mopti. Number of official complaints reported by children, adults (disaggregated by types of vulnerability).

Participants in the group discussions conducted with Right to Play staff, practitioners and program partners testified that the Jam Suka project supported the child protection system at the local level (villages and communes). This support targeted local authorities, particularly village leaders and municipal councilors. They received institutional support to improve their working conditions to better meet the protection needs of children. The project delivered training and awareness sessions to these protection actors in addition to material support.

The interviews conducted with Right To Play staff, practitioners, and partners also reiterated the same. The Jam Suka project has strengthened the capacity of all the child protection actors through capacity building efforts, such as training for coach networks and practitioner training to prevent and manage cases of abuse (see indicator 2100 for more details). Additionally, institutions in charge of child protection have been supported with motorbikes and computers to facilitate the gathering of information related to child protection.

Gender Strategy Objective: Reduce the gaps between girls and boys, women, and men, in access to basic services and decision-making, in the field of child protection (alignment with the first and the 5th field action of Canada's Feminist International Assistance Policy): The project directly targeted community members through sensitization on the themes of child protection, including adverse consequences for the future for children working in mines, genital mutilation of girls, early marriage, and the importance of schooling children, especially girls. At the time of the final evaluation a majority of complaints had been managed according to proper procedure, and youth satisfaction with the management of complaints was high. However, targets around reducing child labour, early marriage, and FGM have not been met and the number of official complaints reported by children is higher than the PMF target. Findings from the qualitative data show that there remain strong cultural beliefs that early marriage and FGM are beneficial for girls as they help to prevent promiscuity and pregnancy outside of marriage (see indicator 2202). Although stakeholders do not believe that child labour is beneficial for the child, this practice continues when families are unable to provide for their basic needs (see indicator 2003). This data suggests that there is still a need to address the challenges faced by children (particularly girls) in these regions (see the following sub-sections for more details).

1001.1: Number of official complaints reported by children (against vulnerability types)

At the end-line evaluation, 322 official complaints had been made by children¹⁰ since the start of the program. A total of 35 complaints were recorded at the mid-term evaluation, and 287 complaints were recorded between the mid-term and final evaluation. The most common

¹⁰ Data disaggregation by gender is not available as the monitoring data did not record the gender of the complainant nor the gender of the individual who the complaint was made against.

complaint made by children was instances of child labour followed by begging and early marriage. Table 5 below outlines the number and type of complaints made by children since the start of the program.

TABLE 5: CHILD COMPLAINTS SINCE THE START OF THE PROGRAM

Complaint Type	Number of Complaints
Child Labour	147
Begging	92
Early Marriage	76
FGM	5
Other	2
Total Complaints	322

The number of child complaints is well above the expected count of 40. Complaints are transmitted by individuals to: municipal and village committees; state technical services including child protection services and referral health centers at district level; and the project team and implementing partner organizations.

However, taken in context with the comments from the focus group, the increase in number can likely be attributed to an increase in children's ability to report instances of maltreatment due to the training they received in children's groups on the importance of the Child Protection Information System (SIPRE), participation in sports and play activities focused on the protection and rights of children. However, further investigation into the increase in the number of complaints over the last two years would be useful to gain a full understanding as to the reason for the increase.

1001.1: Number of official complaints reported by adults (against vulnerability types)

At the end-line evaluation, a total of 140 complaints had been made by adults¹¹ since the start of the program. Baseline and mid-term evaluation findings reported 54 and 36 complaints respectively. At the time of the end-line evaluation, 80 adult complaints had been made since the mid-term evaluation. The most common complaints made by adults were instances of child labour followed by early marriage and begging children (see table 6 below).

TABLE 6: ADULT COMPLAINTS SINCE THE START OF THE PROGRAM

Complaint Type	Number of Complaints
Child labour	53
Early marriages	47
Begging children	24
Other	9
FGM	7
Total	140

¹¹ Data disaggregation by gender is not available as the monitoring data did not record the gender of the complainant nor the gender of the individual who the complaint was made against.

The total number of adult complaints (80) is above the expected number of 60. As with the number of child complaints, the increase could be explained by the training and awareness activities of parents, members of community organizations, which may have encouraged more community members to speak out when they witness harms against children. However, more investigation is required to fully understand why the number of complaints by adults has increased over time.

1001.2 %/total complaints managed over time according to procedures

In the baseline assessment, 76.6% of all complaints were managed according to proper procedures. Right To Play set a target to increase this percentage to 90% of complaints managed over time. Results from both the mid-term and the end-line evaluation show that Right To Play exceeded this target with 98.6% of complaints managed properly at the mid-term and 95.0% of complaints managed at the end-line evaluation.

1002: % / total child victims satisfied (scale from 1 to 4) with the management of cases of abuse (broken down by M / F)

During adolescent key informant interviews, children were asked to report on their level of satisfaction with the management of cases of abuse by the protection mechanism put in place by Jam Suka. Of the 13 adolescents who responded to this question, 11 reported that they were satisfied with the management of cases of abuse (measured by a rating of three or four on a four-point scale). The reasons for their satisfaction were cited as the contribution the mechanism has made in reintegrating children to school, removing them from gold mining sites, as well as preventing under-aged girls' marriage.

Comparing against the mid-term evaluation these findings show that the level of satisfaction has increased over time, with half (50%) of children reporting that they were satisfied with the management of cases in the mid-term compared to 11 out of 13 (84.6%) at the end-line.

It is worth noting that children who participated in interviews and focus groups have reported that two factors still alter the ability to complain about certain practices that are still persistent in these communities. These practices include FGM, which is performed while the child is still very young with the consent of their parents, making it difficult for them to complain since they are the only victims in the process. The other aspect is when a parent sent children to work in the mines.

Regarding reducing gaps in terms human right and access to basic services between girls and boys and women and men, the project trained and sensitized its targeted audiences, including children and adolescents, on themes related to gender equality. The project purposely involved women and girls in project activities, particularly coaches who are, for the most, women and play a vital role in facilitating child protection issues at the community level.

However, children reported that parents give their daughters away for marriage to avoid prostitution or fall pregnant out of wedlock. Parents force children into marriage to protect the family honor and dignity as perceived in the community.

3000. Increased access to basic social services and sustainable rehabilitation / reintegration measures for children affected by the crisis and those victims of harmful practices, especially girls, in the regions of Kayes, Sikasso and Mopti.

This indicator is measured by examining changes in gross enrollment rates (GER) and gross admission rates (GAR) for school children from the baseline to the end-line evaluation. This indicator also examines the total number of children who report access to treatment services in cases of abuse and their level of satisfaction with the quality of health care received.

3001: Gross Enrollment Rate (GER) (F / M)

The Gross Enrollment Rate (GER) represents the number of students enrolled in the population, by level of education (regardless of age). The GER is expressed as a percentage of the official school-aged population corresponding to the same level of education. Examining the GER across the three target regions from the mid-term to end-line evaluations, we see that GER rates have decreased in two out of the three regions since the mid-term evaluation (see figure 2):

- In Kenaba, GER went from 75% (78.2% M; 71.8% F) to 44%¹²
- In Yanfolila, GER went from 81% (89.8% M; 72.6% F) to 66% (72.5% M; 58.8% F)
- In Bandiagara, GER went from 38% (38.3% M; 38.1% F) to 49% (49.5% M; 47.5% F)

When comparing against the PMF targets, none of the regions met the targeted 88% GER in either the baseline, mid-term, or end-line. Conversations with the Right To Play country team indicate that the combination of teacher strikes (resulting in school closures), the Covid-19 pandemic, and transient populations due to civil unrest may explain the low GER in the final evaluation. A literature review of evaluations conducted for similar projects in other regions would provide further explanation on how these factors have affected GER.

3002: Gross Admission Rate (GAR) (F / M)

The Gross Admission Rate (GAR) represents the number of new students rerolled in a higher education program (regardless of age). The GAR is expressed as a percentage of the university aged population. Like GER, the GAR rates have gone down in two of the three target regions since the mid-term evaluation:

- In Kenaba, GAR went from 84% (94.3% M; 74.8% F) to 66%¹
- In Yanfolila, GAR went from 77% (85.5% M; 69.5% F) to 62% (69.5% M; 55.3% F)
- In Bandiagara, GAR remained at 42% in the midterm (38.3% M; 38.1% F) and end-line (43.50% M; 39.50% F) evaluations (see figure 2 below).

¹² Male/Female disaggregation not available for Kenaba in the final evaluation.

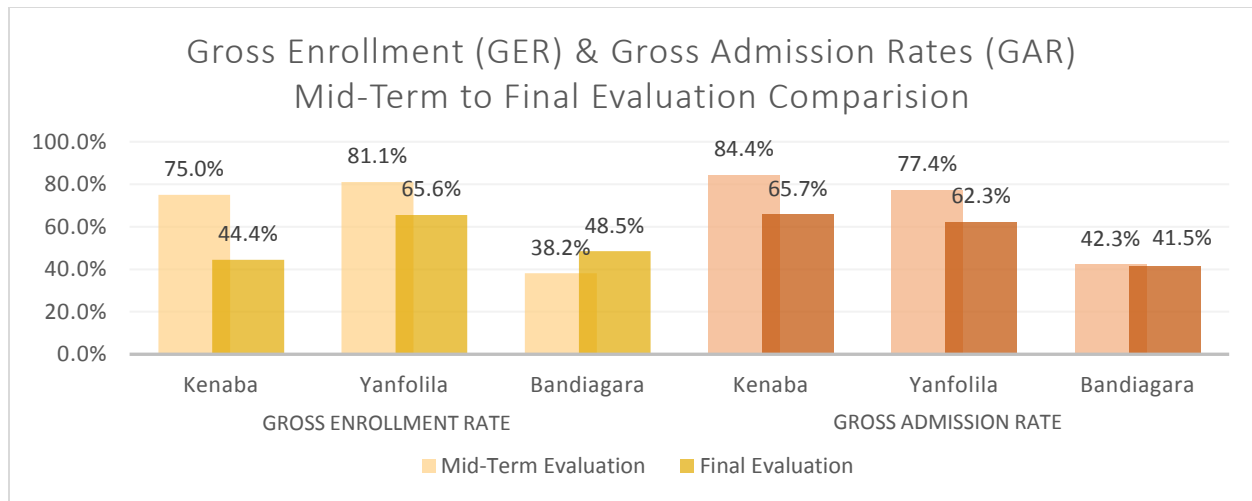


FIGURE 2: GROSS ENROLLMENT AND GROSS ADMISSION RATE COMPARISON

When comparing against the PMF targets, both Kenaba and Yanfolila met the target GAR of 56% in the mid-term and end-line evaluations. As with GBA, the lower GAR in the end-line may be explained by a combination of teacher strikes, the Covid-19 pandemic, and transient populations due to civil unrest.

3003: % / total of children (M / F) with access to treatment services for cases of abuse

This indicator is measured by the percentage of adolescents who reported that all boys and girls affected by conflict have benefitted by *Prise en Charge* (PEC) (care support).¹³ Of the adolescents who responded to this question, 70.8% reported that girls and boys have access to treatment services for cases of abuse. Boys were more likely than girls to report that children (both boys and girls) have access to care (see table 7). This finding was statistically significant at the 99% level of confidence (Chi-Square: 25.202; p=0.000). Qualitative data at the end-line evaluation did not touch on the reasons why boys may have increased access (either actual or perceived) to care service over girls.

Access to treatment services has seen a steady increase from baseline to the final evaluation with access increasing by 50% since the baseline assessment. Furthermore, both the mid-term and end-line evaluation exceeded the target of 60% set in the PMF (see table 7).

TABLE 7: ACCESS TO TREATMENT SERVICES - COMPARISON OVER TIME

Gender	Baseline ^a	Mid-Term	End-Line (n=617)	Target
Male	--	71.6%	79.4%	--
Female	--	64.2%	61.0%	--
Total	20.0%	67.8%	70.8%	60.0%

^a Gender disaggregation not available from the baseline report.

¹³ Only boys and girls who responded with a “yes” or “no” to this question were considered in the analysis with no responses and “I don’t know” responses classified as missing values.

Adolescents were also asked about access to other types of health and education services. Of the 1,222 adolescents surveyed, 88.7% indicated that girls and boys have access to emergency health services, 63.4% said that girls and boys have access to emotional or mental health services, and 44.3% said that girls and boys affected by conflict have access to both education and health services (see table 8). Male adolescents were more likely than females to say that children have access to emotional/mental support services and education and health services. Both findings were statistically significant at the 99% level of confidence.

TABLE 8: ADOLESCENT ACCESS TO TREATMENT SERVICES

Treatment service type	% of adolescents who report that boys and girls have access to service (M/F)		
	Male	Female	Total
Emergency health services	86.5%	90.8%	88.7%
Emotional or mental support services ^a	68.1%	58.8%	63.4%
Education and health services ^b	48.8%	39.7%	44.3%

^a Chi-Square value: 31.948 ($p=0.000$)
^b Chi-Square value: 19.598 ($p=0.000$)

When asked to report on ways that access to these services could be improved, adolescents cited subsidizing the cost of care most often followed by working with parents/guardians to change habits (see figure 3). The specific categories referred to in the graph were developed in partnership with Right To Play program staff who worked with community stakeholders.

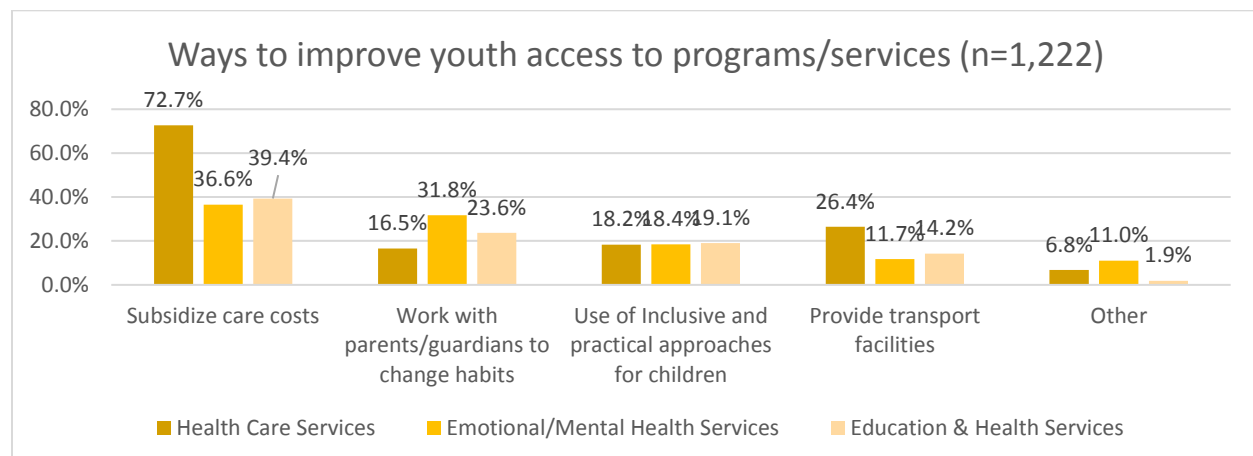


FIGURE 3: IMPROVING YOUTH ACCESS TO PROGRAMS AND SERVICES

Subsidizing the cost of *Health Care Services* was mentioned most frequently by adolescents, followed by *Education and Health Services*, and *Emotional and Mental Health Services*. This finding shows that limited financial resources is a considerable barrier for many young people and that providing financial resources would help to increase access to services for youth.

The second most common response was to change the habits/behaviours of parents/caregivers. It should be noted that this was mentioned most frequently in relation to *Emotional and Mental*

Health Services. This finding indicates that parents may be unaware of the importance of emotional and mental health supports, as changing parental habits/behaviour was listed as an area for improvement almost as often as subsidizing care costs (31.8% and 36.6% of respondents respectively).

3004: Level of satisfaction (scale from 1 to 4) of children (F / M) with the quality of their health care

Adolescents who reported having access to health care services were asked to rate the quality of health care they have received on a scale of one to four (with one being the worst quality of care and four being the best). Of the 1,070 (543 M; 527 F) who responded to this question 53% (53.4% M; 52.6% F) of students reported that they received the best quality of care (score of four) and 36.9% (38.1% M; 35.7% F) reported receiving a good quality of care (score of three) (see figure 4 below).

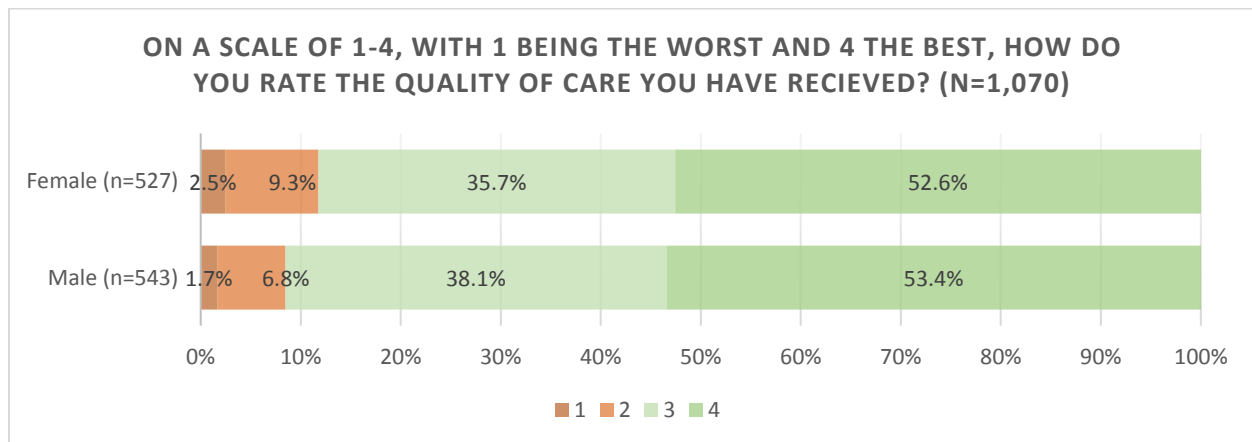


FIGURE 4: QUALITY OF HEALTH CARE RATING BY ADOLESCENTS

Overall, 89.9% of adolescents (91.5% M; 88.2% F) gave their quality of health care a rating of three or above. These results are like those in the mid-term evaluation where 90.0% of adolescents gave their quality of health care a rating of three or above. When compared to findings at the baseline (which had only 50% of adolescents give their health care a positive rating) the level of satisfaction has increased substantially. It should also be noted that this rating has exceeded the expected 50% positive rating by nearly 40%.

Focus group participants with Right To Play staff and partners involved in the Jam Suka project implementation reported that the project's interventions in creating secure spaces and rehabilitating school infrastructure significantly improved children's learning environment. The coaches effectively use the play areas set up in the project's target communities to supervise the children. Coaches provide surveillance and are responsible for the equipment that the project has made available to communities for children's entertainment. These actions contribute to reducing begging and increasing the education of girls and boys. These interventions increase children's access to safe environments and enjoyable space that diverted them from begging and exposition to promiscuity when they are out of school. Participants in these focus groups say the

process of setting up a children's listening center is underway. These listening centers' objective is to assist victims of abuse, orphans, and unaccompanied children with psycho-social support.

2100. Increase in the skills of protection organizations to be able to prevent and respond to child protection issues during and after crises

This outcome indicator examines the extent to which child protection actors are aware of measures to prevent and manage child protection issues in their community and the number of female led coach networks.

2101: %/total trained child protection actors who know at least 3 measures to prevent cases of protection problems (formal actors and non-formal actors)

Of the 70 practitioners surveyed at the final evaluation, 88.6% (86.4% M; 92.3% F) reported that they knew of at least three preventative measures for the protection of children. Comparative findings from the baseline assessment and mid-term evaluation show that knowledge of preventative measures has been increasing over time with 62.3% and 87.1% of practitioners reporting that they knew of at least three preventative measures at the baseline and mid-term, respectively. Furthermore, both the mid-term and the final evaluation exceeded the 85% target specified in the RFP.

2102: %/total trained child protection actors who are aware of at least 3 measures to manage cases of protection issues (formal actors and non-formal actors)

Of the 70 practitioners surveyed, 82.9% (84.1% M; 80.8% F) reported that they knew of at least three case management measures used for child protection. Similar to knowledge of preventative child protection measures, findings from the baseline and mid-term evaluation show that knowledge of case management measures has also increased overtime, increasing from 34% at the baseline to 77.1% at the mid-term evaluation and 82.9% at the final evaluation. Both the mid-term and final evaluation results show that the PMF target of 75% has been exceeded.

2103: % network of coaches headed by women

Data from the year five annual report shows that 90% of coach networks (n=20) were led by women. The number of female coaches has declined slightly since the mid-term evaluation (where 95% of coach networks were headed by females) however it still exceeds the target of 60% outlined in the PMF. Stakeholders did not speak to any reasons why the percentage of female headed coach networks declined since the mid-term however with a small percentage change it may simply be due to coach network turnover. This slight decline has not affected the program outcome related to the number of female coaches because the number of complaints related to protection issues were constantly higher during the project implementation.

2200. Improved skills of decision makers, local leaders, and communities on the importance of protecting children, especially girls and the risks associated with harmful practices and exploitation.

This indicator examines the extent to which decision makers, local leaders, and communities know of one or more child protection laws in Mali and the level of personal awareness of the harms of early marriage and FGM by parents.

2201: % / total of decision makers, local leaders and communities who know at least one child protection law in Mali

Of the stakeholders surveyed, 17.8% (23.6% M; 12.3% F) of adolescents, 26.3% of parents/caregivers (33.6% M; 18.9% F), and 64.3% of practitioners (69.2% M; 61.4% F) reported that they knew of at least one child protection law. Comparison against the baseline and mid-term evaluation show that knowledge of child protection laws has increased over time, however all three stakeholder groups were below the target of 70% in the PMF.

TABLE 9: LOCAL STAKEHOLDER KNOWLEDGE OF CHILD PROTECTION LAWS - COMPARISON OVER TIME

Percentage of stakeholders who know of at least one child protection law in Mali	Stakeholder	Baseline	Mid-Term	End-Line	Target
	Adolescents	N/A ^a	15.4%	17.8% ^b	70%
	Parents/Caregivers	N/A	21.1%	26.3% ^c	70%
	Practitioners	37.7%	44.3%	64.3% ^d	70%

^a Data not collected in the baseline assessment (N/A = Not Available)
^b n=1,217
^c n=255
^d n=70

Examining the level of knowledge of child protection laws across all stakeholder groups, survey data shows that practitioners had the highest level of awareness followed by parents and youth.

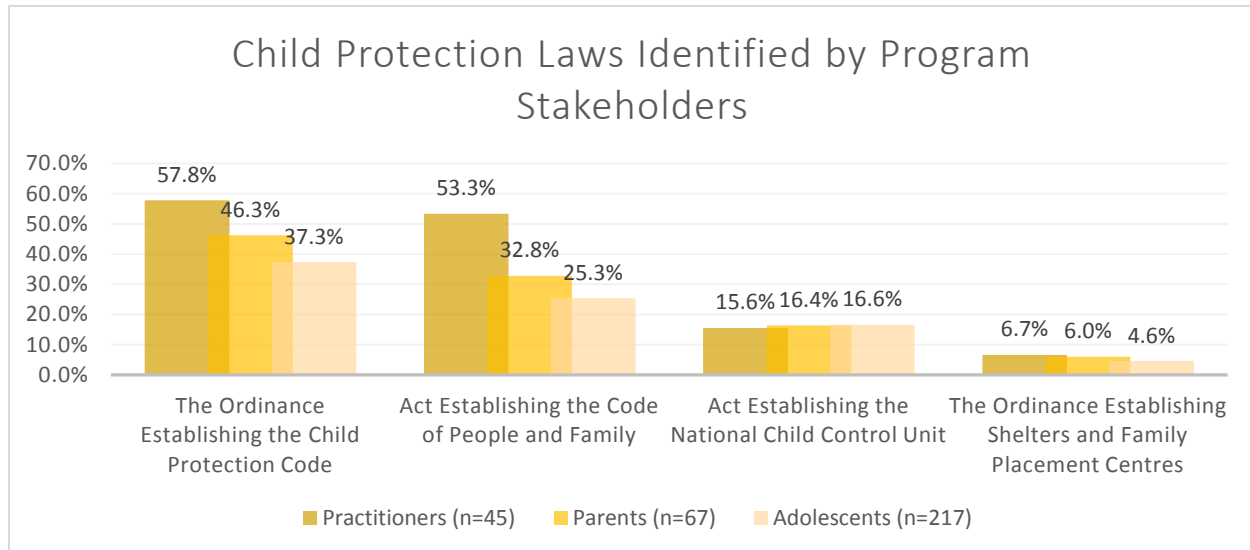
An analysis of the difference between genders shows that males were more likely than females to know of one or more child protection law in Mali across all three stakeholder groups, with the difference between male and female knowledge statistically significant at the 0.01 level of confidence in both the parent (Spearman's Rho: 0.163) and adolescent (Spearman's Rho: 0.122) surveys. There is a significant difference partly because men, in general, attain a higher education level than women in the targeted zones; thus, they are more likely to know protection law than women since child protection law is a relatively complex concept that requires a certain level of education to be understood and referred to when asked.

TABLE 10: KNOWLEDGE OF CHILD PROTECTION LAWS IN MALI

Knowledge of one or more child protection law in Mali			
	Males	Females	Total
Parents (n=255) ^a	33.6%	18.9%	26.3%
Adolescents (n=1,217) ^b	23.6%	12.3%	17.8%

^a Spearman's Rho: 0.163; ^b Spearman's Rho: 0.122

Stakeholders who indicated that they knew one or more child protection laws/ordinances were then asked which laws they were aware of. Laws identified most often by program stakeholders were the *Ordinance Establishing the Child Protection Code*, followed by the *Act Establishing the Code of People and Family*.



Correlation analysis between male and female respondents found that female practitioners and female parents/caregivers were more likely to identify the *Ordinance Establishing Shelters and Family Placement Centres* than their male counterparts (16.7% of female practitioners vs. 0% of male practitioners; and 16.7% of female parents vs. 0% of male parents). This finding was statistically significant at the 0.05 level in the practitioner survey (Spearman's Rho: 0.327) and at the 0.01 level in the parent survey (Spearman's Rho: 0.337).

Female respondents in the parent and adolescent surveys were also more likely to identify the *Act Establishing the National Child Control Unit* than their male counterparts (33.3% of female parents vs. 7.0% of males; and 30.3% of female adolescents vs. 9.2% of males). This finding was statistically significant at the 0.01 level in the parents' survey (Spearman's Rho: 0.341) and at the 0.01 level in the adolescent survey (Spearman's Rho: 0.270). Lastly, female adolescents were also more likely than males to identify the *Ordinance Establishing the Child Protection Code* (47.4% of female vs. 31.9% of males). This finding was statistically significant at the 0.05 level (Spearman's Rho: 0.152).

2202: Level of personal awareness (scale of 1-5) to the harms of early marriage and FGM of girls perceived by parents (F / M)

This indicator is measured by the level of personal awareness indicated by parents of the dangers of early marriage and FGM. The following presents the findings for this indicator disaggregated by the harms of early marriage and short- and long-term effects of FGM.

Harms of Early Marriage

Parents were asked to identify dangers of early marriage on a girls' health and education. An index of five harms of early marriage was developed to determine the extent to which parents were aware of the impact of early marriage. Of the 255 parents surveyed, 43.9% (39.1% M; 48.8% F) knew of three or more adverse impacts of child marriage on a girls' health and education. This percentage is like the mid-term findings where 41.9% of male parents and 44.9% female parents knew of the harms of early marriage and FGM.¹⁴ The percentages at both the mid-term and the end-line evaluation exceeded the target of 25% in the PMF.

Women were more likely than men to know the multiple dangers of child marriage at the final evaluation. This finding is statistically significant at the 0.05 level of confidence (Chi-Square value: 14.471; level of significance: 0.013). From the qualitative data we see that most of the women interviewed had first experience of child marriage since they belong to these communities; thus, they could relate better to the danger of child marriage than men.

Impacts of early marriage on a girls' health and education identified most often by parents were that early marriage reduces/blocks access to higher education (78.0%), complications during childbirth (66.7%), and maternal death (50.2%). Figure 5 below shows the most commonly cited impacts of early marriage by parents who know of one or more impacts.

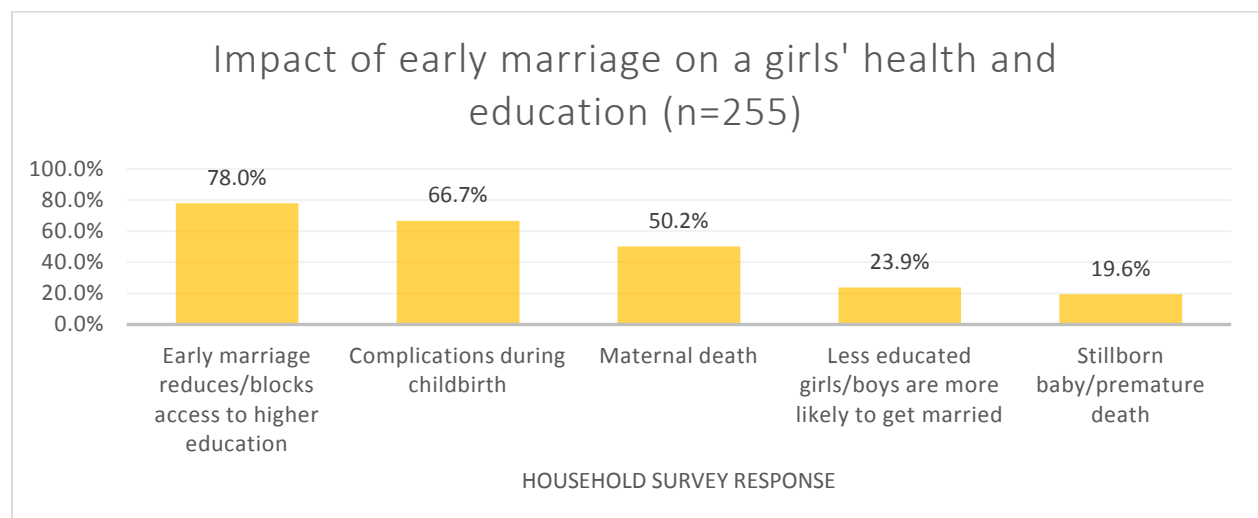


FIGURE 5: IMPACTS OF EARLY MARRIAGE ON GIRL'S HEALTH AND EDUCATION

Parents were also asked questions regarding the legality and prevalence of child marriage. Of the parents surveyed, 18.5% (18.9% M; 18.1% F) said that a girl under the age of 16 can legally marry in Mali. When asked about marriage for boys, 13.7% of parents (16.4% M; 11.0% F) said that a boy under the age 18 could legally marry in Mali. Of the 255 parents surveyed, 40.9% (35.4% M; 46.4% F) confirmed that underaged girls marry in their community. When asked to cite a reason for underaged marriage, 39.8% of parents referenced parental pressure and 25.2% referenced

¹⁴ Data at the mid-term was presented as an aggregate of both the harms of early marriage and FGM. Data for this indicator was not collected at the baseline.

economic reasons as the primary causes for young girls to marry. The parents and children who reported on the reason for child marriage stated that girls are given to marriage early to avoid embarrassment for the family if they got pregnant out of wedlock. School failure is a significant contributing factor to child marriage. Those who are not attending schools are more exposed to unplanned pregnancy and prostitution, affecting their family's honor. According to religious/traditional leaders, girls who have started to experience menstruation can get married.

Female Genital Mutilation Impacts on Health

Parents were also asked to identify short-term and long-term health impacts of FGM on girls. An index was created of 11 short- and long-term effects of FGM on a girls' health. Of the 255 parents surveyed, only 22.4% (15.6% M; 29.1% F) correctly identified seven or more effects of FGM on a girls' health. Furthermore, 30.6% (34.4% M; 26.8% F) of parents did not identify any short- or long-term health impacts of FGM. When compared to the PMF target, this percentage is just shy of the 25% goal. One possible reason for the lower knowledge of FGM harms among parents is that FGM interventions have historically faced strong resistance from the community because FGM is deeply rooted in the Malian tradition and culture. Malian communities, in general, ostracized women who have never undergone FGM.¹⁵

Like the responses on early marriage, women were more likely than men to know of the short- and long-term health impacts of FGM. This finding is statistically significant at the 0.05 level of confidence (Chi-Square: 21.998; p=0.024).

The health impacts of FGM identified most often by parents were pain and bleeding (in the short-term) followed by complications during childbirth (long-term) and long-term pain (see figure 6). When asked about other potential impacts of FGM on girls, 56.6% of parents (58.4% M; 54.8% F) said that FGM can cause death and 44.7% (50.8% M; 38.6% F) said that FGM can have a negative impact on girls' mental health.

¹⁵ The most common forms of female genital mutilation (FGM) or female genital cutting (FGC) throughout Mali are Type I (commonly referred to as clitoridectomy) and Type II (commonly referred to as excision), despite the fact that Malian women's groups have been actively campaigning against this practice for over a decade. The more radical form, Type III (commonly referred to as infibulation), is practiced in some of the southern areas of the country. <https://2001-2009.state.gov/g/wi/rls/rep/crfgm/10105.htm>

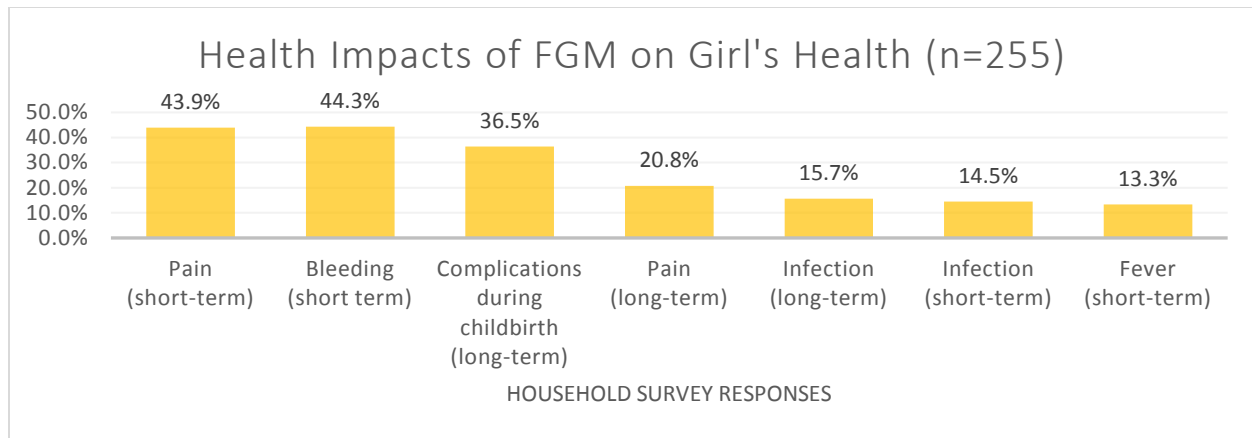


FIGURE 6: SHORT- AND LONG-TERM IMPACTS OF FGM

Parents were also asked how FGM violates girls' rights. Of the 255 parents including 127 females interviewed 31.8% (35.9% M; 27.6% F) said that FGM controls a woman's body, 27.1% (24.2% M; 29.9% F) said that FGM controls a woman's sexuality, and 21.2% (8.6% M; 33.9% F) of parents felt that there is no impact of FGM on a girl's human rights. Interestingly, fewer female parents felt that FGM controlled a woman's body or her sexuality when compared to male parents, and approximately one third of female parents felt that FGM does not violate a girls rights compared to only 8.6% of male parents. This difference is statistically significant at the 0.01 level of confidence (Spearman's Rho: 0.309).

Gender Strategy Objective: Strengthen the capacities of actors on GBV and harmful traditional practices, through a rights-based approach: In key informant interviews, community leaders reported that the project placed coach networks (youth representatives) in every neighborhood to facilitate activities with children. As primary protection actors, parents were trained on child protection awareness as well. The project set up and reinforced protection committees in villages, including the village alert committee, in order to prevent violence against children. The project also set-up village prevention and alert committees at the community level. The project involved children in these structures to make sure that they could participate in their own protection. Children had the opportunity to voice their concerns during the committee meetings. According to community leaders of the key informant interviews, these have produced a significant change.

In addition to training, the project conducted child protection awareness activities in the local languages that made a significant contribution by helping community members in understanding the consequences of harmful practices against girls and boys. KII respondents and focus group participants explained that the project made efforts to educate parents and community members on the impact of harmful practices and their consequences. Jam Suka partnered with community protection committees and other protection service agencies to enhance protection services for youth through practitioner training and activities designed to raise awareness of harmful practices for children and adults.

2300. Increased skills of children, especially girls, to protect themselves and other children, and positively influence protection decisions. % / total of girls who know the procedure for reporting cases of abuse in their communities

This outcome assesses the extent to which children are aware of the procedure for reporting abuse in their communities, children's knowledge of child protection laws in Mali, and children's level of awareness of child protection measures that they can use to keep themselves and others safe.

2301: %/total girls who are aware of the procedure for reporting abuse in their communities

This indicator is measured by the percentage of girls who were able to provide a procedure for reporting cases of violence, abuse, exploitation, or neglect. Of the 620 girls surveyed, 39.2% said that they knew of one or more child protection mechanisms within their community. Of the girls who reported knowing of a child protection mechanism, 50.6% (n=235) confirmed that they knew the procedure for reporting abuse in their communities. This finding is like the mid-term evaluation results which found that 49.9% of girls knew of a reporting procedure within their community.¹⁶ Both the mid-term and final evaluation met or exceeded the target of 50% set in the PMF.

2302: Level of knowledge of children on the areas of law covered by the Convention on the Rights of the Child (Disaggregated F / M)

Adolescents (n=418) were given a post assessment on the areas of law covered by the convention of rights of the child. At the final evaluation, 88.7% of adolescents had received a passing score on this assessment. This percentage exceeded the targeted 80% set in the PMF. Girls and boys generated similar scores with 87.6% of males (n=198) and 85.4% of females (n=220) receiving a passing grade.¹⁷

2303: % / total of children trained who know at least 3 self-protection measures

This indicator was measured by the total percentage of children who were able to correctly identify at least three self-protection measures in the post-assessment. The self-protection mechanisms include contacting the police, child right committee and other informal means. Results for the final evaluation show that 76.6% (n=418) of adolescents knew at least three self-protection measures. This percentage is just below the target of 80% set in the PMF. Females were more likely than males to know at least three self-protection measures, with 85.9% of females (n=220) meeting this criterion as opposed to 53.0% of males (n=198).

Adolescents who participated in the final evaluation survey were also asked about their knowledge of a child protection mechanism in their community. Of the 1,222 adolescents surveyed, only 42.1% (45.2% M; 39.2% F) reported that they knew of a child protection mechanism in their community. Interestingly, in the survey boys were more likely than girls to

¹⁶ No baseline data is available for this indicator from the baseline assessment.

¹⁷ No baseline or mid-term data is available for this indicator from the previous reports.

know of a local child protection mechanism. This finding was statistically significant at the 95% level of confidence (Chi-Square: 6.481; $p=0.039$). This change in knowledge of local protection mechanisms suggests that knowledge retention in this area is low among participating youth over time as nearly 77% of adolescents knew of at least one child protection mechanism at the post assessment compared to only 42% at the final evaluation.

Adolescents who said that they knew of a child protection mechanism were then asked to identify which ones were currently functional in their community. Of the 515 adolescents who knew of a local child protection mechanism, the most common response was a village protection committee (49.5% (44.5% M; 55.1% F)) followed by the community police (27.6% (21.7% M; 34.2% F)) and 'other' (18.1% (12.9% M; 23.9% F)) (see figure 7).

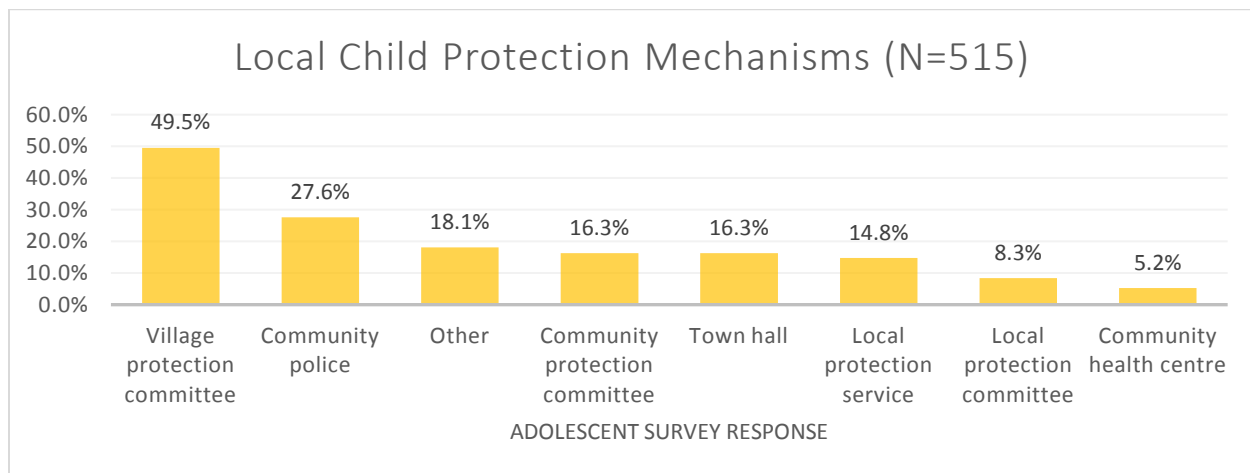


FIGURE 7: LOCAL CHILD PROTECTION MECHANISMS

Boys and girls were then asked what these local protection mechanisms do in their community. Of the 515 adolescents who responded to this question, 68.9% (66.9% M; 71.2% F) felt that they worked to spread community awareness of child protection, 51.3% (55.9% M; 46.1% F) felt that they were there to support vulnerable children, and 34.2% (34.2% M; 34.2% F) felt that they supported community youth groups, parliaments, or clubs (see figure 8).

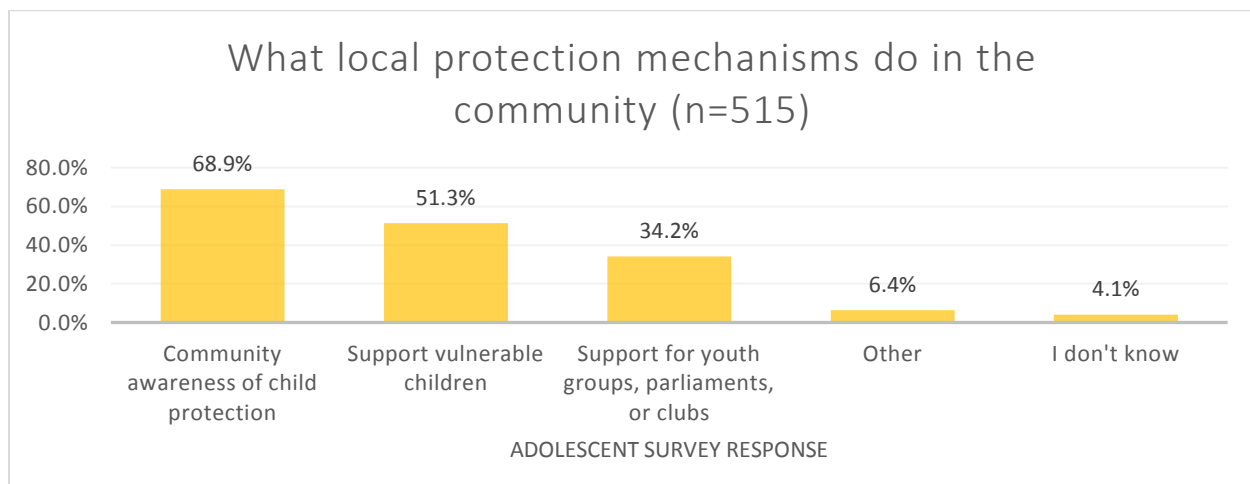


FIGURE 8: FUNCTION OF LOCAL PROTECTION MECHANISMS

When asked if they knew the procedure for reporting cases of violence, abuse, exploitation, or neglect, 69.1% (85.2% M; 50.6% F) of adolescent respondents identified a reporting procedure. This finding was statistically significant at the 0.01 level of confidence (Spearman's Rho: 0.373). This finding suggests that more work needs to be done to ensure that girls are aware (and have access to) the proper reporting procedures for cases of violence, abuse, exploitation, or neglect.

Gender Strategy Objective: Strengthen the capacities of girls and women to ensure better protection of children: Jam Suka has worked towards building up the capacity of women and girls to protect children over the last five years. The level of knowledge of girls regarding the areas of law covered by the convention of rights (85.4% of females) has exceeded the PMF target of 60%. Furthermore, 85.9% of females reported knowing at least three self-protection measures at the final evaluation. The one area in need of improvement is girl's knowledge of the proper procedures for reporting abuse in their community. Survey results show that less than half (39.2%) of girls knew of one or more child protection mechanisms in their community, with half of these (50.6%) reporting to know of the procedure for reporting abuse. These percentages are similar to mid-term findings which show that knowledge has not increased over the last two years.

At the final evaluation it is unclear as to why so many girls are unaware of the reporting procedures for reporting abuse. Further investigation into the reasons behind the low levels of knowledge among girls on child protection mechanisms is needed to improve access to child protection services among women and girls.

5.5 Program Impact

This section of the evaluation examines the extent to which the Jam Suka program contributed towards lasting impacts in the targeted regions. Specifically, this section of the report looks at the following intermediate and immediate outcome goals and their corresponding PMF outcomes and their related indicators:

- 1100. Strengthening of formal and non-formal child protection mechanisms, particularly girls' level of knowledge (scale from 1 to 4) of actors in local protection services (technical services / communities) and on Information on Child Protection the Child (SIPRE).
- 2000. Increased capacity of communities to ensure better protection of children, especially girls during and after crises, against harmful practices in the regions of Kayes, Sikasso and Mopti. % / total of girls who feel protected in their communities
- 3100. Improvement of positive learning environments and access to health for children affected by the crisis and those victims of harmful practices, particularly girls. % of parents who know at least 10/14 PFE (including birth registration)
- 3200. Strengthening of local structures for the rehabilitation / reintegration and guidance of children affected by the crisis and those victims of harmful practices, particularly girls.

Confidence level (scale of 1 to 4) of young people trained and supported on their ability to conduct their economic activities (F / M, trades)

- 3300. Increased access of children to protective environments, especially for girls.

1100. Strengthening of formal and non-formal child protection mechanisms, particularly girls Level of knowledge (scale from 1 to 4) of actors in local protection services (technical services / communities) on Information on Child Protection the Child (SIPRE).

1101: Level of knowledge (scale of 1 to 4) of local protection service actors (technical services/communities) on Child Protection Information (SIPRE)

This indicator was measured by the score that practitioners received in the post-assessment on the child protection information system (SIPRE). A total of 45 practitioners (32 M; 13 F) in Kenieba participated in the post assessment. Of these, only 15.6% (9.4% M; 30.8% F) received a passing score on this section of the assessment. The level of knowledge on child protection information was not measured at the baseline or mid-term evaluation and so change over time cannot be measured. However, 15.6% does not meet the targeted 80% identified in the PMF.

Practitioner survey data shows that 90.0% (86.4% M; 96.2% F) of the 70 practitioners surveyed had received child protection training more generally. Additionally, 91.4% (86.4% M; 100.0% F) of practitioners surveyed indicated that they had received training in child friendly practices (with 88.6% (84.1% M; 96.2% F) reporting that they had received training in both areas). Although many practitioners had received this training the post-assessment scores were low, which suggests that improvements to the training should be made. It should be noted that post-assessment data was only available for Kenieba and so it is unknown if enumerators in the other two target regions would have fared better in a post-assessment.

1102: Level of knowledge of local protection service actors (technical services/communities) on strategies for responding to specific protection needs for girls

Practitioners were asked to identify strategies pertaining to girls' health, education, and emotional support. Of the 70 practitioners surveyed, 93.8% (95.2% M; 91.3% F) were able to correctly identify a strategy in all three categories.

- 100% (100% M; 100% F) of practitioners identified an education strategy
- 98.5% (97.7% M; 100.0% F) of practitioners identified a health strategy
- 92.5% (93.0% M; 91.7% F) of practitioners identified an emotional or mental support strategy

Comparison against the mid-term¹⁸ data shows that practitioner knowledge has increased slightly over the last two years where 92.9% of practitioners identified an education strategy, 78.6% identified a health strategy, and 87.2% identified an emotional/mental support strategy.

¹⁸ This indicator was not assessed in the baseline report.

Education strategies most identified were *working with parents/guardians to improve girls' schooling* (47.1% (50.0% M; 42.3% F)), followed by *subsidizing school fees/supplies* (24.3% (22.7% M; 26.9% F)).

Health strategies most identified were to *subsidize health care costs or provide drug allowances* (30.9% (30.2% M; 32.0% F)), *provide further training of health workers on the identification and treatment mechanisms (CEPs) according to current procedures* (26.5% (25.6% M; 28.0% F)), and *making greater use of child-friendly approaches to prevent abuse, exploitation, and neglect* (23.5% (23.3% M; 24.0% F)).

The emotional and mental support strategies most identified included *building/strengthening Community Listening Centres* (32.8% (32.6% M; 33.3% F)), followed by *training Community Listening Centre facilitators* (17.9% (18.6% M; 16.7% F)) and *making use of inclusive and practical approaches for children* (16.4% (14.0% M; 20.8% F)).

1103: %/total commune having integrated the protection of children especially that of girls in their PDSEC

At the time of the final evaluation, 100% (15 out of 15) of municipalities had included the protection of children, especially girls in their *Programme de développement socio-économique et culturel* (PDSEC), in the final assessment. This percentage is the same as the mid-term evaluation and exceeds the expected 85% outlined in the PMF.

2000. Increased capacity of communities to ensure better protection of children, especially girls during and after crises, against harmful practices in the regions of Kayes, Sikasso and Mopti. % / total of girls who feel protected in their communities

2001: %/total girls who feel protected in their communities

The percentage of adolescent girls who reported feeling protected in their community increased from the mid-term evaluation to the end-line. Of the 620 female students surveyed, 69.8% felt that girls are protected within their community, compared to 64.8% at the mid-term evaluation. Another 29.5% felt that they were not protected in their community and 0.6% said that they did not know if they were protected.

Students then were asked to report on the types of danger, abuse, or violence that girls face in their community. Of the 183 female students who felt that girls were not protected in their community, 66% reported that girls were in danger of the worst forms of child labour/dangerous work, 50% said that girls were at risk of child marriage, and 48% said that girls were at risk of sexual abuse (see figure 9).

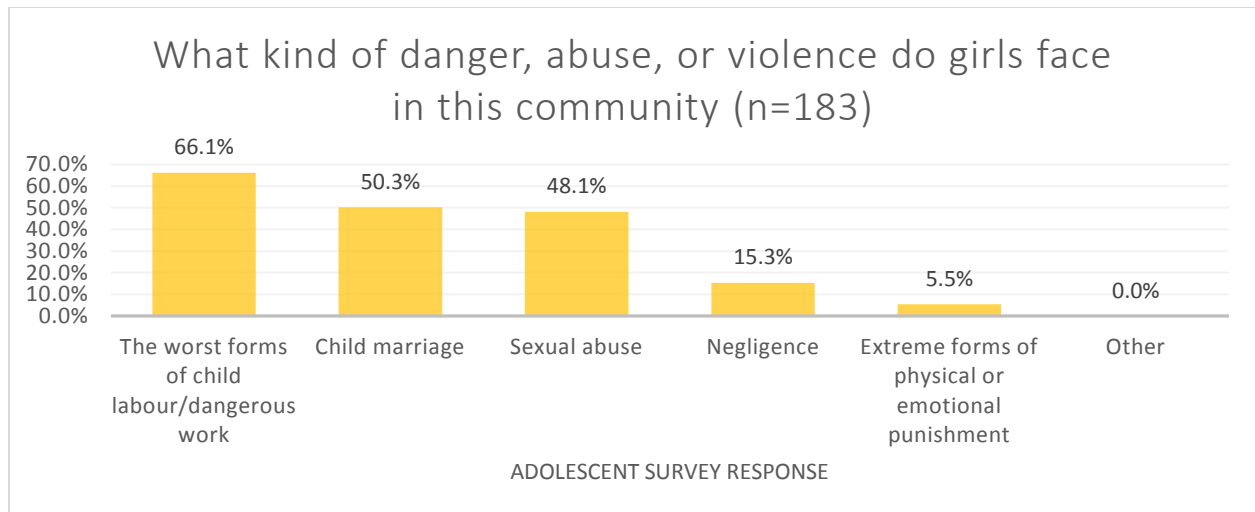


FIGURE 9: TYPES OF DANGER, ABUSE, OR VIOLENCE FACED BY GIRLS

Students were also asked to comment on how dangers, abuses, or acts of violence have changed over the past two years. Of the 613 female students who answered this question, 7% reported that these things have increased, 10% reported that they have remained at the same level, and 83% reported that dangers/abuses/violence have decreased over the last two years.

Gender Strategy Objective: Improve the status of girls and women in communities, especially in the field of child protection (alignment with the first field of action of Canada's Feminist International Assistance Policy): The Jam Suka project's contribution to reducing female genital mutilation cases and child marriage was essentially raising awareness among religious and traditional/customary leaders about their consequences. Despite the knowledge, some religious/traditional/customary leaders interviewed continue to assert that their views have not changed on these issues; the reason being traditional values and the protection of the family's honor concerning sexual delinquency and out-of-marriage pregnancy that families avoid by giving children into marriage.

Most religious and traditional/customary leaders interviewed attest that the practice of female circumcision and child marriages have decreased thanks to the awareness made, in particular on the radio OUOLOGISTM. However, they insist that female circumcision remains a discreet procedure that is often performed while girls are very young. Because of the discrete nature of this practice, it is difficult to determine the prevalence of this practice in communities. Religious and traditional/customary leaders indicate that the parent does female excision, but it is a traditional non-religious practice.

They attest that the practice is not mandatory, but it is a decision of the child's parents and that the parent who decides to have the girls excised should not be prevented. However, they acknowledge that they have become aware of the consequences of this practice on children's health and development.

2002: Incidence of girls' early marriage cases

Adolescents were asked if they know of a child (girl under the age of 16 or boy under the age of 18) who had been married in their community in the last two years. Of the 1,222 adolescents surveyed 35.4% (26.6% M; 44.0% F) said that they knew of a child/adolescent who was married in the last year and 63.7% (72.1% M; 55.5% F) said “no” they do not know of a child/adolescent who has been married (0.9% responded “don’t know”).¹⁹

Female students were more likely than male students to report knowing of a child/adolescent who has been married within the last two years. This finding was statistically significant at the 0.000 level of confidence (Chi-Square: 41.918).

Comparison from the baseline and mid-term evaluation show that the percentage of youth who reported knowing of a boy or girl who married early has seen an overall decrease since the baseline assessment with the percentage decreasing from 48.2% at the baseline, to 56.0%²⁰ at the mid-term, and 35.4% at the final evaluation. At the final evaluation the percentage of adolescents who knew of a child who was married young was below the target of 46% identified in the PMF.

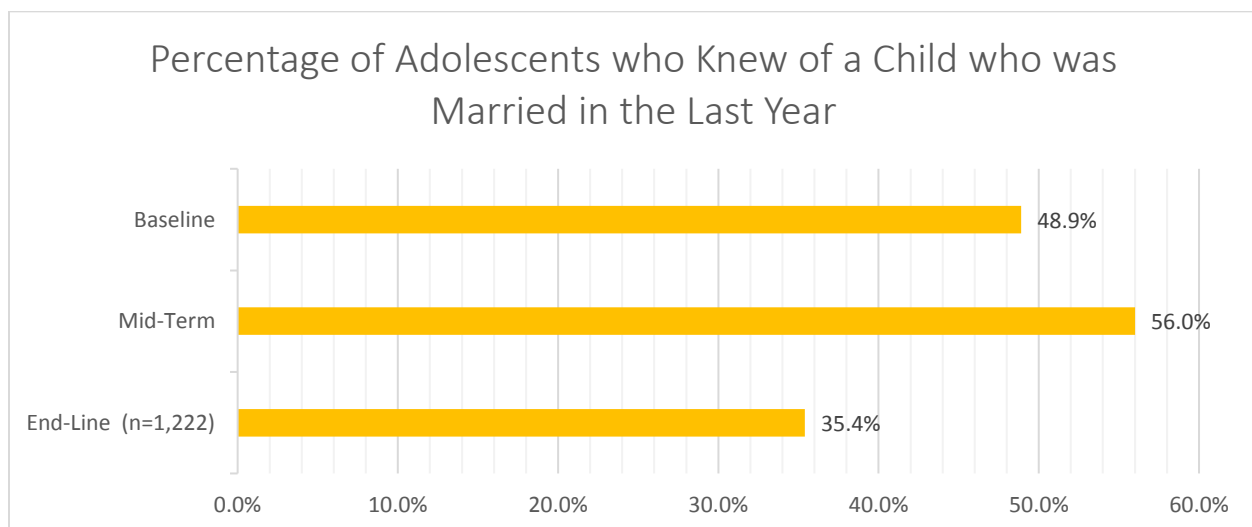


FIGURE 10: CHILD MARRIAGE OVER TIME

Students who knew of an underage person who was married in the last two years were asked to report on the reasons why a girl under the age of 16 would get married. The most common response was parental pressure (51.7% (45.0% M; 55.7% F)) followed by economic reasons (36.5% (43.1% M; 32.6% F)) and “other” (28.9% (26.3 M; 30.4 F)).

¹⁹ No follow-up question was asked regarding the gender of the child/adolescent who has been married in the last two years – and so it is unknown as to which percentage of students knew an underaged girl who has been married vs. an underaged boy.

²⁰ Note: the mid-term report did not provide an explanation as to the reasons why child marriage increased between the baseline and the mid-term. As HCA was not the consultant for these projects we cannot comment as to potential reasons for this increase.

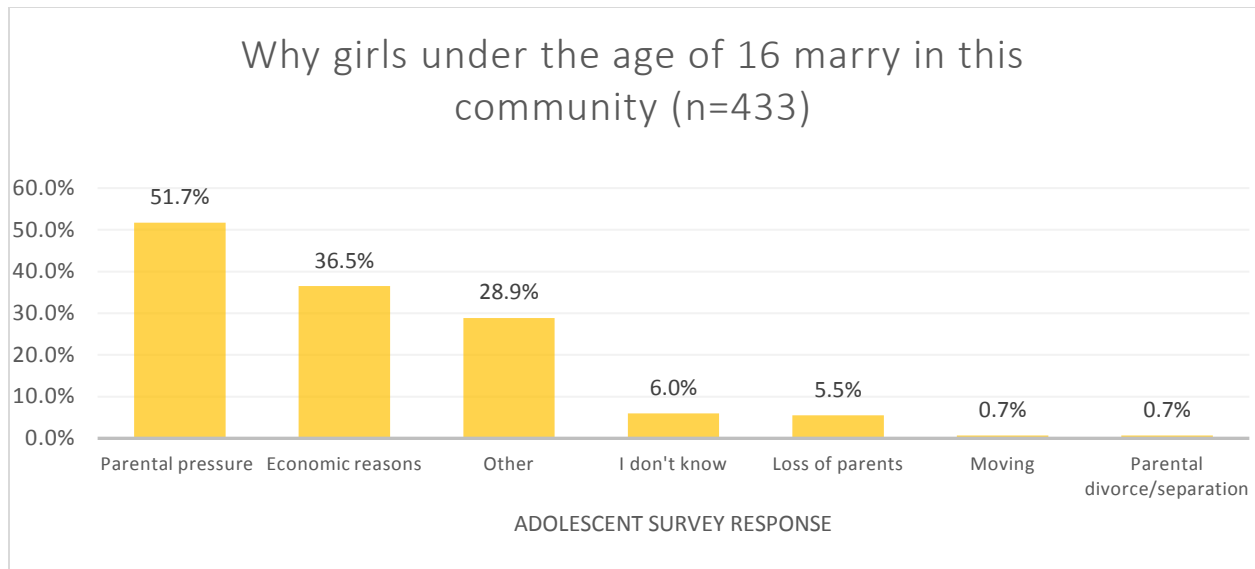


FIGURE 11: REASONS WHY GIRLS GET MARRIED

“Other” response options were examined and coded for common themes. The most common “other” reason given by youth as to why girls under the age of 16 marry in their community was to *preserve a girls virginity and/or avoid pregnancy* (31 comments), followed by *girls walking around/dating boys* (18 comments), and *girls exhibiting sexual promiscuity/get pregnant outside of marriage* (18 comments) (see table 11). These findings coincide with parental responses to why girls are married young. Parents indicated that girls are married early to avoid embarrassment or shame on the family if a daughter were to get pregnant out of wedlock. Early marriage is also seen as a solution for girls who are not in school as these children are more susceptible to sexual assault and prostitution (see indicator 2202 for more details). These findings indicate that both parents and children see early marriage as an alternative to the shame and hardship faced by a girl and her family if she were to lose her virginity before marriage.

TABLE 11: “OTHER” REASONS WHY GIRLS MARRY YOUNG

Comment	Number of Comments (By Gender)		
	Males	Females	Total
To preserve virginity/avoid pregnancy	8	23	31
Girls walking around/dating boys	7	11	18
Girl's sexual promiscuity/pregnancy outside of marriage	1	17	18
The girls' choice/preference to get married	10	7	17
Child left school/Lack of Education	1	7	8
Cultural/religious beliefs	3	5	8

Adolescents were also asked if they thought that girls and boys could resist child marriage. Of the 1,222 adolescents surveyed, 56% (54.8% M; 56.9% F) said that girls can resist marriage at a young age and 61% (61.8% M ; 60.1% F) said that boys could resist child marriage. Adolescents were

more likely to say that boys could resist child marriage than girls – this finding is statistically significant at the 0.01 level (Spearman’s Rho: 0.572).

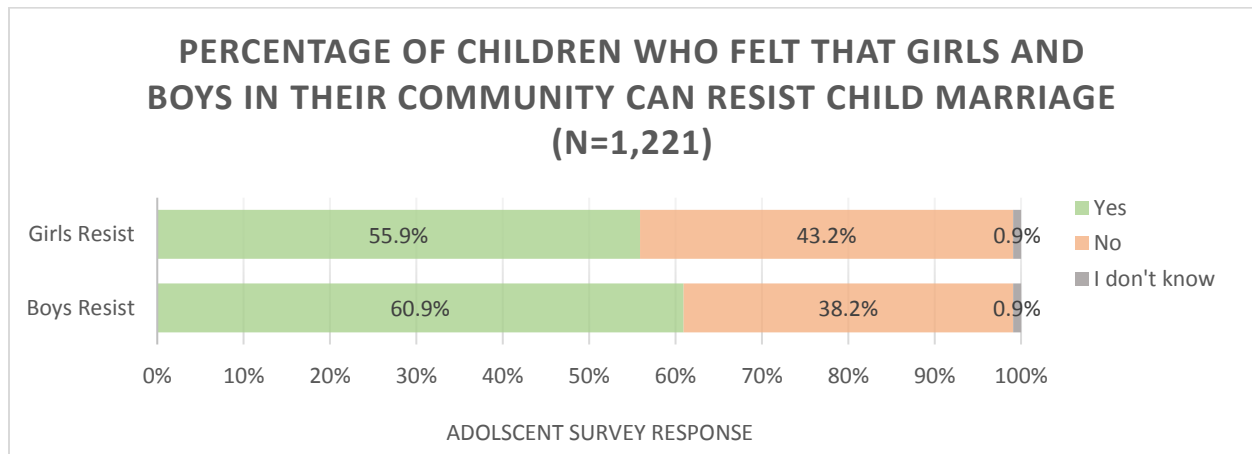


FIGURE 12: ABILITY OF CHILDREN TO RESIST EARLY MARRIAGE

Lastly, adolescents were asked if they knew a girl who refused early marriage during the RTP program. Of the 1,214 adolescents who responded to this question, 50% (43.9% M; 56.0% F) said “yes” they did know a girl who refused an early marriage. Girls were more likely than boys to know of someone who had refused early marriage than boys. This finding was statistically significant at the 0.000 level (Chi-Square 18.045).

Findings from the qualitative interviews and focus group discussion indicated that implementing initiatives to stop child marriage is still a challenge because many parents do marry off their daughters to avoid shame in society. To some parents, when their daughters hit puberty (and develop more womanly features), they quickly marry them off for fear of being humiliated in society if their daughters start talking with men in the community. Such thoughts indicated that there is a continued need to work with parents to inform them of the dangers of these harmful practices. All participants acknowledged the work of Jam Suka in reducing child marriage. They indicated that Right To Play established committees in the wards and these do help in raising awareness. A discussion with children revealed that child clubs have been established by Jam Suka in schools. Through the setting up of child clubs, girls have been made aware of the risks and impacts associated with early marriage and excision. Participants noted that in most areas, these clubs are managed by girls who have received capacity building to enable them carry out legal activities in their schools and communities.

Most religious and traditional/customary leaders responding to the interviews attest that the girl should be married when she reaches the “Age.” For some, the Age is reached when the girl begins to see her menstruation. For others, it is when the girl becomes sexually active. According to these leaders, if the parents think that they cannot supervise the girl to prevent her from being delinquent and get pregnant before marriage, the parent can arrange to have their daughter married. The children interviewed testified that poor performance at school was also a reason why girls are married young. Adolescents suggested that girls who do not perform well at school

tend to adopt promiscuous behaviour which led parents to give them in marriage earlier to avoid pregnancy out of wedlock. Religious and traditional/customary leaders recognize that girls should agree to marriage but insist that children are a gift from God (Allah Soubahana Watalah) to parents and that he holds them accountable.

According to religious and traditional/customary leaders, sexual delinquency and out-of-marriage pregnancies are problems that child marriages solve in the community. They argue that it is better for a girl to get married while she is still young than to let her exhibit bad behavior in society or get pregnant outside of the wedlock.

Despite the success of outreach activities in getting messages about the consequences of child marriage, religious and traditional/customary leaders' views on this practice remain mixed. Religious and traditional/customary leaders interviewed believe that marriage is a blessing (a chance) and that if a girl is given in marriage to a husband capable of taking care of her, that is enough. One of the leaders attests that:

“marriage is also a matter of luck; because the prophet (SAW) married Aissata, one of his wives at an early age (6 years old). Yes, I have seen many of these child marriage cases. I'm not against it”

– Religious/Traditional leader (Source: Religious and traditional/customary leaders head key informant interview)

2003: Incidence of child labor cases in communities

Adolescents were asked if they knew of a boy or girl, under the age of 18, who had worked in the last two years in their community. Of the 1,222 adolescent respondents 48.2% (42.9% M; 52.4% F) knew of a young person who had worked (participated in unpaid/dangerous labour) in the last two years. Female adolescents were more likely than male adolescents to know someone under 18 who had worked. This finding is statistically significant at the 0.01 level (Spearman's Rho: - 0.113; Chi Square: 22.038 (significant at the 0.000 level).

Comparison against the baseline assessment and mid-term evaluation show that the rate of child labour cases has decreased since the start of the program. At the baseline, the percentage of child labour cases was 55.8% compared to 48.2% at the final evaluation. The percentage of child labour at the final evaluation also exceeded its target of 53% outlined in the PMF by 4.8%.

Of the 589 adolescents who knew of a boy or girl who had worked in the last two years, the most common type of work was work in the mines or quarries (69.8%) followed by agriculture (52.3%) (see figure 13).

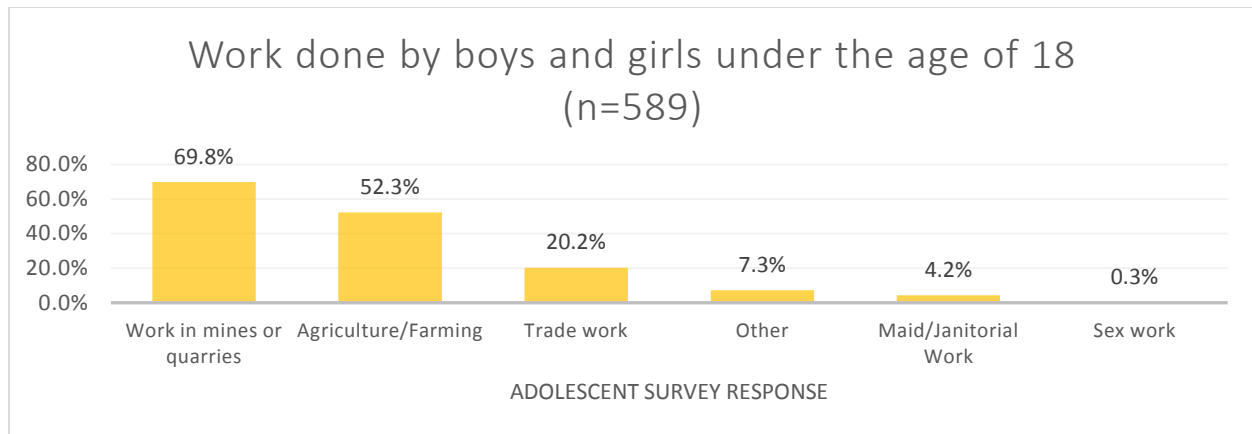


FIGURE 13: WORK DONE BY BOYS AND GIRLS UNDER THE AGE OF 18

Adolescents were also asked if they knew of anyone under the age of 18 who worked in the gold mines specifically. Of the 589 adolescents who knew of an underage person working, 81.5% (81.0% M; 81.9% F) knew of someone who was working in a gold mine. Of these, 64.6% said that the person working in the mines was male and 35.4% said that the person working in the mines was female. Furthermore, only 60.8% (59.3% M; 62.0% F) of adolescents said that this mining work was paid work, with the other 37.7% (38.3% M; 37.3% F) saying that the work was unpaid and 1.5% (2.4% M; 0.7% F) saying that they did not know if the work was paid or not.

The most common reason given by adolescents as to why young people work in their community was economic reasons (89.6% (92.2% M; 87.6% F)) followed by parental pressure (19.2% (12.4% M; 24.5% F)) (see figure 14). Loss of parents, moving, or parental divorce/separation were not primary reasons for young people working according to the adolescent survey.

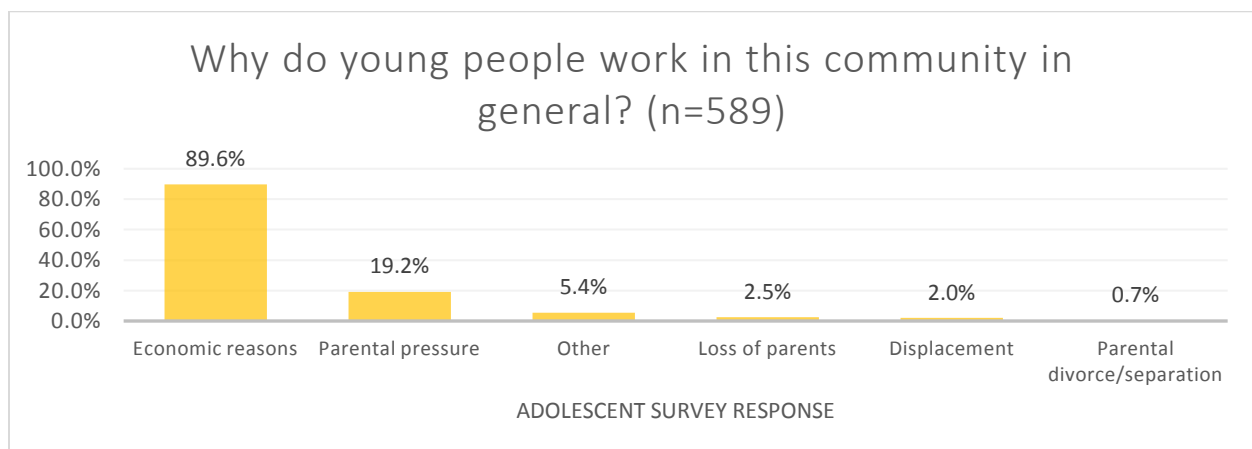


FIGURE 14: REASONS WHY YOUNG PEOPLE WORK

To gain a sense of the impact of the Jam Suka program, adolescents were asked if they knew of a boy or a girl who had previously worked in the mines and were now either in school or in another safer job. Of the 1,222 adolescents surveyed, 45.2% (46.3% M; 44.2% F) knew of a young person (boy or girl) who had previously worked in the mines and were now in school.

Furthermore, another 44.7% (46.0% M; 43.4% F) of adolescents knew of a child (boy or girl) who was previously in the mines but now in another safer job. Of the 1,222 adolescents surveyed, 36.6% knew of a girl who worked in the mines and was now in school and 32.2% knew of a boy who made the transition from work in the mines to school. Another 33.2% knew of a girl who transitioned from work in the mines to another safer job and 34.0% knew of a boy who did the same (see figure 15).

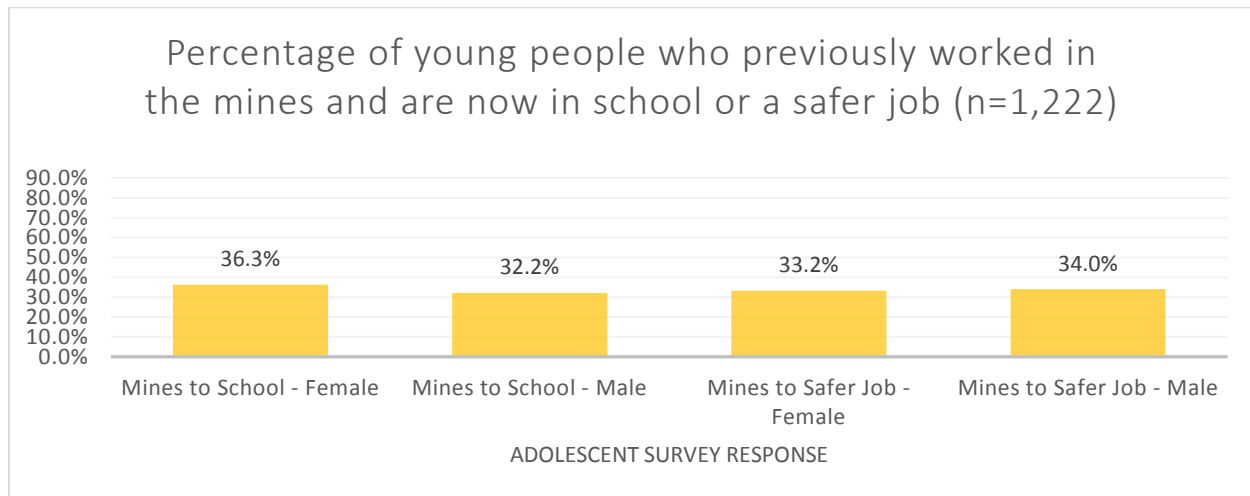


FIGURE 15: PERCENTAGE OF YOUNG PEOPLE WHO TRANSITIONED FROM WORK IN THE MINES TO SCHOOL OR A SAFER JOB

Feedback from the key informant interviews conducted with practitioners, household heads and vulnerable children indicated that this harmful practice of child labour in the gold mines had declined due to Jam Suka efforts to fight the vice. Practitioners noted that children used to go with their mothers to help them in the mines to take care of their siblings and in doing other tasks assigned by their mothers prior to Jam Suka. The project established centers and these children who used to go to work in the gold mines have received life skill training. Feedback from children show that children are appreciative of the centers as they provide a safe space for children within the community. Feedback from the household heads interview revealed that current global pandemic of Covid-19 is a major threat to the works of Jam Suka of fighting child labour. Many parents are now poor and due to school closure, keeping children at home was a challenge. However, they noted of initiatives to tackle the situation. Parents had held meetings to see how schools can be opened so that the children can go back to school to avoid them from being idle and tempted to go to the mines for work.

2004: %/total of girls who identify the existence of harmful practices in their community (broken down by problems)

Of the 1,222 adolescents surveyed, 61.1% (52.3% M; 69.7% F) indicated that there are harmful traditional or customary practices within their community. A total of 69.7% of female adolescents confirmed the existence of harmful practices in their community at the final evaluation. Compared against the male respondents, females were more likely than male respondents to

identify harmful practices. This finding is statistically significant at the 0.01 level (Spearman's Rho: -0.184; Chi-Square: 41.479 (significant at the 0.000 level).

Comparison against the baseline and mid-term evaluation shows that the instances of harmful practices (as reported by girls) in the target communities has decreased over time. Instances of early marriage decreased by 15.3%, child labour decreased by 48.2%, and begging decreased by 29.0% since the mid-term evaluation (see table 12). Furthermore, end-line results exceeded all three targets set in the PMF.

TABLE 12: HARMFUL PRACTICES IDENTIFIED BY FEMALE ADOLESCENTS - CHANGE OVER TIME

Harmful Practice	Baseline	Mid-Term	End-Line (n=620)	PMF Target
Female Genital Mutilation ^a	--	--	56.3%	N/A
Early Marriage	65.6%	60.6%	50.3%	60%
Child Labour	83.2%	72.7%	35.0%	79%
Begging	50.0%	33.1%	21.0%	45%
^a Data on FGM not examined in the baseline or mid-term evaluation reports. No specific target set in the PMF.				

The types of harmful traditional/customary practices most identified by female adolescents were female genital mutilation (56.3%), early marriage (35.0%) and child labour (21.0%) (see figure 16).

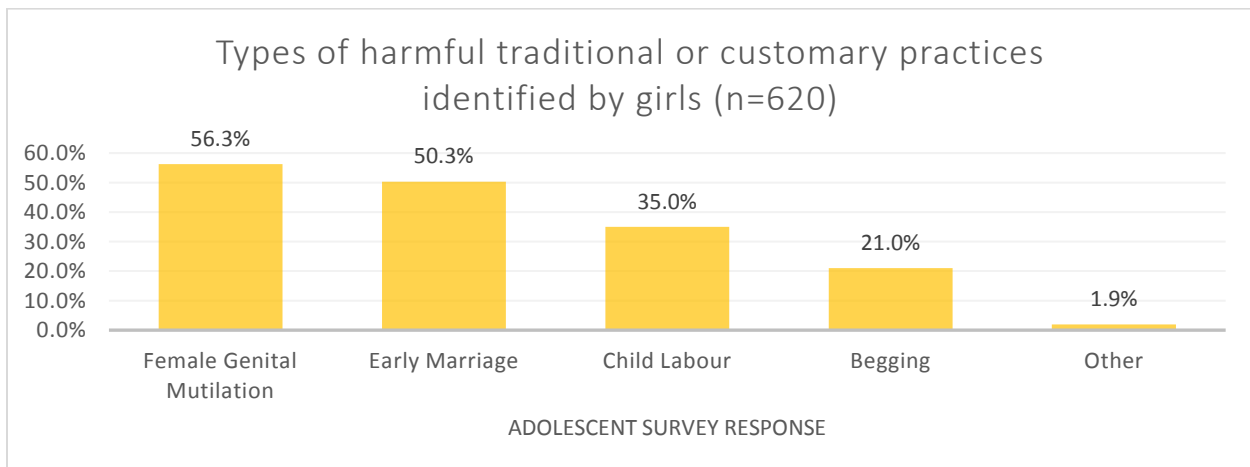


FIGURE 16: TYPES OF HARMFUL TRADITIONAL OR CUSTOMARY PRACTICES IDENTIFIED BY FEMALE ADOLESCENTS

When asked how these harmful practices have evolved over the last two years, 67.4% of adolescents (both male and female) said that these harmful practices have decreased, 22.8% said that these practices have remained the same, and 9.8% said that they have seen an increase in harmful practices over the last two years (see table 13). Females were more likely than males to say that harmful practices have decreased over time. This finding is statistically significant at the 0.001 level.

TABLE 13: EVOLUTION OF HARMFUL PRACTICES OVER THE LAST TWO YEARS

How have these harmful practices evolved over the past two years?	Response Categories	Male (n=307)	Female (n=426)	Total (n=733)
	Increased	8.1%	11.0%	9.8%
	Remained the same	29.3%	18.1%	22.8%
	Regressed	62.5%	70.9%	67.4%
<i>Chi-Square: 13.258 (p=0.001)</i>				

2005: %/total plans incorporating specific strategies for the protection of children (M/F)

At the final evaluation, 100% (17 out of 17) of community plans include specific strategies for the protection of children (both girls and boys). Examination of the community plans show that there are 174 total activities for the prevention and management of cases of child abuse. Bandiagara recorded the most activities (148), followed by Yanfolila (17), and Kenaba (9).

Comparison against the mid-term evaluation shows that 100% of community plans incorporated child protection strategies at the mid-line as well. Both the mid-term and the final evaluation have exceeded the target of 80% as outlined in the PMF.

2006: %/total implementation of community plans for the prevention and management of cases of child abuse

At the time of the final evaluation, 90% of municipal plans for the prevention and management of cases of child abuse were carried out, compared to 50% in the mid-term evaluation. The Jam Suka project has exceeded their expected target of 80% outlined in the PMF. Analysis of the annual reports show the progress of influencing community plans over time. The first implementation year identified gaps in community plans with Right To Play engaging participating municipalities in generating emergency plans for prevention and management of child protection issues in year two. Annual reports show a steady increase of community plans year over year as community engagement in the program continued to increase.

In this last year of implementation, the annual plan notes increased engagement by coaches and children's clubs in raising awareness around Covid-19 and their continued participation and promotion of child protection committees.

The project's collaborative approach was also very appreciated by community leaders who took part in interviews, particularly working with local NGOs including COCEM on the ground has allowed parents who are perpetrators and victims of harmful practices against girls and boys to understand the consequences of harmful practices. These local structures play an active role in addressing protection problems and in resolving complaints related to child rights abuse. Their knowledge of local customs and practices is effectively used in sensitizing parents and community members involved in these practices to adopt positive behavior.

Jam Suka has strengthened the capacity of stakeholders in the child protection system in targeted communities. Diverse plans at the commune and Cercle levels considered child protection issues. The PDSEC has introduced a budget line on children's protection in their plans, although the question of funds to be mobilized remains difficult. Children have also been strengthened on their rights and duties, advocacy (initiation and animation of thematic days by children to raise awareness among parents and communities about children's rights). The coaches' network supports these children to relay their complaints to protection organizations and get the best support available in the community. These mechanisms assist many girls in remaining at school and avoiding early marriage. It is worth mentioning that girls who perform poorly at school are prone to stay in marriage due to a lack of opportunities and perspective in the village. Children key respondents attested in their interviews that parents put girls in precocious marriage to avoid pregnancy out the wedlock and prostitution. Parents consider these early marriages to be the solution to these problems, even though some are not old enough to conceive and give birth. Children interviewed reported that some girls die because of these pregnancies.

3100. Improvement of positive learning environments and access to health for children affected by the crisis and those victims of harmful practices, particularly girls. % of parents who know at least 10/14 PFE (including birth registration)

3101: % of parents who know at least 10/14 PFE (including birth registration)

This indicator is measured by the number of parents who could correctly identify 10 or more (out of 14) essential family practices. Of the 255 parents surveyed only 10.6% (8.6% M; 12.6% F) knew 10 or more of the 14 essential family practices in the household survey. On average, parents knew between 4-5 family practices. The percentage of parents who correctly identified 10 or more PFE on the final evaluation did not meet the target of 80% set in the PMF. The low percentage suggests a need for increased efforts towards parental knowledge building are needed in the target regions.

Essential family practices most identified were *child vaccination (all of their vaccines before they are a year old and give them vitamin A every six months until they are five)* (80.0% (80.5% M; 79.5% F)), *children and pregnant women sleep under a mosquito net* (54.1% (41.4% M; 66.9% F)), and *school registration for school aged children (G-F)* (43.1% (49.7% M; 37.0% F)). Overall, 37.6% (32.0 M; 43.3% F) of parents identified birth registration as an essential family practice.

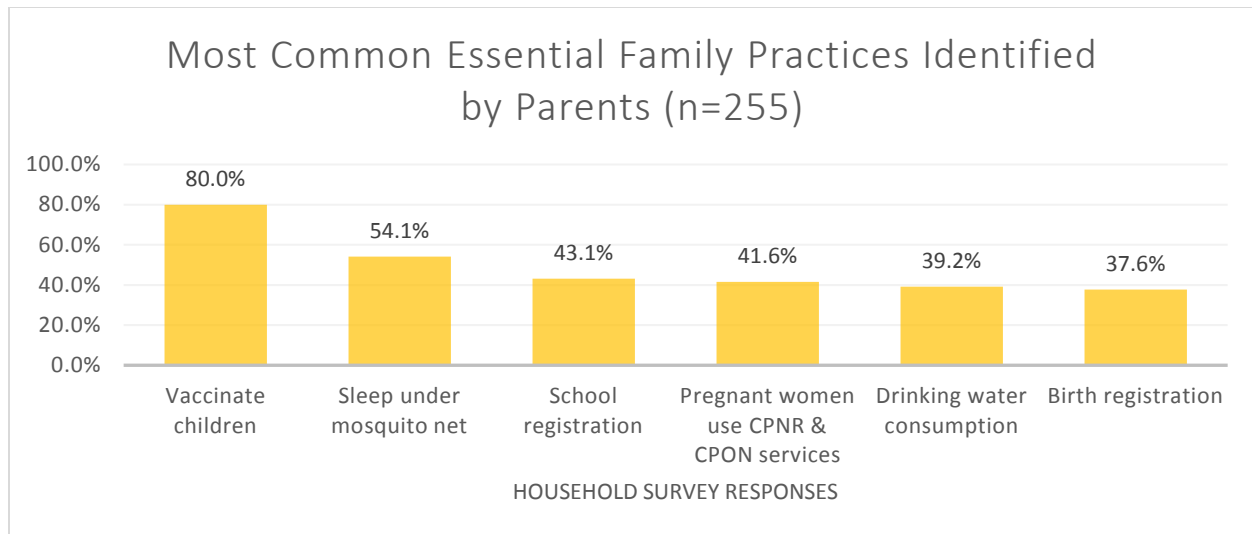


FIGURE 17: ESSENTIAL FAMILY PRACTICES IDENTIFIED BY PARENTS

3102: % / total of municipalities with an identification and support mechanism (PEC) for child victims (rural and urban)

At both the mid-term and end-line evaluations 100% of municipalities had a support mechanism in place for child victims. This percentage exceeds the expected 80% identified in the PMF.

Analysis of the qualitative interviews with the practitioners revealed that the Jam Suka project developed a tripartite protocol with the circle council and the *Comité Communal pour la protection de l'enfant* (CCPE); protocol in which Right to Play provided care funds to vulnerable children and children who are victims of harmful practices, to also facilitate access to care for all vulnerable children in the circle. One of the practitioners had this to say:

“There was a girl who was a victim of genital mutilation who had a deep ablation up to the level of the urethra, so the child urinated to the maximum every five minutes. Through the project support and the CCREF, the girl was able to receive full treatment care from specialized doctors at the urology of Bamako. All the infections the girl had got on her body because of the urine were treated too. Thanks to the support from Right To Play, the girl got healed.” – Practitioner (Source: Practitioner Partner/Staff interview)

The Jam Suka project is credited to have improved access to basic care services to children who are victims of harmful practices.

3103: Level of confidence (scale from 1 to 4) of basic social services agents (F / M, health and education) in their capacity to take care of child victims according to the procedures in force.

This indicator is measured by the percentage of practitioners who reported a high degree of confidence in the ability of health social service workers and social education officers in their ability to care for child victims according to current procedures. To gain an overall value for this indicator, the percentage of practitioners who selected a rating of either three or four in both categories was calculated. Overall, 75% (73.8% M; 76.9% F) of practitioners reported that they were confident in the capacity of both health social service workers and social education officers to care for victims according to current procedures.

Practitioners indicated a slightly higher level of confidence in the ability of health social service workers than they did in social education officers in both the mid-term and end-line evaluations (see table 14). Comparing this indicator against mid-term results,²¹ we see that the level of confidence in both health and education service workers has increased over time. Furthermore, the PMF target of 80% was met for both health and education sectors in the mid-term and final evaluation.

TABLE 14: LEVEL OF CONFIDENCE OF PRACTITIONERS IN THE CAPACITY OF SOCIAL SERVICE AGENTS TO CARE FOR CHILD VICTIMS

Social Service Sector	Mid-Term Results	Final Evaluation Results
Health	78.6%	83.8% ^a
Education	71.4%	80.0% ^b
Combined health and education Index	N/A	75.0%^b
^a n-value: 70		
^b n-value: 68		

3200. Strengthening of local structures for the rehabilitation / reintegration and guidance of children affected by the crisis and those victims of harmful practices, particularly girls. Confidence level (scale of 1 to 4) of young people trained and supported on their ability to conduct their economic activities (F / M, trades)

This indicator examines the confidence level of young people in their ability to conduct economic activities and the percentage of CEC facilitators who scored 80% or above on their post-training test.

3201: Confidence level (scale of 1 to 4) of young people trained and supported on their ability to conduct their economic activities (F/M, trades)

This indicator is measured by the percentage of adolescents (male and female) who rated their level of confidence in their ability to conduct their economic activities a score of three or above (on a four-point scale). Of the 48 adolescents (8 M; 40 F) who completed this assessment 91.0%

²¹ This indicator was not measured in the baseline assessment.

(87.5% M; 90.8% F) rated their level of confidence a three or above in the final evaluation. This percentage exceeds the expected percentage of 70% outlined in the PMF.

3202: % / total of CEC facilitators (F / M) who obtain a score of at least 80% on a post-training test

This indicator is measured by the total percentage of CEC facilitators who scored 80% or above on their post-training test. Of the 28 CEC facilitators (16 M; 12 F) who took the post-training test all (100%) scored at least 80%. These results have exceeded the expected 80% as outlined in the PMF.

3300. Increased access of children to protective environments, especially for girls.

3301: % / total of children (F / M) who feel safe (scale of 1 to 5 points) in play areas.

Adolescents were asked to report on their level of safety on play areas. Of the 1,204 adolescents who responded²² to this question, 70.3% (68.9% M; 71.7% F) reported that they felt safe overall on play areas (measured by youth who gave a scoring of 4 or 5 on the question) (see figure 18). Compared to the mid-term evaluation, it appears that youth's sense of safety has decreased slightly over the last two years, with 76.3% of adolescents in the mid-term evaluation reporting that they felt safe in play areas compared to 70.3% at the end-line. The PMF target of 80% was not achieved by the final evaluation for this indicator.

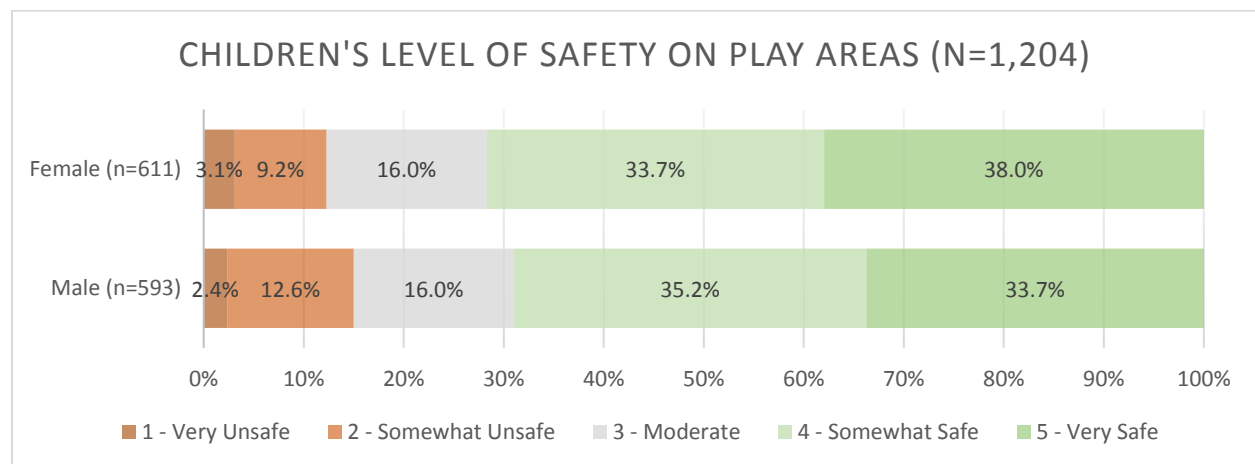


FIGURE 18: CHILDREN'S LEVEL OF SAFETY IN PLAY AREAS

3302: % / total of girls who use latrines equipped for menstruation management

Girls surveyed were asked whether they had access to latrines equipped for managing menstruation. Of the 608 female adolescents who responded to this question, 68.3% reported that they have access, 19.2% reported that they did not have access, and 12.5% reported that they did not know (see table 15). Comparison against the mid-term evaluation show that the percentage of girls with access to latrines equipped for menstruation has increased over time,

²² 18 individuals responded with a "I don't know" or "no response" and were not included in this analysis

with 45.0% of girls reporting access in the mid-term compared to 68.3% in the end-line. However, neither the mid-term nor end-line evaluation met the 85% target set in the PMF.

TABLE 15: FEMALE ACCESS TO LATRINES

	Response Options	Frequency (#)	Percentage (%)
Do you have access to latrines equipped for menstruation management?	Yes, I do	415	68.3%
	No, I do not	117	19.2%
	I don't know	76	12.5%
	Total	608	100.0%
	Missing: 12		

3303: Confidence level (scale of 1 to 4) of community volunteers trained in their ability to conduct their regular activities (M / F)

This indicator was measured by the level of confidence expressed by community volunteers in their ability to conduct their regular activities. At the final evaluation 71% of community volunteers expressed confidence in their ability to conduct their regular activities (measured by a rating of three or above on a four-point scale). This percentage is like the finding at the mid-term evaluation which saw 69% of volunteers express confidence in this area. Although the confidence has increased slightly since the mid-term evaluation, the targeted PMF percentage of 90% of volunteers expressing confidence has not been reached for this indicator.

6.0 Findings

The following presents the main findings from the Jam Suka final evaluation. The findings present the data collected throughout this evaluation and are organized based on the four GAC assessment criteria areas of program relevancy, efficiency, effectiveness, and impact. Conclusions based on these findings and HCA's professional experience in this sector are provided in section 7.0.

Jam Suka is **relevant** for the stakeholders in the target regions. Comparison of qualitative and quantitative data from the baseline to the final evaluation show that the prevalence of harmful practices has decreased since the start of the program. However, harmful practices/traditions such as early marriage, child labour, begging, and FGM are still present in the target regions. Although these have decreased over time, interviews with traditional leaders show that the religious and cultural viewpoints around these issues have not gone away entirely.

Regarding program **efficiency**, Jam Suka has contributed towards coordination between service providers with 84% of practitioners giving the level of coordination a positive rating at the final evaluation. Furthermore, Jam Suka has promoted community roundtable discussions where child protection issues are discussed with local decision makers. At the time of the final evaluation 100% of communities were participating in these roundtable discussions. One area for improvement is the degree of coordination between government and service providers. Comparison against the mid-term and end-line evaluation show no change in the degree of

coordination from government with half of practitioners giving this relationship a low degree of coordination.

Jam Suka has been **effective** in improving the access and quality of care provided to adolescents and has contributed towards training practitioners on how to prevent and manage child protection issues. Adolescents reported high levels of satisfaction with the quality of available health care. This finding has increased from 50% at the baseline to 90% in the final evaluation. Jam Suka has also trained practitioners on how to prevent and manage child protection issues, with over 80% of practitioners reporting knowledge of these child protection measures. Furthermore, 77% of adolescents were able to identify at least three self-protection measures in the final evaluation.

Although Jam Suka has been effective in improving the quality of care provided to adolescents, and has trained children on how to protect themselves, there is still room to improve child protection measures and reduce the existence of harmful practices in participating regions. As the Jam Suka program has increased stakeholder awareness around harmful practices, the number of complaints regarding early marriage, child labour, and FGM have also increased, showing that harmful practices are still present in these communities.

Due to the Covid-19 pandemic, political unrest, and teacher strikes, Gross Enrollment Rates and Gross Admission Rates have also gone down since the midterm evaluation.

Parental education on child rights and the consequences of harmful practices needs to increase. At the final evaluation only 26% of parents knew of a child protection law in Mali. Furthermore, less than half (44%) of parents knew of three or more negative consequences of early marriage and only 14% knew six or more (out of 11) of the short- and long-term risks of FGM with 21% of parents saying that they did not believe that FGM violated a girls' rights.

The primary program **results** were improving knowledge of practitioners, increased municipal engagement through the development of child protection plans, increased child safety, and positive steps towards decreasing harmful practices. Jam Suka increased the knowledge of local protection service actors on child protection issues and strategies for responding to the protection needs of girls. The program also contributed to 100% of communities incorporating a child protection practice in community plans. Program activities have resulted in an increased sense of safety among girls, with 70% of girls reporting that girls are safe in their communities at the final evaluation.

Incidences of early marriage and child labour have also decreased since the baseline assessment with 35% of children saying that they knew of an underage adolescent getting married in the last two years at the final evaluation (compared to 59% at the baseline); and 48% of children said that they knew of a child who had worked a dangerous job in the last two years (compared to 72% at the baseline). For the children who are married young and who work dangerous jobs, parental pressure and economic reasons were cited most often as the catalyst for these harmful practices.

Although the numbers have declined since the baseline, 60% of adolescents still reported the existence of harmful practices in their community at the final evaluation.

7.0 Conclusions and Lessons Learned

7.1 Conclusions

The following presents the conclusions from the Jam Suka final evaluation. The conclusions draw upon the results of the program and HCA's experience and expertise evaluating similar programs in this sector.

- 1. The Jam Suka program addressed relevant needs within the target communities, particularly in regard to the harmful practices of early marriage and FGM. The program also contributed to a reduction in harmful practices over the last five years, however cultural beliefs regarding early marriage and FGM are still held by many in the target regions.*** Findings from the baseline, mid-term, and final evaluation show that there is a need for programs that address the needs of children in the regions of Kayes, Sikasso, and Mopti. Programming that focuses on educating children, parents, and community members on the harms of early marriage and FGM can provide positive change towards reducing these harmful practices, however more work still needs to be done with traditional and religious leaders as beliefs remain that FGM and child marriage help to keep children safe and family honour protected. The prevalence of these beliefs in the target regions suggests a high likelihood of harmful practices relapsing without program intervention. All of these findings suggest that the Jam Suka program remains relevant in 2021.
- 2. The program contributed towards a reduction in child labour (i.e., mining) practices, however educational interventions around the harms of child labour (mining practices) would be more effective if coupled with income generating alternatives for families.*** Findings from the final evaluation suggest that the harmful practices of child labour and begging have decreased since the baseline study, however qualitative data with community stakeholders show that these harmful practices remain where families have no viable alternative for generating income when it is needed to support the family. In this case, the relevancy of an education-based model comes into question as educating families on the harms of child labour and begging will only be successful where families can afford to keep their children in school.
- 3. Jam Suka contributed towards a reduction in instances of begging in all of the target regions, however education-based interventions around the harms of begging would be more effective if coupled with advocacy interventions to addressing income challenges faced by private/religious schools.*** Findings from the final evaluation show that the instances of begging in the target regions have reduced since the start of the project. However, qualitative data from the final evaluation suggest that children who are sent to beg, are often sent by the religious leaders at their school when school funding is low. This finding suggests that the practice of child begging goes beyond a harmful practice at the family or community

level and is representative of a systemic weakness of the education system in Mali. Advocacy efforts are needed to ensure that all schools (including religious schools) are formalized and monitored and support by the national education system.

4. ***Jam Suka effectively trained practitioners on how to administer quality care to children and made some improvements towards increasing awareness of the harms of FGM and early marriage among parents.*** Program interventions that engaged community practitioners was successful and has resulted in improved access and quality of care to children. This finding shows that the program was most effective in interventions that involved professional practitioners and community leaders. The program also made some improvements in changing parental views on early marriage and FGM, however it did not meet the program targets as many parents believe that the benefits of FGM and early marriage in reducing promiscuity among girls outweigh the risks (or in more extreme cases that there are no risks associated with these practices).
5. ***Jam Suka provided a safe environment for parents and children to bring forth complaints regarding harmful practices and abuse.*** Findings from the final evaluation show that the number of complaints has increased significantly since the mid-term evaluation. At a minimum, this finding shows that community members felt empowered to report instances of harmful practices and abuse by opening up safe channels for reporting and by raising awareness around harmful practices. Furthermore, the community listening centres were well received by community members, with qualitative feedback from stakeholders showing that these centres were valued in their communities and that stakeholders would like to see the supports from the listening centres continued moving forward.
6. ***Jam Suka has contributed to the reduction of harmful practices, including early marriage, FGM, child labour, and begging, however without a long-term sustainability plan these impacts may not be sustained.*** It is clear from the findings in the baseline, mid-term, and end-line evaluation that Jam Suka has been making positive steps towards reducing harmful practices in the target regions. However, many of these practices are based in deeply ingrained religious and cultural beliefs and therefore will take a long-time to implement lasting change. Ongoing programming addressing these issues, particularly programming that requires funding, is needed in order to ensure that the impacts of Jam Suka are sustained.

7.2 Lessons Learned

The following presents the overarching lessons learned from the Jam Suka final evaluation.

1. ***Working with local governments and professional stakeholders/practitioners is essential to community buy-in and helps to promote program sustainability beyond the project life cycle.*** Findings from the final evaluation show that local governments and professional stakeholders are receptive to the programming with high degrees of influence at the municipal government and practitioner level. The final evaluation of Jam Suka found that all the participating municipalities adopted child protection policies at the local level with 100% of community plans including specific strategies for the protection of children. Jam Suka was

also effective in training local practitioners on child protection issues with a majority (88.6%) reporting knowledge of child protection measures. Given these findings, Right To Play should continue to engage local government agents and community practitioners in future programming as these stakeholders have already shown their commitment to implementing child protection strategies within their communities.

2. *Play Based programming is effective in increasing the knowledge of children on their rights (child protection laws) and knowledge on how children can protect themselves and others.*

Engaging children in play is an effective tool for teaching new ideas and concepts to children in an engaging and fun way. Findings from the final evaluation support the effectiveness of Play Based Learning strategies as a majority of children (89%) were aware of areas of law covered by the convention on the rights of the child. Furthermore, 77% of adolescents knew at least three self-protection measures at the final evaluation.

This data suggests that children are receptive to Right To Play programming and that Jam Suka has contributed to increased knowledge and awareness of children's rights and self-protection measures among participating children. Knowledge and awareness activities included regular sports and games, game days, caravans, and sports tournaments. In addition, girls in participating regions have served as leaders in several awareness initiatives over the last five years which have strengthened girls' confidence. Continued engagement with children should help to ensure that the lessons learned from Jam Suka programming are retained long-term.

3. *Programming targeted at parents was less successful in impacting parental knowledge/awareness of harmful practices than programming targeted at children or practitioners.* Findings from the Final Evaluation show that parental knowledge of harmful practices had increased since the baseline study, however parental knowledge of harmful practices had not met program targets at the time of this evaluation. Qualitative data from the final evaluation show that the prevalence of poverty and widely held cultural beliefs contribute to ongoing harmful practices such as FGM, early marriage, child labour, and begging. Increased engagement with parents through Right To Play programming may help to ensure that the programs messages are retained and implemented at the household level.

Furthermore, findings from the qualitative analysis suggest that religious and traditional/customary leaders are still supporting harmful practices such as child labour, begging, and FGM. This may be one reason why Jam Suka did not make a bigger impact in changing the mindsets of parents regarding harmful practices. Changing traditional perception of parent interests regarding harmful practices is essential to ensuring that program impacts continue beyond program implementation. It is going to take time and continued program interventions for parents to understand that FGM and early marriage compromise the development and health of their children. Continuous engagement by Right To Play with local religious and traditional/customary leaders is needed in order to continue to change cultural perceptions around these harmful practices.

4. ***Jam Suka program activities successfully reduced the number of children working in dangerous jobs in participating communities, however the socio-economic challenges that encourage children to work in the mines in the first place present an ongoing challenge to reducing these practices further.*** A review of the annual reports suggest that the number of adolescents engaged in professional training programs is less than the number of young people removed from gold mining sites. Children who are not provided with viable alternatives, including improving job opportunities, to mining once they finish school will be disincentivized to finish school, particularly when there are financial challenges in the home. Furthermore, parents who have limited opportunities or means to provide for their family continue to send their children to mines. Providing more alternatives, such as vocational training and job opportunities for young people once they finish school, or income generating opportunities for parents, is essential to preventing child mining practices in these communities.
5. ***The Jam Suka program activities are successful in contributing towards positive change in female empowerment and increased safety of women and girls in the target region.*** Since the start of the program, Jam Suka as contributed towards a reduction in harmful practices, an improvement in community safety for girls, and an increase female representation in positions of responsibility and decision-making. At the final evaluation nearly all the PMF targets had produced change in the right direction. The percentage of adolescents who knew of a girl who was married in the last year had gone down as had the percentage of adolescents who knew of a child who worked a dangerous job in the last two years. Furthermore, a majority (69.8%) of girls felt that they are protected within their community at the final evaluation, compared to less than half (39.4%) at the baseline. At the final evaluation 90% of network of coaches lead by women and 70.3% of female volunteers expressed confidence in their ability to conduct their regular activities.

These findings, along with the continued challenge of child labour and existence of harmful practices in these regions, suggest that Jam Suka continues to be relevant in 2021. Continual efforts by Right To Play, and other partner agencies, is encouraged to see long-lasting change in improving the rights and well-being of women and girls.

8.0 Recommendations

The following table presents the recommendations for future Right To Play programming in the Kayes, Sikasso, and Mopti regions in Mali. These recommendations are based on the lessons learned in the Evaluation and specifically focus on programming that should be continued in these regions as well as recommendations for how program goals that were not achieved during the Jam Suka program life-cycle could be addressed/improved in future programs.

Recommendation	Conclusion/ Lesson Learned Reference	Responsibility	Timeline	Priority Level
1. It is recommended that Right To Play continue programming focused on improving the rights, quality of life, and access to education of children (particularly girls) in the conflict affected regions of Mali. Findings from the end-line evaluation show that the Jam Suka programming remains relevant in Mali in 2021. While many of the PMF targets were met by this project, several were not. There is a need for continued programming that addresses cultural misconceptions around the harms of FGM and early marriage, that increases the access to education for girls, and that increases girls' access to child protection services and information on their rights.	Recommendation developed based on Conclusion #1	Right To Play Head Office	TBD (recommended within the next 1-3 years)	High
2. It is recommended that, in conjunction with other interventions, future Right To Play programs in Mali engage with governmental protection actors, including the mayor's offices and the police, to enforce child labor policies. Child labor in these communities is due to poverty and lack of economic opportunities. Child labor cannot solve the poverty problem within these communities, and children constitute cheap labor and are attractive for artisanal mining actors. Enforcing policies that regulate child mining can discourage artisanal mining actors by making child labor expensive through penalties. This measure can only be effective if the target community also promotes alternative occupations for children, especially those out of the school system.	Recommendation developed based on Conclusion #2 and Lesson Learned #1	Right To Play regional office staff and program partners	TBD (future programming) Throughout program life cycle (ongoing)	High

Recommendation	Conclusion/ Lesson Learned Reference	Responsibility	Timeline	Priority Level
3. It is recommended that Right To Play continue to engage religious and traditional/customary leaders in their programming throughout the intervention to promote and sustain positive change about child protection and management of harmful practices in their communities. The main factor affecting the Jam Suka program in improving child protection and combating harmful practices in target communities is that community members still hold on to these practices as a social value. The program can build on its success of sensitizing and training religious and traditional/customary leaders and work with them as vectors of the change that the project intends to achieve in these communities. Religious and traditional/customary leaders can play an influential role in shaping attitudes, opinions, and behaviors as they are a catalyst in shaping community social values.	Recommendation developed based on Conclusion #3	Right To Play regional office staff	TBD (future programming) Throughout program life cycle (ongoing)	High
4. It is recommended that future programs focus on vocational skills training for adolescents. Many young people are left with limited options other than work in the mines. Focusing on mobilising mobilisation of financial resources to promote entrepreneurship and vocational education will help to provide adolescents with viable alternatives to mining. Furthermore, older Jam Suka participants may advocate for children to stay in school rather than go into the mines if they can show that there are other options for them when they grow up.	Recommendation developed based on Conclusion #2	Right To Play Mali	TBD (future programming) Throughout program life cycle (ongoing)	High
5. It is recommended that Right To Play, acknowledging the risk associated with political, social, and economic instability in Mali, develop a Disaster Risk Reduction (DRR) Strategy (accompanied by annual context assessments/risk analysis and adaptive management practice) to identify and monitor program risks from program inception. Since 2012, Mali's political situation has been volatile, especially in the southern regions where Jam Suka is being implemented. Over the last year political instability, teacher strikes, and the global pandemic have impacted the communities where Jam Suka was	Recommendation developed based on Conclusion #6	Right To Play regional staff and program partners	TBD (future programming) At project inception and throughout program life cycle (ongoing)	High

Recommendation	Conclusion/ Lesson Learned Reference	Responsibility	Timeline	Priority Level
administered. Taking these contexts into consideration, planning to mitigate risk should be a major part of Right To Play programming moving forward. Developing a DRR strategy, with annual risk analysis and adaptive management practice, will help to ensure that contextual risks to the program are identified and monitored from the start of the program and will aid in developing mitigation strategies throughout the program life-cycle as they are needed.				
6. It is recommended that future Right To Play programming engage parents in Play Based Learning activities to increase knowledge and awareness of harmful practices. Findings from the final Evaluation show that parental knowledge of child protection laws, essential family practices, and the harms of low marriage and FGM were lower than the PMF targets. To address this short-coming, it is recommended that RTP target future activities at parents and community leaders, as well as children, as a means of re-enforcing positive messaging within the home environment and the community at large. Specific interventions could focus on changing attitudes towards harmful practices (child mining, early marriage, FGM, etc.), while also educating parents/caregivers and community members on child protection laws and local resources/agencies where they can access support and report instances of abuse.	Recommendation developed based on Conclusion #1	Right To Play regional staff and program partners	TBD (future programming) Throughout program life cycle (ongoing)	High
7. It is recommended that future Right To Play programming engage children and adults in capacity building efforts that increase collective community capacity to protect children, report instances of abuse, and advocate for the rights of children and girls. To realize lasting positive change in these communities there is a need to engage the direct caregivers (specifically mothers) and other influential community members through equipping them with knowledge and skills regarding children's rights and protection. This capacity building can take place in the form of organized workshops within the	Recommendation developed based on Conclusion #4	Right To Play regional staff and program partners	TBD (future programming) Throughout program life cycle (ongoing)	High

Recommendation	Conclusion/ Lesson Learned Reference	Responsibility	Timeline	Priority Level
local communities or through conferences whereby specific adults can be identified and supported by Right To Play to attend conferences on the protection of children. When these individuals come back, they can share the knowledge and used to continue advocating for the rights of children beyond the program life-cycle.				
8. It is recommended that Right To Play develop a sustainability plan for Jam Suka and all future programming. Right to Play can engage with key players within the program intervention areas (such as local partners, practitioners, community councils, religious and traditional/customary leaders, parents, and other community stakeholders). Right To Play will need to work collaboratively with the identified key players to identify areas of program interventions/PMF indicators that can be carried on beyond the program life-cycle. This sustainability plan should include a roll-out plan, including timing and responsibilities, before project closure. They should orient all program staff on this sustainability plan and would be best to identify an external consultant to roll out the sustainability plan prior to the project closure.	Recommendation developed based on Conclusion #6	Right To Play regional staff (program manager)	Last month of project implementation (March 2021)	High
9. It is recommended that Right To Play Mali incorporate a sustainable livelihoods framework in future programs to provide viable income generating alternatives for families. Understanding the various personal and contextual factors that may inhibit and individual or family's ability to provide for their needs, the sustainable livelihoods framework is a method that aims to conceptualize livelihoods in a holistic way. To address the various factors that influence livelihoods, this framework works with individuals and households to identify various assets that they can use to their advantage to improve their lives. The five assets (or capital) addressed in this framework are: human capital, social capital, natural capital, physical capital, and financial capital.	Recommendation developed based on Conclusion #2	Right To Play regional staff and program partners	TBD (future programming) Throughout program life cycle (ongoing)	Medium

Recommendation	Conclusion/ Lesson Learned Reference	Responsibility	Timeline	Priority Level
Focusing on improving the livelihood of families in the targeted communities will help to provide individuals and families with viable alternatives to child labour and mining and improve the long-term impacts (or success) of the program.				
10. It is recommended that Right To Play continue to set up/support community learning centres with specialize in coaches that support the needs of young people. Qualitative data from the final Evaluation found that local stakeholders valued the community learning centres in their communities that were established by Right To Play. Continued establishment of these centres will help to increase awareness of children's rights and protection in communities as well as creating safe places where children can go to learn of their rights and an advocate for these rights.	Recommendation developed based on Conclusion #5	Right To Play regional staff and program partners	TBD (future programming) Throughout program life cycle (ongoing)	High

Annex A: Performance Measurement Framework

The following table presents the findings from the quantitative analysis as they pertain to Jam Suka’s Performance Measurement Framework (PMF) outcomes and indicators. The table presents the PMF outcomes and indicators, baseline, midterm, and end-line data, PMF targets, data source, and a narrative (comments) summary of the findings.

Notes on the table:

- *Data that was not collected at the baseline assessment or mid-term has been identified with an ‘N/A’ (not available)*
- *Data is presented using percentages throughout the table. To determine the number of respondents please refer to the n-values provided below the percentages.*
- *N-values were frequently not provided in either the baseline or the mid-term report. Where n-values were available they have been provided and/or assumed based on the total number of survey respondents in the baseline and mid-term studies.²³ In cases where the n-values are not available this data gap has been noted in the table.*
- *A difference of proportions test was run to determine statistical significance between assessment periods were possible. It should be noted that testing for statistical significance is only appropriate for survey data which is collected using probabilistic sampling. Therefore, statistical testing was not done on survey data which was not collected using probabilistic sampling. Instances where the difference of proportions was not run due to differences in reporting have been noted in the narrative summary.*

²³ N-values were frequently left out of the baseline and mid-term reports. HCA has filled in missing n-values to the best of our ability with report data and survey output data provided by Right To Play. In most instances the n-values provided in this table represent the total number of survey respondents (or total number of male/female respondents) where a reasonable assumption can be made that the same survey question was asked in the earlier assessments. Where skip logic questions or larger amounts of missing values (i.e., no response or “I don’t know” responses) made it difficult to confidently assume n-values in earlier assessments, the n-values have been left as “not available” in the PMF table.

TABLE 16: PERFORMANCE MEASUREMENT FRAMEWORK

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
INTERMEDIATE RESULTS						
1000. Increase in the effectiveness of the child protection system for an environment that protects and respects the rights of children, especially girls, in the regions of Kayes, Sikasso and Mopti. Number of official complaints reported by children, adults (disaggregated by types of vulnerability)						
1001.1: Number of official complaints reported by children (against vulnerability types)	N/A ^a	Total child complaints since project start: 35	Total child complaints since project start: 322 <u>Complaints by Type:</u> Begging: 92 Child labour: 147 Excision: 5 Early marriages: 76 Other: 2	Target: 200 (Annual target of 40 x 5 years)	<i>Document analysis from: Tool Register data collection from various authorities and RTPs</i>	This indicator measures the total (cumulative) number of registered complaints by children since the beginning of the project. The data was collected and consolidated by Right To Play and includes instances of begging, excision, child marriage, child labour and other. At the end-line evaluation, 322 official complaints had been made by children since the start of the program. A total of 35 complaints were recorded at the mid-term evaluation (meaning that there have been 287 complaints since the mid-term). The total number of complaints at the final evaluation (322) exceeds the annual target of 40 complaints (or a total of 200 complaints over five years). <i>Note: Disaggregation by gender is not available.</i>

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
1001.1: Number of official complaints reported by adults (against vulnerability types)	Adult Complaints at baseline: 54	Total adult complaints since project start: 90	Total adult complaints since project start: 140 <u>Complaints by Type:</u> Begging children: 24 Child labour: 53 Excision: 7 Early marriages: 47 Other: 9	Target: 400 (Annual target of 80 x 5 years)	<i>Document analysis from: Tool Register data collection from various authorities and RTPs</i>	This indicator measures the total number of official complaints by adults in the target regions since the start of the program. At the end-line evaluation, a total of 140 complaints had been made since the start of the program. Baseline and mid-term evaluation findings reported 54 and 36 complaints respectively with 80 adult complaints made since the mid-term evaluation. The number of parent complaints for all three assessments (baseline, mid-term, end-line) was below the annual target of 80 complaints. <i>Note: Data disaggregated by gender is not available.</i>
1001.2 %/total complaints managed over time according to procedures	76.6% (N=54)	98.6% (N=125)	95% (N=462)	Target: 90%	<i>Specialized Services Reports</i>	At the end-line evaluation 95% of the 462 complaints made since the start of the program (322 child complaints and 140 adult complaints) were managed according to proper procedures. The number of complaints managed according to proper procedure has

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
						decreased slightly since the midterm evaluation, however it still exceeded the target 90% outlined in the PMF. <i>Note: Data disaggregated by gender is not available</i>
1002: % / total child victims satisfied (scale from 1 to 4) with the management of cases of abuse (broken down by M / F)	N/A	50% (n=69) Girls: 71% (n=35) Boys: 29% (n=34)	84.6% (n=13) Girls: 83.3% (n=6) Boys: 85.7% (n=7)	Target: 20%	Adolescent KII Q13	Adolescents who had either experienced abuse (or knew someone who had experienced abuse) were asked to participate in a key informant interview to discuss their experience with the case management of abuse. A total of 13 respondents spoke to their experience with abuse case management, by the protection mechanism put in place by Jam Suka, at the time of the final evaluation. Among the adolescents who participated in the KIIs, 11 rated their satisfaction 3 or 4. The reason of their satisfaction is the contribution the mechanism has made in reintegrating children to school, removing them from gold mining sites as well as, advocating for under-aged girls who are about to be given into marriage against their will. This percentage greatly exceeds the targeted 20% outlined in the PMF.

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
						Statistical significance: not a probabilistic sample. This indicator (at the final evaluation) presents the opinions of 13 key informants and cannot be considered as representative of the total population.
2000. Increased capacity of communities to ensure better protection of children, especially girls during and after crises, against harmful practices in the regions of Kayes, Sikasso and Mopti. % / total of girls who feel protected in their communities						
2001: %/total girls who feel protected in their communities	39.4% (n=571)	64.8% (n=588)	69.8% (n=620)	Target: 60%	Adolescent Survey	This indicator was measured by the percentage of female adolescents surveyed who reported that they feel safe in their community. Of the 620 female students surveyed in the final evaluation, 69.8% felt that girls are protected within their community and 29.5% felt that they were not (with 0.6% saying that they did not know). Comparison against the baseline, mid-term, and end-line show that the percentage of girls who feel protected in their communities has increased over the last five years. Furthermore, both the mid-term and end-line figures exceeded the targeted 60% identified in the PMF.

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
						Statistical significance: A comparison of proportions calculator (MedCalc) was used to determine statistical significance between assessment years. Baseline to Mid-term: The difference of proportions Chi-Square between the baseline and mid-term is significant at the 0.01 level of confidence: $\chi^2 = 74.850, P < 0.0001$ Mid-Term to End-line: The difference of proportions Chi-Square between the mid-term and final assessment is significant at the 0.06 level of confidence: $\chi^2 = 3.429, P = 0.0641$
2002: Incidence of girls' early marriage cases	48.9% (n=1,356)	56.0% (n=1,163)	35.4% (n=1,222)	46%	Adolescent Survey	This indicator was measured by adolescents who reported knowing of an underage child (girl under the age of 16 or boy under the age of 18) who had been married in their community in the last two years. Of the 1,222 adolescents surveyed 35.4% (26.6% M; 44.0% F) said that they knew of a child/adolescent who was married in the last year and 63.7% (72.1% M; 55.5% F) said “no” they do not know of a

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
						child/adolescent who has been married (0.9% responded “don’t know”). Female students were more likely than male students to report knowing of a child/adolescent who has been married within the last two years. This finding was statistically significant at the 0.000 level of confidence (Chi-Square: 41.918). The percentage of adolescents who knew of a child who married early was lower than the targeted 46% in the PMF. Statistical significance Baseline to Mid-term: The difference of proportions Chi-Square between the baseline and mid-term is significant at the 0.01 level of confidence: $\chi^2 = 12.643$, $P = 0.0004$ Mid-Term to End-line: The difference of proportions Chi-Square between the mid-term and final assessment is significant at the 0.01 level of confidence: $\chi^2 = 101.952$, $P < 0.0001$

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
2003: Incidence of child labor cases in communities	55.8% (n=1,356)	72.8% (n=1,163)	48.2% (n=1,222) Males: 42.9% (n=602) Females: 52.4% (n=620)	53%	Adolescent Survey	This indicator was measured by the percentage of adolescents who reported knowing a boy or girl, under the age of 18, who had worked in the last two years in their community. Of the 1,222 adolescent respondents 48.2% (42.9% M; 52.4% F) knew of a young person who had worked (the worst forms of work) in the last two years. Female adolescents were more likely than male adolescents to know someone under 18 who had worked. (Spearman's Rho: - 0.113; Chi Square: 22.038 (significant at the 0.000 level)). Statistical significance Baseline to Mid-term: The difference of proportions Chi-Square between the baseline and mid-term is significant at the 0.01 level of confidence: $\chi^2 = 78.168, P < 0.0001$ Mid-Term to End-line: The difference of proportions Chi-Square between the mid-term and final assessment is significant at the 0.01 level of confidence: $\chi^2 = 150.437, P < 0.0001$

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
2004: %/total of girls who claim the existence of harmful practices in their community (broken down by problems)	Percentage of all harmful practices: N/A Early Marriage: 65.6% (n=675) Child Labour: 83.2% (n=675) Begging: 50.0% (n=675)	Percentage of all harmful practices: N/A Early marriage: 60.6% (n=592) Child labour: 72.7% (n=592) Begging: 33.1% (n=592)	Percentage of all harmful practices: 69.7% (n= 620) Early Marriage: 50.3% (n= 620) Child Labour: 35.0% (n= 620) Begging: 21.0% (n= 620) FGM: 56.3% (n= 620) Other: 1.9% (n= 620)	All harmful practices: N/A Early Marriage: 60% Child Labour: 79% Begging: 45%	Adolescent Survey	This indicator was measure by the percentage of female adolescents who indicated that there are harmful customary or traditional practices in their community. Of the 620 female adolescents surveyed 69.7% indicated that there are harmful traditional/customary practices in their community. The types of harmful traditional/ customary practices most identified by adolescents were female genital mutilation (56.3%), early marriage (50.3%) and child labour (35.0%). When compared to the mid-term findings, reported instances of early marriage, child labour, and begging have all decreased. Furthermore, the percentages at the end-line across all categories were lower than the PMF targets. Statistical significance <i>Note: Neither the baseline nor mid-term provided a percentage for the total number of girls who reported the existence of harmful practices in their community.</i>

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
						Therefore, HCA used “child labour” as a proxy to calculate statistical significance as it was the highest reported harmful practice in both the baseline and mid-term assessments. Baseline to Mid-term: The difference of proportions Chi-Square between the baseline and mid-term is significant at the 0.01 level of confidence: $\chi^2 = 20.444, P < 0.0001$ Mid-Term to End-line: The difference of proportions Chi-Square between the mid-term and final assessment is significant at the 0.01 level of confidence: $\chi^2 = 172.832, P < 0.0001$
2005: %/total plans incorporating specific strategies for the protection of children (M/F)	N/A	100% (n=17)	100% (n=17)	80%	Document analysis from: Tool Register data collection from various authorities and RTPs	At the final evaluation, 100% of the plans include specific strategies for the protection of children (100% of girls, and 100% of boys) compared to 0% in the basic study, which exceeds by 20% the 80% expected. The mid-term evaluation was also 100% There are 174 activities in the municipalities' plans for the prevention and management of cases of child abuse.

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
						The Circle of Badiangara records alone 148, Yanfolila 17 and Kéniéba 9. The percentage of communities with child protection strategies at both the mid-term and the end-line exceeded the PMF target of 80%.
2006: %/total implementation of community plans for the prevention and management of cases of child abuse	N/A	50% <i>*n-value not available from the mid-term evaluation.</i>	90% (n=17)	80%	<i>Document analysis from: Tool Register data collection from various authorities and RTPs</i>	At the time of the final evaluation, 90% of municipal plans for the prevention and management of cases of child abuse were carried out, compared to 50% in the mid-term evaluation. The 80% expected has been exceeded by 10%.
3000. Increased access to basic social services and sustainable rehabilitation / reintegration measures for children affected by the crisis and those victims of harmful practices, especially girls, in the regions of Kayes, Sikasso and Mopti.						
3001: Gross Enrollment Rate (GER) (F / M)	All regions: 80% (87% M; 73% F) <i>*Disaggregation by regions not available</i>	Kenaba: 75% (78.2% M; 71.8% F) Yanfolila: 81.1% (89.8% M; 72.6% F) Bandiagara: 38.20% (38.3% M; 38.1% F)	Kenaba: 44.39% Yanfolila: 65.6% (72.5% M; 58.8% F) Bandiagara: 48.50% (49.50% M; 47.50% F)	88% (95% M; 81% F)	<i>Secondary Data</i>	Gross enrollment rates (GER) (primary students) have gone down in two of the three regions since the mid-term evaluation: • In Kenaba, GER went from 75% to 44% • In Yanfolila, GER went from 81% to 66% • In Bandiagara, GER went from 38% to 49% When comparing against the PMF targets, none of the regions met the targeted 88%

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
						GER in either the baseline, mid-term, or end-line. The decrease in GER at the end-line may be explained by a combination of the Covid-19 pandemic and the teacher strikes across the country. <i>Note: This data is secondary data and was not directly collected by HCA. GER is a projection calculated in each region from data provided through the schools and does not include N-values. As birth registration rates remain low in Mali it is unknown how many school aged children are present in the three target regions.</i>
3002: Gross Admission Rate (GAR) (F / M)	All Regions: 51% (58% M; 47% F) <i>*Disaggregation by regions not available</i>	Kenaba: 84.40% (94.3% M; 74.8% F) Yanfolila: 77.4% (85.5% M; 69.5% F) Bandiagara: 42.3% (38.3% M; 38.1% F)	Kenaba: 65.72% Yanfolila: 62.3% (69.5% M; 55.3% F) Bandiagara: 41.50% (43.50% M; 39.50% F)	GAR 56% (58% M; 47% F)	Secondary Data	Gross Admission Rates (GAR) (secondary students) have also gone down in three regions since the mid-term evaluation: • In Kenaba, GAR went from 84% to 66% • In Yanfolila, GAR went from 77% to 62% • In Bandiagara, GAR remained at 42% However, both Kenaba and Yanfolila met the target GAR of 56% in the mid-term and end-line evaluations. The lower GAR in the end-line may be explained by a

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
						combination of the Covid-19 pandemic and the teacher strikes across the country. <i>Note: Similar to GER, GAR is a projection calculated in each region from data provided by school staff. As birth registration rates remain low in Mali it is unknown how many school aged children are present in the three target regions. As such, the N-values for the population are not available for this indicator.</i>
3003: % / total of children (M / F) with access to treatment services for cases of abuse	20% <i>*n-value not available from the baseline assessment.</i>	67. 8% Males: 71.6% Females: 64.2% <i>*n-values not available from the mid-term evaluation.</i>	70.8% (n=617) Males: 79.4% (n=330) Females: 61.0% (n=287)	60%	Adolescent Survey	This indicator is measured by the percentage of adolescents who reported that all boys and girls affected by conflict have benefitted by a Care (PEC). For this indicator only boys and girls who responded with a “yes” or “no” to this question were considered in the analysis (with no responses (12.4% of adolescents) and “I don’t know” (37.1% of adolescents) responses classified as missing values). Of the adolescents who responded to this question, 70.8% reported that girls and boys have access to care. When compared to the baseline and mid-term report, access to treatment services has greatly increased since the baseline, and slightly increased since the mid-term. Both the

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
						mid-term and end-line evaluations show that this indicator has exceeded the targeted 60%. Boys were more likely than girls to report that both boys and girls have access to care. This finding was statistically significant at the 99% level of confidence (Chi-Square: 25.202; p=0.000). Statistical significance: Due to the large number of missing values for this question at the final evaluation, and no data on the number of missing values for the baseline and mid-term studies, HCA was not confident in assuming the n-values for the earlier assessments based on the number of survey respondents. As a result, no test of significance was run for this indicator.
3004: Level of satisfaction (scale from 1 to 4) of children (F / M) with the quality of their health care	0% (level 3 or 4) (n=1,356)	90.0% (n=1,163) Male: 92.1% (n=574) Female: 87.1% (n= 589)	89.9% (n=1,070) Male: 91.5% (n=543) Female: 88.2% (n=527)	50% (3 or 4)	Adolescent Survey	This indicator was measured by the percentage of adolescents who gave the quality of health care services a high rating (rating of 3 or 4 out of 4) in the adolescent survey. Of the adolescents who responded to this question 53% (53.4% M; 52.6% F) of students reported that they received the

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
						best quality of care (score of 4) and 36.9% (38.1% M; 35.7% F) reported receiving a good quality of care (score of 3). Satisfaction has increased significantly since the baseline assessment where none of the adolescents gave the quality of care a satisfaction rating of a three or four (75% gave a rating of 1 (not satisfied) and 25% gave a rating of 2 (a little satisfied)). Comparing data from the mid-term evaluation we see that the level of satisfaction of children with the quality of their health care has remained the same over the last two years. Statistical significance Baseline to Mid-term: The difference of proportions Chi-Square between the baseline and mid-term is significant at the 0.01 level of confidence: $\chi^2 = 2087.188, P < 0.0001$ Mid-Term to End-line: The difference of proportions Chi-Square between the mid-term and final assessment is not significant at the 0.05 level of confidence: $\chi^2 = 0.006, P = 0.9374$

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
IMMEDIATE RESULTS						
1100. Strengthening of formal and non-formal child protection mechanisms, particularly girls Level of knowledge (scale from 1 to 4) of actors in local protection services (technical services / communities) on Information on Child Protection the Child (SIPRE).						
1101: Level of knowledge (scale of 1 to 4) of local protection service actors (technical services/ communities) on <u>Child Protection Information (SIPRE)</u>	N/A	N/A	15.6% (n=45) Males: 9.4% (n=32) Females: 30.8% (n=13)	80 % (scale of 3 or 4)	Practitioner post-assessment	This indicator was measured by the number of practitioners who scored a three or four on their post-assessment. Of the 45 practitioners who completed the post-assessment only 16% received a passing grade. This percentage is lower than the 80% target in the PMF. <i>It should be noted that the SIPRE training was only administered in four of the 20 municipalities (all of which were in Keniéba). The post assessment was given to all practitioners trained and so the n-value (45) is representative of the population who received training.</i>
1102: Level of knowledge of local protection service actors (technical services/ communities) on <u>strategies for responding to specific</u>	N/A	Cumulative: N/A Education: 92.9% (n=70) Health: 78.6% (n=70)	Cumulative: 93.8% (n=70) Education: 100.0% (n=70) Health: 98.5% (n=70)	N/A (level 3 out of 6)	Practitioner Survey	This indicator was measured by the percentage of practitioners who were able to identify strategies pertaining to girl's health, education, and emotional support. Of the 70 practitioners surveyed, 93.8% were able to correctly identify a strategy in all three categories. The breakdown by protection need areas is as follows:

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
<u>protection needs for girls</u>		Emotional/Mental Support: 87.2% (n=70)	Emotional/Mental Support: 92.5% (n=70)			100% of practitioners identified an education strategy 98.5% of practitioners identified a health strategy 92.5% of practitioners identified an emotional or mental support strategy Statistical significance: No cumulative percentage was given in the mid-term report. HCA has therefore used the “education” percentages as a proxy for testing significance for this indicator. Mid-Term to End-line: The difference of proportions Chi-Square between the mid-term and final assessment is significant at the 0.02 level of confidence: $\chi^2 = 5.116, P = 0.0237$
1103: %/total commune having integrated the protection of children especially that of girls in their PDSEC	0%	100 % (N=15)	100 % (N=15)	85%	Document analysis from: Tool Register data collection from various authorities and RTPs	At the time of the final evaluation, 100% of municipalities had included the protection of children, especially girls in their PDSEC, in the final assessment. This percentage is the same as the mid-term evaluation and exceeds the expected 85% outlined in the PMF.

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
1200. Strengthening mechanisms for coordination, collaboration, and accountability among providers of child protection services, especially girls. <i>Degree of coordination (scale of 1 to 4) between protection service providers</i>						
1201: Degree of coordination (scale of 1 to 4) between protection service providers	N/A	87.2% (n=70) <i>*Data disaggregated by gender is not available from the mid-term assessment</i>	84.3% (n=70) Male: 80.8% (n=44) Female: 86.4% (n=26)	N/A	Practitioner Survey	This indicator is measured by the percentage of practitioners who gave the degree of coordination between service providers a score of 3 or 4 (out of a 4-point scale). Of the 70 practitioners surveyed, 84.3% rated the degree of coordination between service providers a rating of 3 or above. Compared to the mid-term evaluation the percentage of practitioners who reported a high degree of coordination between protection service providers declined slightly. <i>Statistical significance</i> <i>Mid-Term to End-line Not a probabilistic sample</i>
1202: %/total roundtables on protection issues involving decision-makers	0% <i>*zero roundtable discussions at the baseline assessment.</i>	100% (n=80)	100% (n=47)	60%	<i>Document analysis from: Tool Register data collection from various</i>	At the time of the final evaluation, 100% of community roundtable discussions included protection issues involving decision makers. Since 2017 a total of 127 roundtable discussions took place because of the Jam Suka program. According to the annual reports, all these roundtable

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
					<i>authorities and RTPs</i>	discussions focused on child protection issues. The percentage identified at the mid-term evaluation and exceeded the expected 60% identified in the PMF. Furthermore, the total number of roundtable discussions since the start of the program exceed the expected 100 identified in the annual reports.
2100. Increase in the skills of protection organizations to be able to prevent and respond to child protection issues during and after crises						
2101: %/total trained child protection actors who know at least 3 measures to prevent cases of protection problems (formal actors and non-formal actors)	62.3% (n=53)	87.1 % (n=70) Formal actors: 85.5% Informal actors: 93.3% <i>*n-values for the number of formal and informal actors not available from the mid-term report</i>	88.6% (n=70)	85%	Practitioner Survey	This indicator is measured by the number of practitioners who reported knowing three or more preventative measures for the protection of children. Of the 70 practitioners surveyed, 88.6% reported that they knew of at least three of these measures. Compared to the mid-term evaluation, Practitioner's knowledge of preventative child protection measures remained the same. Both the mid-term and the end-line exceeded the 85% target outlined in the PMF. Statistical significance Baseline to Mid-Term: Not a probabilistic sample

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
						<i>Mid-Term to End-line: Not a probabilistic sample</i>
2102: %/total trained child protection actors who are aware of at least 3 measures to manage cases of protection issues (formal actors and non-formal actors)	34% (n=53)	77.1 % (n=70) Formal actors: 83.6% Informal actors: 53.3% <i>*n-values for the number of formal and informal actors not available from the mid-term report</i>	82.9% (n=70)	75%	Practitioner Survey	This indicator is measured by the number of practitioners who reported knowing three or more case management measures for the protection of children. Of the 70 practitioners surveyed, 82.9% reported that they knew of at least three of these measures. Compared to the baseline and the mid-term the percentage of practitioners with knowledge of protection management measures has increased consistently year over year. Furthermore, both the mid-term and the end-line exceeded the targeted 75% outlined in the PMF. <i>Statistical significance</i> <i>Baseline to Mid-Term Not a probabilistic sample</i> <i>Mid-Term to End-line: Not a probabilistic sample</i>

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
2103: % network of coaches led by women	N/A	95% <i>*n-value not available from the mid-term.</i>	90% (n=20)	60%	<i>Year 5 Annual Report</i>	As per the annual report, 90% (18 out of 20) of coach networks were led by women in the last year of program implementation compared 95% in the mid-term evaluation. This number exceeds the expected target of 60%
2200. Improved skills of decision makers, local leaders, and communities on the importance of protecting children, especially girls and the risks associated with harmful practices and exploitation.						
2201: % / total of decision makers, local leaders and communities who know at least one child protection law in Mali	Adolescents: N/A Parents/ Caregivers: N/A Practitioners: 37.7% (n=53)	Adolescents: 15.4% (n=1,163) Parents/ Caregivers: 21.1% (n=257) Practitioners: 44.3% (n=70)	Adolescents: 17.8% (n=1,217) Parents/ Caregivers: 26.3% (n=255) Practitioners: 64.3% (n=70)	70%	Adolescent Survey Household Survey Practitioner Survey	This indicator was measured by the percentage of adolescents, parents/caregivers, and practitioners who reported knowing at least one child protection law in Mali. Of the stakeholders surveyed, 17.8% of adolescents, 26.3% of parents/caregivers, and 64.3% of practitioners reported that they knew of a child protection law. Although knowledge has increased since the baseline, these numbers are still below the targeted 70% identified in the PMF for this indicator. Statistical significance: As this indicator is not measured with one overall percentage, percentages from the adolescent survey are used as a proxy to test significance for

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
						<i>this indicator (as they represent the largest n-values across the three groups).</i> Mid-Term to End-line: The difference of proportions Chi-Square between the mid-term and final assessment is not significant at the 0.05 level of confidence: $\chi^2 = 2.470$, $P = 0.1160$
2202: Level of personal awareness (scale of 1-5) to the harms of early marriage and FGM of girls perceived by parents (F / M)	17% (n=319)	Females: 44.9% (n=128) Males: 41.9% (n=129)	Early Marriage: 43.9% (n=255) (39.1% M; 48.8% F) FGM: 22.4% (n=255) (15.6% M; 29.1% F)	25%	Household Survey	This indicator is measured by the level of personal awareness indicated by parents of the dangers of early marriage and FGM. Early Marriage: An index of five harms of early marriage was developed to determine the extent to which parents were aware of the impact of early marriage. Of the 255 parents surveyed, 43.9% (39.1% M; 38.8% F) knew of three or more adverse impacts of child marriage on a girls' health and education. Women were more likely than men to know three or more dangers of child marriage. This finding is statistically significant at the 0.05 level of confidence (Chi-Square value: 14.471; level of significance: 0.013).

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
						FGM: An index was created of 11 short- and long-term effects of FGM on a girls' health. Of the 255 parents surveyed, only 22.4% correctly identified 6 or more effects of FGM on a girls' health. Furthermore, 30.6% of parents did not identify one short- or long-term health impact of FGM. Women were more likely than men to know of the short- and long-term health impacts of FGM. This finding is statistically significant at the 0.05 level of confidence. At the end-line, the percentage for early marriage exceeds the target 25% however the percentage for FGM is still below the target for the PMF. Statistical significance: <i>A purposeful sampling approach was used for the Household survey. As no probabilistic sampling method was used for this group, a difference of proportion test is not an appropriate measure of significance for this indicator.</i>

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
2300. Increased skills of children, especially girls, to protect themselves and other children, and positively influence protection decisions. % / total of girls who know the procedure for reporting cases of abuse in their communities						
2301: %/total girls who are aware of the procedure for reporting abuse in their communities	N/A	49.9% (n=589)	50.6% (n=235)	60%	Adolescent Survey	This indicator is measured by the percentage of girls who were able to provide a procedure for reporting cases of violence, abuse, exploitation, or neglect (it should be noted that this question was only asked to students who knew already knew of child protection mechanisms within their community). Of the 235 female adolescents who responded to this question, 50.6% knew of a reporting procedure at the end-line. This percentage is like findings at the mid-term evaluation, both of are below the targeted 60% identified in the PMF. Statistical significance: <i>In the final evaluation a skip logic question reduced the n-value by more than half. It is unclear from the mid-term evaluation whether this same skip logic question was used. Due to the lower level of confidence in this n-value, statistical testing between assessment periods was deemed to be inappropriate for this indicator.</i>

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
2302: Level of knowledge of children on the areas of law covered by the Convention on the Rights of the Child (Disaggregated F / M)	N/A	N/A	88.7% (n=418) Males: 87.6% (n=198) Females: 85.4% (n=220)	80%	Document analysis from: Tool Register data collection from various authorities and RTPs (training test data base)	At the end-line evaluation 89% of adolescents received a passing score on the post assessment on the areas of law covered by the convention on the rights of the child with girls and boys garnering similar scores. This percentage is above the 80% target for this indicator identified in the PMF.
2303: % / total of children trained who know at least 3 self-protection measures	N/A	62% Males: 33% Females: 88% <i>*n-value not available from the mid-term evaluation.</i>	76.6% (n=418) Males: 53.0% (n=198) Females: 85.9% (n=220)	80%	Focus Groups (Mid-Term) Tool Register data collection from various authorities and RTPs (training test data base) (End-Line)	At the final evaluation 77% of adolescents knew at least three self-protection measures in the post-assessment. Females were more likely than males to know at least three self-protection measures, with 86% of females meeting this criterion as opposed to 53% of males. When compared to the mid-term evaluation, the percentage of children who knew at least three self-protection measures has increased. However, the percentage at the end-line is below the target of 80% identified in the PMF.

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
3100. Improvement of positive learning environments and access to health for children affected by the crisis and those victims of harmful practices, particularly girls. % of parents who know at least 10/14 PFE (including birth registration)						
3101: % of parents who know at least 10/14 PFE (including birth registration)	N/A	N/A	10.6% (n=255)	80%	Household Survey	This indicator is measured by the number of parents who could correctly identify 10 or more (out of 14) essential family practices. Of the 255 parents surveyed only 10.6% knew 10 or more of the 14 essential family practices. On average, parents knew between 4-5 family practices. Essential family practices most identified where to vaccinate their children (all of their vaccines before they are a year old and give them vitamin A every six months until they are five), that children and pregnant women sleep under a mosquito net, and that children should be registered for school. Overall, 37.6% of parents identified birth registration as an essential family practice. The percentage of parents who knew 10 out of 14 PFE at the final evaluation is significantly lower than the 80% target identified in the PMF, suggesting that more efforts towards parental knowledge building are needed in the target regions.

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
3102: % / total of municipalities with an identification and support mechanism (PEC) for child victims (rural and urban)	N/A	100% <i>*n-value not available from the mid-term evaluation.</i>	100% (n=17)	80%	<i>Document analysis from: Tool Register data collection from various authorities and RTPs</i>	At both the mid-term and end-line evaluation 100% of municipalities had a support mechanism in place for child victims. This percentage exceeds the expected 80% identified in the PMF.
3103: Level of confidence (scale from 1 to 4) of basic social services agents (F / M, health and education n) in their capacity to take care of child victims according to the procedures in force.	N/A	Cumulative %: N/A Health 78.6% (n=70) Education 71.4% (n=70)	Cumulative %: 75.0% (n=68) Health: 83.8% (n=68) Education: 80.0% (n=70)	70%	Practitioner Survey	This indicator is measured by the percentage of practitioners who reported a high degree of confidence in the ability of health social service workers and social education officers in their ability to care for child victims according to current procedures. To gain an overall value for this indicator, the percentage of practitioners who selected a rating of either three or four in both categories was calculated (totaling 75% of all practitioners). This overall percentage exceeded the PMF target of 70%. Of the practitioners surveyed 83.8% indicated their confidence (scale rating of

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
						3 or 4) in the ability of health social service workers to care for child victims. Similarly, 80% of practitioners expressed confidence (scale rating of 3 or 4) in the ability of social education officers to care for child victims according to current procedures. Statistical significance: <i>As no overall percentage was provided for this indicator in the mid-term evaluation, the percentages for “Health” have been used as a proxy to test for significance for this indicator.</i> Mid-term to End-line: <i>Not a probabilistic sample</i>
3200. Strengthening of local structures for the rehabilitation / reintegration and guidance of children affected by the crisis and those victims of harmful practices, particularly girls. Confidence level (scale of 1 to 4) of young people trained and supported on their ability to conduct their economic activities (F / M, trades)						
3201: Confidence level (scale of 1 to 4) of young people trained and supported on their ability to conduct their	N/A	N/A	91.0% (n=48) Males: 87.5% (n=8) Females: 90.8% (n=40)	70%	Document analysis from: Tool Register data collection from various authorities and RTPs	This indicator is measured by the percentage of adolescents (male and female) who rated their level of confidence in their ability to conduct their economic activities a score of three or above (on a four-point scale).

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
economic activities (F/M, trades)					<i>(training test data base)</i>	Of the adolescents who completed this assessment 91% rated their level of confidence a three or above in the final evaluation. This percentage exceeds the expected percentage of 70%. <i>Note: this data presents the scores of 48 adolescents who completed the post-assessment. If all students participated in the post assessment this data can be viewed as representative of the population.</i>
3202: % / total of CEC facilitators (F / M) who obtain a score of at least 80% on a post-training test	N/A	N/A	100% (n=28) Male: 100% (n=16) Female: 100% (n=12)	80%	<i>Document analysis from: Tool Register data collection from various authorities and RTPs (training test data base)</i>	At the final evaluation, 100% (28 out of 28) of facilitators scored at least 80% on a post-training test at the final assessment. This has exceeded the expected 80% as outlined in the PMF. <i>Note: this data presents the scores from the 28 facilitators who completed the post-training test. If all CEC facilitators completed the test it can be viewed as representative of the population.</i>

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
3300. Increased access of children to protective environments, especially for girls.						
3301: % / total of children (F / M) who feel safe (scale of 1 to 5 points) in play areas.	N/A	76.3% (n=1,163) Males: 75.8% (n=574) Females: 76.7% (n=589)	70.3% (n=1,204) Males: 68.9% (n=593) Females: 71.7% (n=611)	80%	Adolescent Survey	This indicator is measured by the percentage of adolescents who reported a high level of safety (measured by a score rating of 4 or 5) in play areas. Of the adolescents who responded to this question, 70.3% (68.9% M; 71.7% F) reported that they felt safe overall on play areas. Statistical significance: Mid-term to End-line: The difference of proportions Chi-Square between the baseline and mid-term is significant at the 0.01 level of confidence: $\chi^2 = 10.864, P = 0.0010$
3302: % / total of girls who use latrines equipped for menstruation management	N/A	45% (n=589)	68.3% (n=608)	85%	Adolescent Survey	This indicator is measured by the percentage of female adolescents who reported having access to latrines equipped for managing menstruation. Of the 608 female adolescents who responded to this question, 68.3% reported that they have access, 19.2% reported that they did not have access, and 12.5% reported that they did not know (see table 12).

PLM Outcome Indicator	Baseline Findings (2016)	Mid-Term Results (2019)	End-Line Results (2021)	PMF Target	Data Source	Narrative Summary
						Statistical significance: Mid-term to End-line: The difference of proportions Chi-Square between the baseline and mid-term is significant at the 0.01 level of confidence: $\chi^2 = 66.149, P < 0.0001$
3303: Confidence level (scale of 1 to 4) of community volunteers trained in their ability to conduct their regular activities (M / F)	N/A	68.8 % Males: 71.2% Females: 66.2% <i>*n-values not available from the mid-term evaluation.</i>	70.5% (n=570) Males: 73.8% (n=267) Females: 70.3% (n=303)	90%	Document analysis from: Tool Register data collection from various authorities and RTPs	At the final evaluation 71% of community volunteers expressed confidence in their ability to conduct their regular activities (measured by a rating of three or above on a four-point scale). This percentage is like the finding at the mid-term evaluation which saw 69% of volunteers express confidence in this area. The expected percentage of 90% in the PMF has not been reached for this indicator.
^a N/A = Data “not available” (Data not collected for this assessment period) ^b In the stakeholder surveys, “no response” options were treated as missing values in the analysis and are therefore not represented in the final percentage value.						