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A study on child protection.

Case studies from the region of Segou, Mali



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Acronyms and abbreviations.

AME	Association des mères d'enfants / Association of Mothers of Children AMC
ASC	Agents de santé communautaire / Community Health Workers CHW
COGES	Comité de gestion (structures scolaires) / School Management Committee SMC
COREN	Comité des réfugiés du Nord / Committee of Refugees from the North CRN
CSCOM	Centre de santé communautaire / Community Health Center CHC
CSRef	Centre de santé de référence / Referral Health Center RHC
EAFGA	Enfants associé à des forces ou groupes armés / Children associated with armed forces or groups CAAFG
ENA-ES	Enfants non accompagnés-Enfants séparés / Unaccompanied, Separated Children USC
FGD	Focus groups de discussion / Focus Group Discussions FGD
LETTE	Projet de lutte contre l'exploitation, la traite et le travail des enfants / Project to Fight Exploitation, Trafficking and Child Labor FETCL
MAM	Malnutrition aiguë modéré / Moderate Acute Malnutrition MAM
MAS	Malnutrition aiguë sévère / Severe Acute Malnutrition SAM
MC	Macina
MK	Markala
OIM	Organisation internationale pour les migrations / International Organization for Migration IOM
ONG	Organisation non gouvernementale / Non-Governmental Organization NGO
PEP	Pratiques endogènes de protection / Endogenous Protection Measures EPM
PDI	Populations Déplacées Internes / Internally Displaced Populations IDP
PFT	Pires formes de travail / Worst Forms of Child Labor WFCL
Tdh	Terre des hommes Tdh
Unicef	Fonds des Nations Unies pour l'enfance / United Nations Children's Fund UNICEF
VBG	Violences basées sur le genre / Gender-Based Violence GBV

Executive summary.

By means of participatory analysis, the study commissioned by the NGO Terre des hommes in the health districts of Markala and Macina aims at identifying the most common **issues and risks of child protection**, as well as finding out about the existing **endogenous protection measures** (EPM). By endogenous measures of protection is meant the measures, collective or individual, that the actors at community level (families, children, leaders, groups, etc.) develop on their own initiative to prevent or reduce the risks children face.

The study conducted at ten localities in the Macina and Markala health districts enabled identification of the main risks and problems of child protection, but first of all made it possible to understand the knowledge, skills and resources of the communities who have to cope with them. Despite the limited scale of the study, its results contributed to the understanding of the rural communities and their perception of child protection. The study was carried out relatively soon after the food and security crisis in Mali, and thus could also furnish information on the way this specific background may have affected child rights in the two districts.

The main points that stand out are:

- The main difficulties in protecting children in these localities relate to what already existed before the food and security crisis in Mali: the worst forms of child labor (its dangerous nature and being a barrier to education); significant vulnerability in labor migration; neglect of young children; violence in the school or family environment; early, forced marriages; female circumcision, etc.
- These problems may have been aggravated by the crisis, but only indirectly, related to the increased cost of basic products, for example. The localities in the target area were not affected by schools closing, violence linked to insecurity, psychological trauma, or children associated with armed groups or forces. Separated children are pupils who came from the North and are living with relatives.

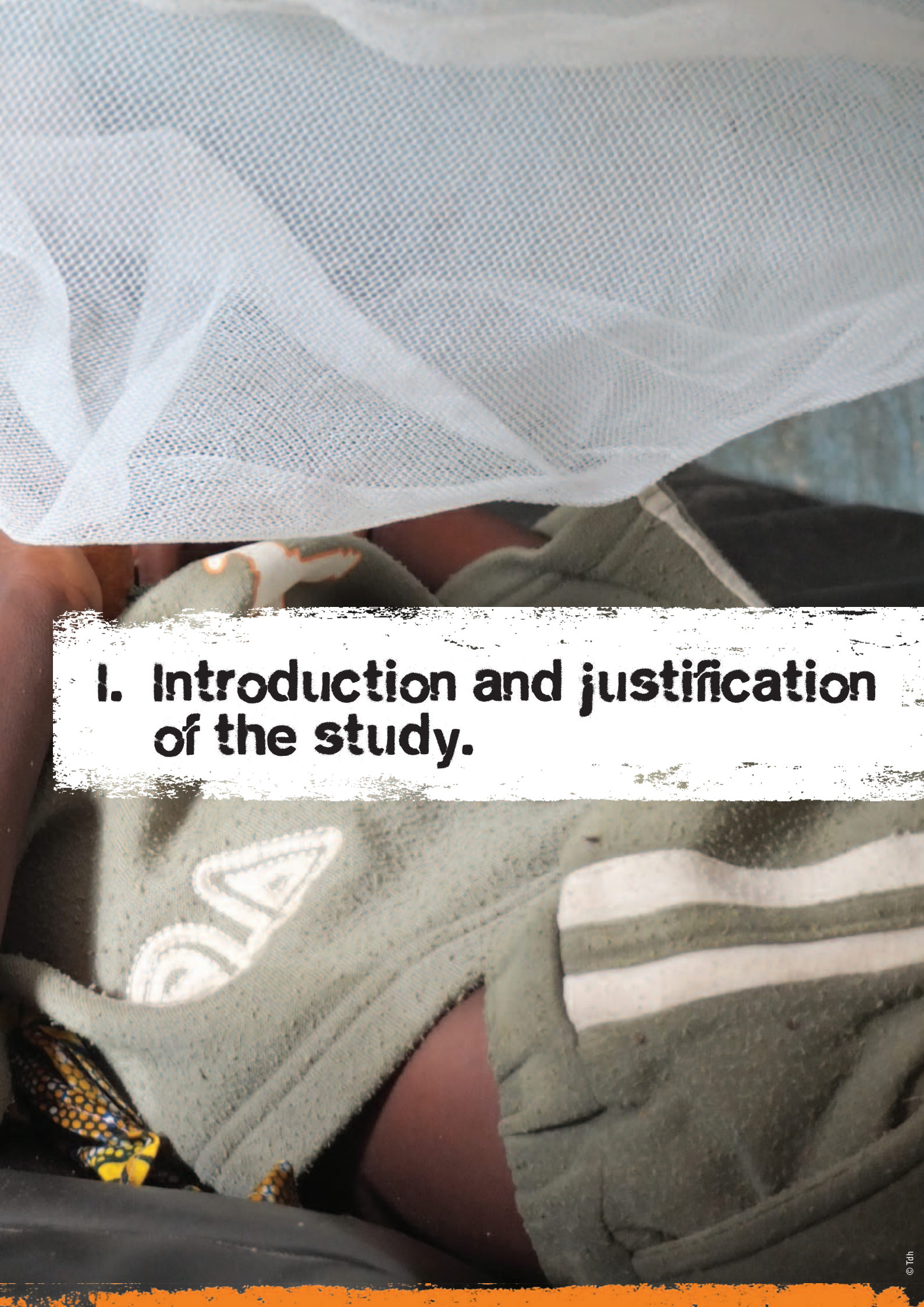
- The study only lightly touched on displaced families and children due to the fact of a significant return of IDPs to the north at the end of the school year, i.e. the start of the rainy season and field work, and thanks to a better situation of safety in the areas of return¹.
- The study was carried out in communities that had not had any previous intervention on the matter of mobilizing communities in the field of child protection.
- The communities are concerned about issues for their children's survival, relating to their health, food and clothing. Education and the protection of children from exploitation, trafficking or abuse are seen as 'secondary' concerns.
- On the other hand, **worry about the risks and dangers is more perceptible in the group most concerned** – the children – even though their position and status in the community does not allow them to express themselves about the dangers nor to take a part in seeking solutions in the family and community framework.
- The exercise of identifying endogenous measures of protection in surroundings untouched by any outside intervention was an advantage for the research. These measures came directly from the communities' perception of the problems of children and influenced their way of resolving them.
- The endogenous measures for protection are minimalist, in the sense of not seeming to be mechanisms for protection involving a chain of players in the community, but rather individual actions based on mystical practices of religious or animistic beliefs (sacrifice, incantations, prayer, talismans).
- Labor migration is, however, an exception, with the involvement of people from the children's community of origin, on the road and at their destination, to protect the children, especially girls; but this is

¹ The IOM also registered a massive return of IDPs to the Gao and Timbuktu regions in the first weeks of July (Minutes of the Cluster Protection meeting in Mopti, 17th July 2013).

in a little-organized or structured form, which is in itself a risk factor.

- The area targeted is particularly favorable to supporting the communities to improve their measures for child protection, as the population wants support for/strengthening of the logic of their practices. The fine analysis of the organization and social cohesion within the target communities should, however, be a precondition of any community mobilization intervention.
- Even if the risks identified concern the majority of the children in the target area, whether or not they are from families with children suffering from malnutrition, the doorway to healthcare/malnutrition is very relevant for tackling the problem of protecting their siblings, as people in the communities are preoccupied with their children's health above all. It is thus a guarantee of being listened to when seeking solutions to promote and protect child rights in general.
- The experience of exogenous initiatives on the subject of child protection favoring a vertical approach should be revised to a more 'bottom-up' approach, built collectively with the children and the communities on the basis of an analysis of the effectiveness of the current practices and the possible fields for strengthening/improvement.





I. Introduction and justification of the study.

Engaged in many countries to respond to emergencies and humanitarian crises, and established for some thirty years in West Africa, the Terre des hommes Foundation (Tdh) wished to bring its support and expertise to the populations affected by the security, food and nutritional crises in Mali. Several exploratory missions between July and November 2012 preceded setting up the intervention on the ground, so as to plan the best response to the needs of the people in the target areas. This study covers a part of the intervention in the two health districts of Markala and Macina (region of Segou) with the support of the UNICEF, Swiss Solidarity and the Canton of Geneva.

Through the humanitarian response linked to the food and nutritional crisis, Tdh saw a chance to examine child protection within its community intervention. At the same time, Tdh got information from beyond the context of the emergency, making it possible to tackle other problems affecting the children. The food and nutritional emergency is thus utilized as a 'doorway' to understanding the domain of child protection in Mali.

In this context, the study aimed at **identifying the issues and risks of protection** in the target area, and also at **assessing the communities' skills and response based on the endogenous practices of protection**. Tdh opted to undertake an analysis of the resources and strengths of the community in the target villages so as to base its intervention on existing community mechanisms and the solutions identified by the communities themselves for improving the systems.

The present issue of policies for child protection in Sub-Saharan Africa is set at a level of building up systems of child protection that respect the rights and needs of children. In this sense, strengthening the systems should aim at the legislative and political executive, the players, the mechanisms for prevention and looking after the victims, the coordination of interventions, monitoring, appraisal and budgeting. This strengthening should not only include institutional mechanisms but also formal or informal community mechanisms.

Some approaches to reinforcement aim at dealing with and handling the issues of power and diversity through participation and inclusion. Faced with scarce resources, the incorporation of endogenous protective measures could contribute to strengthening the national system and to guarantee a more equitable distribution of resources².

According to Terre des hommes, community participation is a fundamental element in prevention and in an effective response to the risks for the children; this is why Tdh supports the policies, procedures and programs based on a community approach that places the communities at the heart of protecting children. Furthermore, the project in Mali aims at supporting the players and the measures at a community level as well, and to improve the coordination of these entities with institutional mechanisms.

² Strengthening the systems for child protection in Sub-Saharan Africa: interagency working document, July 2012.

1.1. Objectives and expected results.

By means of participatory analysis, the study should individualize the most common issues and risks of child protection as well as discover the existing endogenous protection measures (EPM). This report should present in a clear, structured way:

1. The methodology of the study that will be based on a participatory approach that includes the participation of the children;
2. The results (quantitative and qualitative data) relating to the identification and analysis of the existing issues/risks of child protection in the target area and the endogenous measures for protection, their function and the key actors involved in their implementation;

3. The results concerning the identification and analysis of the anxieties of the various exogenous and endogenous players involved in protection, related to prevention and the response to the various forms of abuse.

This document briefly summarizes the main conclusions and provides a set of recommendations concerning the mechanisms for adjusting/improving the activity of Tdh for child protection in the target area.





II. Methodological approach.

The methodology of the study was built up around a participatory approach likely to favor, on the one hand, the collection of knowledge and the point of view of the community on the assessment of the problems and risks of protection in the project's area of intervention; and on the other hand, the performance of the system and its findings, and an exploration of the possible dynamics and perspectives.

1.1. Activity planning.

The study concerned ten localities in the two health districts of Markala and Macina in the Segou region. The choice of these ten localities was based on the information available (sources: IOM, SDC) relating to the presence of displaced populations and on the rate of malnutrition registered in 2012 at the CHCs and RHCs, so that a link can be made between Tdh's current interventions on malnutrition. Investigations

in each of these localities were planned for the two weeks of 3rd to 15th June 2013, i.e. one week per health district. Contact with representatives of the target communities was facilitated by officials from the CHC in charge of mobilizing child and adult key actors in each of the target localities. The selection criteria were made known to them in advance.

1.2. Methods of data collection.

The following methods were used:

- **Documentary method³**: This consisted of a review of the documentation on issues of protection both in the context of emergency and of development in Mali, from various public and private structures involved in child protection in Mali. Fuller literature was also made use of for the community approach in emergency and development programs.
- **Participatory method**: This method consisted of carrying out individual interviews in households with malnourished children, child-centered reports (children and teenagers) and group discussions with the key representatives of the communities, and interviews with children and youths from homes with malnourished children. The study gave priority to a participatory approach that included men, women and children, by organizing focus groups in the form of chats, making active involvement of the target public possible. Active listening, the choice of the wording or re-wording of questions (validating, mirroring, clarifying or interrogative) were equally techniques used to get the opinions of the participants and to understand their logic.

Individual interviews were also held with institutional personnel in these localities and with representatives of the state services in the provincial capitals, Macina and Markala. Participatory observations were also made in health structures, in the fields, at water points and in schools.

In general, group talks lasted between 1½ and 3 hours depending on the locality, the complexity of the subject and the size of the group. Mobilization was very good at all the study sites, showing the communities' interest in a subject rarely tackled in the target areas. All the household questionnaires were carried out by Tdh's protection staff, who wrote down by hand each reply from the head of the household. Two localities in the Markala health district were covered by outside interviewers due to lack of availability of the project agents.

- **Data collection tools⁴:** For each of the target groups, adults and children, a guide was drawn up for the following main research questions:
 - The perception of the child and protection of children;
 - The priority issues of protection for the communities;
 - The attitudes and measures for protection at a community level;
 - The relationship between community and institutional measures;
 - Suggestions and recommendations for improved child protection with community participation.

For households, a questionnaire was drawn up relating to the profile and composition of the family, their access to basic social services, and the level of their children's exposure to violence, child labor, insecurity, malnutrition, and measures to reduce or avoid risks. The observations were not analyzed specifically but were rather systematic observations on the conditions for looking after malnourished children and their care in health centers or at home.

- **Selection:** Participants for the focus groups and the questionnaires were chosen from a carefully thought-out representative sample based on the profile of the study targets: community leaders, children from families with malnourished children, households with malnourished children.

For each of the localities, the following interviews could be carried out:

- Participation in the community focus groups was around 22 people per village, making a total of 217 people between 18 and 93, with an average age of 41.10.
- Participation in the youth focus groups was 11.2 children per village, making a total of 112 children aged between 5 and 19, with an average age of 12.29.

³ Bibliography at the end of the document

⁴ Appendices 3 and 4 : Focus Groups and Individual Questionnaire

Markala health district:

Villages	FGD Adults	Number of participants	FGD Children	Number of participants
Doura	1	16	1	7
Kirango / Markala	1	26	1	8
Dougabougou	1	9	1	13
Komala-Zanfina	1	17	1	18
Diamarabougou / Markala	1	11	1	15
Summary	05	79	05	61

Macina health district:

Villages	FGD Adults	Number of participants	FGD Children	Number of participants
Kermétogo	1	60	1	12
Koué	1	19	1	13
Niaro / Kolongo	1	30	1	16
Kokry	1	16	1	10
Macina ville	1	13	-	-
Summary	05	138	04	51

Individual interviews were also held with agencies for protection, state personnel and child victims (life histories).

1.3 Data processing and analysis.

Qualitative analysis of the data from the focus discussion groups by health district was done via content analysis that enabled transcription of the replies of the people questioned into an Excel table built on the various themes targeted.

Part of the quantitative data from the household questionnaires was processed statistically with the aid of SPSS, and the rest was examined by manual


processing that takes into account the frequency of interruptions and the limited time for the study. This is about removing the frequencies, the averages and the percentages from the tables or written reports. The triangulation of data from various sources (quantitative or qualitative) enables collecting data that reflects reality and leads to reliable conclusions.

1.4 Difficulties and possible biases.

The phase of data collection on the ground did not give rise to any major difficulties, thanks to the support of the Tdh teams and the health personnel of the CHCs and the RHCs that enabled removal of potential barriers. The pressure of time, however, must be emphasized, as it was linked to the security measures in the state of emergency existing in Mali during the period covered by the study. The fact that the bridge in Markala closed at 6 p.m. obliged the team to cut some interviews short or even to cancel them, as happened in Diamarabougou where the FGD with the children could not be held. This FGD was replaced by a small discussion group of four young women whose children were malnourished (SAM and MAM).

Our objective to reflect the problems of displaced families and children met with another difficulty: a 'back home' movement was launched for many families from the North. They are thus only poorly represented in our sample, except for displaced students in one locality, regrouped in a focus group. Registration of the displaced by the social development services has ceased since the beginning of May in the two targeted health districts.





III. Results of the participatory study.

Part 1: The problems and risks of existing protection in the health districts of Markala and Macina.



Before tackling the problems and risks of protection identified in the communities in the target areas, it is not only important to emphasize the context in which these problems and risks were identified, but equally the level of the communities' understanding and knowledge of the concepts 'child' and 'child protection'.

1.1 The context.

The participatory study was the first strategy for mobilization of the target communities in the matter of child protection.

The ten localities investigated represented 'virgin' territory for child protection. On the one hand, no initiative had been set up for community mobilization or

practical activities to protect the children⁵. On the other hand, the subject is not tackled amongst the communities except very generally, as it is not seen as a subject for any particular concern, as is illustrated by the comments of members of most of the communities met:

"If one realizes, if one looks at what happens, one does not think about solutions; but when people come to talk with us, then we think about them and begin to reflect". (The Imam of Niaro)

"It [child protection] is not a problem as such, but sitting down and talking about the problems of children – that's a first". (Counselor from Niaro)

1.2 The child and its protection: the level of understanding and knowledge in the communities.

In the absence of social and community mobilization on the matter of child rights in general and child protection in particular, the level of knowledge and un-

derstanding of the issue is far from the conventional idea of the child and its protection against the risks of exploitation, abuse and neglect.

⁵ With the exception of Kokry, where the NGO Alpha log started up a project to combat child WFL, but was forced to stop prematurely due to the crisis.

1.2.1 The concepts of child and childhood.

In general, in the ten communities encountered, a child was not perceived as a separate entity, and was often referred to by comparing him with the knowledge and skills of an adult. In addition, a child is further described in negative terminology. He/she is treated as:

"Someone who knows nothing; someone who cannot do anything by himself; someone who is a fool because he does not know anything and cannot do anything unless guided by adults; someone who knows nothing about the problems in life; and so forth."

This perception of the child also relates to the period of childhood. For the majority of the people interviewed (including children): a child is a person aged between 0 and 7-9. The headmaster of the school in Macina town explained that 15 is the maximum age by which a child is defined as such in their culture.

Perception of a child is closely related to his social role in the family and/or the community. The passage of a child to 'no-longer-child' is determined by his productive role and thus by his entry into the working world. A child changes status without becoming adult. This perception varies from one family

to another, depending on the role and tasks allotted to the child. *"Someone can empower him or set him to work earlier than the others, and so can the idea vary of what a child is", (Macina town, MC);* The children in the focus discussion groups also emphasized this, saying *"as from 7 years old, there are no more games, we work with our parents", (Diamarabougou, MK).* In addition to work, **marriage is one of the social roles that have an influence on the perception of the end of childhood**, particularly for girls *"Many girls get married at 14 and leave their parents"; "By 13 or 14, most girls are already with their husbands and having babies." (Dougabougou, MK)*

"The mind of a child isn't like an adult's, he doesn't know much about anything", (Koma-la-Zanfina, MK).

"A child doesn't think about what he's doing, he doesn't have any common sense; if he's not watched, he'll do silly things". (Niara, MC)

1.2.2 The concept of Child protection.

As previously emphasized, in the Macina and Markala health districts child protection was virtually a new subject for discussion. Although far from not protecting their children, the communities just did not connect the idea of protection with the issues of abuse, neglect and exploitation. The protection of children was linked to the basic needs (food, health-care, etc.) likely to ensure a child's survival and development in his surroundings. This perception refers directly to the rights given to children: principally healthcare, education and food. **The right to be protected against ill treatment, exploitation or neglect did not come up spontaneously in talks with people from the communities.** The subject in most of the FGDs was brought up by the consultants.

Several reasons can explain these findings:

- First of all, poor perception of the risks and dangers related to work, to rural exodus, to early, forced marriage, to punishments that the parents and the families justify or at least put up with, as we will see in the next part.
- Next, the status of the child who remains the property of his parents. When speaking about the NGO's project in the Kokry area to combat child labor, the representative of the Imam retorted that "the dominating idea amongst the community is that a child belongs to us and that we can do what we want with our own children" (Kokry, MC).
- Finally, the ability of parents to assume and respect these rights. As a representative of the young

people emphasized: *"Rights of the child – but that doesn't mean we've got all the means to meet them"* (Koe, MC). The efforts made were on the primary needs that the parents found difficult to ensure: "The hardest things to get are clothing, medical care, decent food and drinking water" (Koe, MC).

On the other hand, the children's replies were different, and they spontaneously referred to **protection against dangerous work, corporal punishment, or early, forced marriage**, although they, too, often brought up questions about healthcare, education, food or clothes. The nature of the duties of the parents that were experienced by the children came from the issues of priority protection they identified. The comments of the adults and the children will be compared in the description of the problems identified.

1.3 Identification of the issues and risks of protection with the participation of representatives from the communities and representatives of the children.

Two categories of the issues of protection are listed: the problems identified spontaneously by representatives of the communities interviewed, and those introduced by the consultants during the interview. Protection for children brings the community, in the

first instance, a way of meeting the children's basic needs: healthcare, food and clothing, and secondly, education.

1.3.1 The primacy of needs.

Children's health in general

Children's health and diet, highly correlated issues, show the challenges of protection raised by the families and communities encountered.

✓ Child health is related to several elements:

a. Access to drinking water remains unsatisfactory, despite the fact that the majority of the villages visited had pumps or wells. The problem is worse in farming hamlets or in the paddy fields, where the children regularly drink pond or canal water.

The rice is more often sold than eaten, and a large part of their money is used to repay debts, and the other part to buy millet. (Komalala-Zanfina, MK)

b. Wrong feeding of children is most often present in terms of a lack of nutritional quality plus a lack of quantity, especially in the Niger Office area⁶. According to comments heard in the localities visited, several factors contribute to this problem:

→ Knowledge of the mothers: the special needs of a child are not distinguished from the needs of an adult.

→ The inaccessibility of high-quality products: local nutritional foods such as honey, fish, meat, vegetables and shea butter are known in the communities, but are virtually inaccessible due to financial means and climate changes. *"In the old days, the water came close to the village and stayed there a long time; we had fish and kitchen gardens. But now the water doesn't come any more, and we use Maggi cubes, imported things that haven't any food value and give us illness" (Koué, MC).*

⁶ The Niger Office is an irrigated area of farmland created in the inland delta of Niger in Mali, about 250 km downstream from the capital Bamako, from the dam at Markala.

→ Cash crop production: The Niger Office area is characterized by rice production, to the detriment of subsistence farming. And yet the cost of production is too high, which obliges people to sell the whole of their crop and thus be unable to use the cereals and basic products (whose cost has increased owing to the crisis) themselves to feed their families.

→ Access to arable land: Due to dense population in the localities visited, zones developed by the Niger Office, the shortage of arable land makes families unable to meet the requirements of the Office. In addition, these farm laborers work on other people's land and suffer from price increases: **of the 35 households questioned individually, 23, i.e. 65%, asserted that they did not have enough food in the house.**

Under these conditions, the better-off find alternatives such as fast-growing crops (corn, gardening) for the lean periods.

c. Frequent recourse to traditional medicine, whether by conviction or due to a lack of means, leads to belated recourse to the medical facilities. For the majority of children interviewed (aged between 10 and 18), traditional medicine was the parents' first resort when confronted with injuries or malaria. This response is less split from the parents' point of view (FGD and household discussions) who said they send their children to the health center. The perception of the children explains this difference in replies, as a child treated as a baby is more easily sent to the health center than children between 10 and 18 treated as adults and thus judged to be less susceptible.

✓ Malnutrition in children between 0 and 5 years of age:

According to people in the majority of localities investigated, malnutrition has only recently been seen and is linked to worsening living conditions that prevent the children getting good-quality food, as was emphasized by the representative of the women's associations in Zanfina-Komala (MK): *"It has only been since they started cultivating rice – before that there was no malnutrition in the village"*. For a minority, malnutrition was a phenomenon that did, in fact, exist, but was not detected. In any case, child malnourishment is but little or not at all under control in the communities, where it is neither recognized nor identified unless the child is taken to a health center.

The reasons given explained the phenomenon of malnutrition as due to a lack of breastmilk, or its poor quality, according to 80% of the replies in the FGDs and 69% of the replies in the homes visited where there were malnourished children. The CHWs, community networks and the women themselves relate this lack or poor quality of the mother's milk either directly to the 'bad' practices of the mothers, or indirectly linked to problems of protection.

It's the men who don't look after the women properly, they've too much work. It's not the lack of food or poverty. (FGD Youths, Douga-bougou, MK)

Insufficient care and attention for young children

Apart from dietary or sanitation problems, the lack of child protection can increase the risks of neglect and abuse that also derive from malnutrition.

✓ Mothers overloaded with work

The extra workload of the mothers is a proven factor in child neglect, according to the community representatives questioned. In general, the women combine work in the fields, housework, gardening (depending on the area), collecting water and fuel – so many tasks that expose their young children to all sorts of vulnerabilities, as listed by the people interviewed:

- The shortage of supervision when they are working: *"The mothers neglect their children and there is not enough care. Those mothers see only their tasks and leave the children alone", (Diamarabougou, MK);*
- Exposure to the sun: *"A woman does farm work the whole day with her baby on her back";*
- The lack of milk: *"The women work hard and get no rest"; "The production of breast milk is linked to the frequency of breastfeeding, but the women don't understand this, as they're too busy working." (Diamarabougou, MK).*

And yet, according to some of the talks with women and community representatives: **"If we don't resolve the problems the women have, we won't resolve the children's; it all depends on the women – health, food and schooling."**

✓ The child care system

Women's work is synonymous with the child care system, in which there are two main ways of care-taking that were identified by all the mixed communities:

a. Grandmothers

The existence of an older woman in the family, a grandmother, aunt or sister, makes it possible to entrust the young children to her, letting the mothers go to work in the fields. The age of the children looked after in this way varies between 6 months and 7 years, and the number of children per grandmother varies between 1 and 15 children. This sort of care is presented as a means of child protection, to protect them from the dangers in the fields; it is, however, strongly denounced by health workers and by the mothers themselves. The main shortfalls listed concerned the food given to the children, but also mentioned were inappropriate hygiene practices. As to the role of the grandmothers, a CHW from Dourabougou (MK) felt that *"They are not clean and the food they give the children is neither clean nor nutritive. OK, it's always been like that, but you must look at the very high mortality rate . . ."*

In the field work season, from June to December, the mothers do not look after their children any more; and the grandmothers feed the children with anything they can find.

b. The other siblings

ntrusting small children to boys and girls, usually from their own families, is the second way of looking after them, as told us in the communities of Macina and Markala. These 4 to 8 year-olds (who cannot yet work hard enough in the fields) can be biological siblings or just baby-sitters, and are usually not yet at school. In view of the age of these children, the risks for the children they look after are high, whether in the fields or at home, and this is recognized by the communities who say they have no other solution.

“The ones who don’t suckle any more look after the ones who suckle” in the fields near their mothers

The secretary-general of the mayor’s office in Kokry village (Niger Office area) pointed out several cases of small children drowned in the canal owing to their brothers’ and sisters’ carelessness.

This traditional system of caretaking has direct consequences on the protection of the small children, but also on their siblings, who find themselves without schooling or leisure, and are given difficult tasks and major responsibility at a very early age.

Beyond the rural areas, observations made at the RHC in Macina bear witness to the system of little sisters looking after their siblings hospitalized in the NRU (Nutritional Recovery Unit). These little girls are bored, isolated from other children and deprived of any recreational or learning activity for lengths of time that can sometimes last for over a month.

Forced marriage and early pregnancy

The marriage of girls between the ages of 13 and 18 in the target communities leads to early pregnancy. Although no other statistics in the health centers show a link between the mother’s age and child malnutrition, our interviews with young women whose children were malnourished in Diamarabougou (MK), a district in the town of Markala, suggested causes both social, linked to their age, and in addition their isolation from their families, as shown in the case described below.

Married and away from their families, these teenagers live in a town (Markala), often looking after their children all alone, without the benefit of advice from members of their own families. Here we find situations where old-fashioned practices such as early marriage are kept up when the protective environment is no longer there.

Case 1: A 21-year-old women, married at 15 and mother of three children (2, 5 and 8 years old).

B. had her first child when she was only 12, before getting married. She later married a community teacher some years older than she was. Never having been to school, she is unable to get paid work, counting on her husband who lives in another town during the school terms. Her two-year old toddler fell ill after weaning, which she did from one day to the next, as she was tired of breast feeding. She then gave the child gruel and Lipton's tea with mint and sugar because "baby loves it so". One month after weaning, the baby became ill and at the dispensary she was told it was malnourished. The child was given Plumpynut, which it has been taking for two weeks.

Her five-year-old daughter, attending a madrassa school, is also in poor health; she has been suffering from bad eyes and stomachache for a long time, according to her mother, who says she has no money to visit the dispensary "because I'd have to pay for her". The little girl is being treated with traditional medicines.

As to the eldest boy, now 8 years old, he is being looked after by the brother of her husband, who asked for the lad. She thinks he is in good health and goes to school, but she doesn't really know, as she hasn't seen him for a long time.

The two following cases illustrate that closely-spaced pregnancies lead to early weaning, making the babies more vulnerable if the family does not have the means to give good quality replacement feeding.

Case 2: A young 22-year-old woman, married at 14 and mother of two small children (1 year, 4 months old, and 2 years, 2 months old). She left school in the fifth year.

Z. was married off by her father at 14 to a 35-year-old man and became pregnant with her first child when she was 16. She had to leave school in the fifth year, as there was nobody else to look after the babies. She regrets this, as she would like to have study further so as to get a job. She is now a housewife and has no paid work. She took the decision to stop breast feeding when her baby became ill with stomachache. Her first baby was also malnourished due to stomachache. Asked about the causes connected to the children's diet, she attributed this to the sickness (stomachaches), but added that she often gave the little ones sugary foods, candies, fritters, and mangos, from their first birthdays on. Her child was first of all treated traditionally on the advice of a neighbor ("you cut the skin of the child's stomach with a little knife, that works"). Despite all that, she took the child to the dispensary, where he was given Plumpynut.

Case 3: A young 17-year old, mother of a one-year old baby suffering from severe malnutrition.

Still in the town of Markala, in the Kirango quarter, the team met a household where the three daughters, aged 17 to 23, all of them mothers to one to three babies. When the girls had their first babies they were between 15 and 16 years of age. None of the three are married, only the youngest is engaged. Aged 17, she has a severely malnourished baby being monitored at the RHC in Markala. Until the child's health deteriorated, she treated it with traditional medicines. Despite the family surroundings (she lives with her father and mother) and the proximity to health centers, the malnourished baby was treated with traditional plants on the advice of an old woman in the neighborhood.

1.3.2 The secondary issues of protection identified together with the communities.

The adults interviewed in the communities identified as 'secondary' protection concerns those issues which were brought up by the consultants. However, it is striking to note the difference compared to the children in the focus discussion groups, the latter having, on the contrary, mentioned the issues of abuse, violence and exploitation in a spontaneous way and as a priority.

For each of the issues addressed, the opinions of the adults and those of the children are compared.

Access to education

For the majority of the community representatives, lack of schooling and early school leaving are the most frequently mentioned problems, after health, food and clothing. In all the 35 households interviewed, 50% affirmed that they had sent their children to school this year. In both districts, 49 school-age children attended school this year, 75.51% (37) of whom were at the regular school and 24.48% (12) at the madrassa.

Over and above these figures there is a disparity between the towns and the villages, and between some of the villages, as well. Through the FGDs, community representatives from five villages out of ten visited (representing four-fifths of the Macina health district), maintained that the number of children who had not attended school was greater than that of those sent to school.

During talks in the communities, it became evident that there is a low level of the parents' interest, the fathers in particular, in the regular school system. The child's working takes precedence over the system of education, and in some communities there are other systems of teaching such as the Franco-Arabic school (madrassa) or the Koranic school. For some of the people interviewed in the target localities, the

regular school is not synonymous with education. In Koe, the representative of the village chief emphasized that *"if you see that a child isn't learning properly at school, you send him out to work or to the Koranic school. That's also a form of education"* (Koe, MC).

The schoolchildren themselves deplored their parents' poor investment in their schooling. They wanted them to buy their equipment and be interested in the school; and *"if the schoolmaster tells our parents to do something, they should do it."*

✓ The poor standards of the conventional teaching system

The situation is in part a detrimental effect of the condition of the infrastructures and the quality of teaching in the remote villages.

Children from Niaro (MC) village explain why they left school early:

"I left school in the fourth year because there was nothing to learn at school – no supplies, no chalk, and neither parents nor school gave us any". (15-year-old boy)

"I left because the teachers made me work for them and didn't teach me: I had to wash their clothes, draw water, and clean their house". (14-year-old girl)

Parents also laid stress on the lack of openings which does not motivate them to send their children to school. And it must be said that some of the schools, like the one in Kermetogo, are recent and have not yet been able to become models to show success through schooling.

A recent report by Plan International underlines the poor quality of the teaching and speaks of a learning crisis in which many children quit primary school without even getting the basic skills of reading, writing and arithmetic: "In Mali, more than 90% of the 2nd class are incapable of reading a single word of a simple and coherent text"⁷. This assessment was shared by the parents in our study area: *"At school, they don't learn anything at all, and in the 2nd, 3rd, or 4th class, they can't even manage to write their own names"* (FGD Koe, MC).

In actual fact, opinions are divided, as illustrated by the statistics collected on the ground: about one household in two sends its school-age children to school, and considers that school is a priority for families, while nearly 42% say it is not a priority for them: *"Sending your children to school means a loss of income for the family and the children don't learn anything"* (Koe, MC).

✓ **Work versus school**

Work does indeed pose a threat to schooling in the localities visited: *"Children are taken out of school to be put to work"* (Dougabougou, MK); *"The problem is a shortage of labor. We are forced to take our children away from school so they can go to work"* (Koe, MC). 80% of the households interviewed maintained that the children were working at home and in the fields. Child labor in rural areas is first and foremost a form of socialization and education that has a great importance for parents who are livestock farmers or agricultural workers. However, the shortfalls of the school system encourage parents to take their children away from school, and sometimes school failure is, what's more, put down to the children rather than to the system:

"I've sent two daughters to school, but I took one of them away when she was 10 because she didn't know anything, she had a very low level. My son as well, I took him away when he was 11, to be a shepherd; before that I paid a Fulani shepherd 5000F a month, but I lost a lot of animals – it's better if my son looks after them" (Dourabougou, MK).

Confronted with shortages and decreased resources, we can realize that the mothers often choose to take their children away from school as a first step. However, in general, the limited trust given to the regular school and the future perspectives for their children, particularly in rural areas, force parents to make a rational choice, that of combining work and school. In view of the shortfalls of the school system and the importance of work in the process of socializing the children, this choice reflects **a form of security for the child's future.**

✓ **Gender-based discrimination**

Due to the fact of domestic work and early marriage, one sees that the girls are subject to some discrimination that leads to their non-schooling and early leaving. Among the 112 children met in FGDs, 43.75% (49) had left school early or had never been sent there, of whom 69.38% (34) were girls. In some families, or even communities, a girl's marriage is the main criteria for her successful education, in which one does not invest much, as after her marriage she would leave school, anyway.

"A girl's marriage is the most important thing, even if she still goes to school. She does a lot of work on the side, because if she doesn't work she won't learn anything and won't find a husband." (Kirango, MK)

For a few girls of marriage age, school and marriage go hand in hand, but these were found to be isolated cases in the localities visited. Other girls still attending school told us they were fortunate to have no suitors yet, or that their parents were more understanding than others of the importance of schooling.

⁷ Because I'm a girl: Africa report 2012, Plan International, Progress and Obstacles to the Education of Girls in Africa, May 2012.

"It's the women who take their daughters away from school so they can help with housework and look after the little ones", (Dourabougou, MK).

"The mothers keep their daughters at home so their own work gets done faster", (Young boy, FGD Kirango, MK)

The results of the study also show that there is an ethnic factor in the problems of non-schooling of children, as is the case for the Peuhls and Bozos, two nomadic peoples who remain opposed to the schooling of their children. The activities of livestock farming for the Peuhls and fishing for the Bozos are given priority over schooling, which would restrict their mobility. Even when they are sedentary, the Peuhl families live in hamlets some kilometers away from the villages, and do not send their children to school.

Types of child labor

✓ Children working in a family environment

It could be seen that the majority of the children work in their family homes, or that this work is not felt to be hard work for the children. In the eyes of the communities consulted, when one speaks of child labor and its risks, only difficult or dangerous jobs are addressed. The link between the child's age and its physical build is a part of the additional risk factor. It is less the type of the tasks that is criticized than the age or build of the children who carry them out. Even though not a single person interviewed knew about the legislation relating to child labor in Mali (adults and children alike), common sense sometimes replaces knowledge: *"What is expected from the children is more than their strength alone. A reasonable age for them to go to work is at 15."* (Koe, MC)

The list of the risks and dangers quoted by the communities is long, but the following are the most often mentioned:

Dans les travaux champêtres	Outils et modes de production non adaptés à l'enfant	Conditions de travail dures (soleil, longues heures, pieds dans l'eau...)
	Environnement de travail dangereux	Risques de noyade, paludisme, de se perdre, d'être attaqué par des bêtes....
Dans les travaux domestiques	Collecte du bois et de l'eau	Risques liés au transport, aux charges lourdes, abus sexuels
	Préparation des repas (piler le mil)	Risque de maux de dos
	Garde des petits enfants	Responsabilité trop grande et risques de maux de dos.

Although the majority share the view of not giving children responsibilities over their strength, many of the surveys mention families who say they have no other choice, due to lack of laborers. In actual fact, a 9-year old boy with no older brother does the work of a child of 15 – which leads to frequent accidents. In the village of Komala-Zanfina, of the 18 children in the focus group, 7 had already been gored when working with horned cattle.

In the eyes of the children in the focus groups, there is no sociabilizing work, only productive work where they can learn the job. These same children criticized corporal punishment and the worst forms of labor, and these remain the first problems for protection.

"Agriculture and livestock farming need laborers. It is our social organization to use children for this." (Kermetogo, MC).

"Yes, there are often accidents, the kids hurt themselves with tools in the fields, with the cattle, and the girls complain about back pain", (Niario, MC)

Physical violence

Of 35 households interviewed, 8 felt that appropriate means of inculcating discipline and obedience in children are to scold, criticize, insult and punish them.

Children:

"Our parents tell us off and swear at us mainly because of the work" (FGD childrens, Koe, MC).

"The grown-ups hit us and that's not nice. If we're told to do something and it's not well done, they beat us" (FGD children, Doura, MK).

Adults:

"If they refuse to do certain jobs or do them badly, they'll be hit" (FGD leaders, Macina).

"Children don't want to work, that's why they get beaten" (FGD leaders, Kermetogo, MC)

Corporal punishment still persists in schools despite national legislation forbidding it⁸, and sometimes emphasized more in some localities than in the family, as in Niario/Kolongo, Kirango and Dougabougou where, according to the children, violence is used for badly done jobs or for discipline, for girls as well as boys, "except for the married girls", added one child. "We get hit more than at home; we get beaten so we'll learn better, but it's not normal. When the inspectors arrive, the masters hide the whip. We don't complain to our parents because they're always in agreement with the teacher". (Dougabougou, MC)

Because corporal punishment is authorized and practised at home, it is difficult to have its ban respected at school. Its educational virtue is always praised, as well. As underlined by the national report on acts of violence against children in school surroundings in Mali, physical violence is thus trivialized, normalized

63% of the homes considered that abuse, corporal punishment, insults and verbal aggression were dangerous forms of punishment and humiliating for the child, against 35.29% who felt that a child must be corrected to be well brought up.

The cases of violence identified concentrated on the framework of family and school, and were defined by verbal and physical violence. The principal reasons for the violence were based on the child's work:

and most often accepted by the child, its parents and society⁹.

Another form of violence trivialized in a way, as not considered to be violence against children, is the practice of female circumcision. 25 households (76.47%) maintained that FGM is a common practice in their community, against only one (2.94%) who said it was not a frequent practice. The remaining 7 households (20.58%) did not give an answer on this point. For 21 households of the 35 interviewed in the two health districts, i.e. 60%, female genital mutilation constitutes a good thing for their children and their community. This practice is a part of the social control of the girls, in the same way as early, forced marriage.

⁸ Corporal punishment in school surroundings is forbidden in Mali by a 1994 ministerial decree.

⁹ Violence against children in schools in Mali, Plan- Save the Children, August 2010.

Sexual violence

In general, gender-based sexual violence seemed to us to be trivialized in the communities, certainly the earliness of marriage and above all by its forced nature. The lack of consent does not represent a situation of abuse as long as the young girl is married, as the chief of Kermetogo's advisor emphasized when asked about the existence of cases of rape in that community: *"That is not understood here; but if a girl is of age, she is married off and it is presumed that she consents if she has sex with her husband."*

Identified cases of violence against young girls in the study area (**a total of 13 cases reported in the 19 FGDs -adults and young people- and in 35 household interviews, with 3 cases of proven and 10 of attempted rape**) occur in the bush, on the way to the fields, or at night in the homes of the young girls. Everyone tells the same tale: during the night, the man gets into the girl's bedroom and tries to have intercourse. If the girl consents, nothing happens and the act is consummated; if she doesn't, she cries out and strongly resists the assailant, who runs away.

Generally, from a certain age young girls do not sleep in their parents' house any more but spend the night with a widow or older woman living alone, in order to give the parents some privacy. In this way, a girl is no longer protected by her father.

"The men fall on the girls when they're asleep" (16 year-old girl, Dourabougou, MK).

Early or forced marriage

The problem of early marriage in the communities is a part of the issue that only a minority of adults, men and women, mentioned as a problem for child protection, with the exception of some of the representatives of state services such as teachers, health workers or staff from the mayor's office. Household interviews reflected a more common trend; 17 out of the 35 households surveyed, i.e. nearly 49%, thought early marriage was a good thing, whereas 14 house-

holds (41.17%) said the opposite (the 4 remaining households -11.76%- did not reply to this question).

In all the cases, this phenomenon, which according to the survey, mainly affects young girls between 12 and 20 (on average 16 years old), is an on-going occurrence in the target communities: 19 households (54%) said that early marriage is common in their community, whereas 11 households (32.35%) thought otherwise. The 5 remaining households (14.70%) did not reply to this question.

Mali is one of the 3 countries in West Africa (with Guinea and Niger) to authorize the marriage of children, with a rate of 70.6% of girls married before 18, according to the 2011 report of the Population Reference Bureau¹⁰. The legal age of marriage in Mali is 15 for girls and 18 for boys. The report states that over one girl in five, aged 15 to 19, said she had been married off before she was 15, i.e. 23% of them. In the municipality of Segou, a representative of the Regional Directorate for the Protection of Women, Children and Families saw 67 cases of early marriage in 2010, of which 24 concerned girls aged 10 to 14, and 43 girls aged 15 to 17.

The lack of birth registration could also encourage early marriage, as the young girl's age is assessed by her build and physical development. The girls usually become engaged by 10, sometimes even earlier, but when they get married and join the husband's family, they leave school and the marriage is consummated.

"This is a problem in the sense that it stops the girls attending school, the second cycle anyway. They are taken away from school to get married at the moment when they could go ahead in their studies. This happens when they're around 15, but for the Peuhls, it's even earlier." (Koe, MC)

¹⁰ Population Reference Bureau, Communiqué on management policy, May 2011.

Labor-migration of children in the study areas

Early marriage exposes young girls to another issue of protection, that of early migration for work purposes so they can get together a marriage trousseau. This practice regards both girls and boys, but the girls' migration is aimed exclusively at their preparations for marriage. A little more than half the households questioned (55.88%) in the framework of the individual surveys had no children away on migration at the time of the survey. Thirteen other households (38.23%) said their children had gone away to earn money or to prepare their marriage trousseaux (girls).

The principal fields of activity cited are domestic jobs (family help) or rice transplanting for the girls, carting baggage, field work or fishing for the boys. The main destinations mentioned are Bamako, Niono and Segou. In Niaro/Kolongo, Doura and Dougabougou, the boys also go into the mines in the Kayes region, to the diamond-mining areas in Côte d'Ivoire (Seguela) or the gold-mining areas in Senegal. These children leave home at an early age, from 9-10 for the boys, and from 12-13 for the girls.

Child migration is carried out under two scenarios: the children either leave home without their parents' knowledge (a minority), or they leave with their parents' agreement, and it is often the decision of the parents (the majority).

Leaving without their parents' consent concerns the boys most of all, wanting to earn money for themselves and their own needs, and also to escape the unpaid hard work in the family's fields. The parents are aware of this and the fact of not being able to meet the children's needs leads to a tacit agreement: *"Even if we're unhappy about the children's exodus, it's hard to stop them if we can't give them everything they want."* (Kermetogo, MC).

In the case of migration organized by the family, that of the girls is organized by the mothers whose responsibility lies in putting together the girls' trousseaux. Even though the families are aware of the risks, it is an enduring practice and one that is even growing, due to the living conditions of the poorest families:

"The exodus really is a problem, as the girls come back ill, pregnant, and spoilt, as they've had too much freedom. But it can't be forbidden, as they have no means to buy a trousseau, so the parents even encourage it so they can meet the food needs of their families." (Dourabougou)

In general, the children do not like the practice, either, but talk only about trips that were successful; these were rare amongst the children questioned, who told about serious problems encountered on the way to or at their destination. They travel alone or in a group, and in the majority of cases, go to a landlady known to the family.

Of course, there are risks, and these arose particularly during the security crisis. This was the case for a 16-year-old from Komala-Zanfina, who went to her aunt's for the onion cultivation season, and found herself in the midst of the conflict at Diabaly: *"I saw the war around Diabaly while I was away; there were lots of injured people. People shut themselves in their houses, no one could sleep, everyone was afraid. We couldn't even reach our parents as there were no communications. No one will go to Diabaly any more while the war lasts, they'll just go somewhere else:"*

Trafficking in children was not identified as an issue, as in 33 of the 35 households questioned, i.e. 98.05%, no adult known or unknown to them has suggested taking one of children away to work. Migration is first and foremost corresponding to a family or community plan.

The problems of protection linked to the security crisis

The area of the study was not a part of the zones directly affected by the security crisis in the North. The children were thus not affected by the problems of protection linked to the emergency. Amongst the five priority issues of protection listed by the UNICEF¹¹, two cases were, however, seen during the study and are documented in Appendix 1. One of them was a **child associated with armed forces** in the town of Markala, and **one unaccompanied pupil** in Macina.

¹¹ CAAFG, GBV, NAC-SC, Psychological trauma, Mine risk.

In the coming months, it is likely that the target communities will have to cope with a growing number of underage mothers. The communities in the area of Markala spoke about large cases of abuse of young girls by soldiers from the North seeking refuge in the South, resulting in cases of pregnancy. The soldiers then abandoned the girls who must now rely on their families and the community.

Regarding the displaced persons from the North, the majority had left at the time of the survey, and all the displaced children attended school. Their parents have taken care of their protection by entrusting them to relatives for the purpose of continuing their studies¹².

In this way, the main consequence of the crisis comes down to the shortage of food and nutrition in the study areas. The increase in the price of basic products has an impact on the quality of food for the people. Indirectly, this food crisis influences the issues of protection already present in the area, notably the work and migration of children, as they have to contribute to the resources of the household.

Other issues of protection identified by the target group

This study sought to identify other issues linked to child protection in the localities visited, based on the communities' views on the vulnerability of children.

Talibé children are especially mentioned, as according to the communities they suffer from a lack of supervision and protection, and are victims of exploitation by their marabouts: "If a child does not collect a certain sum, he doesn't go back, as it's the marabouts who force them to steal" (Diamarabougou, MK). This problem of exploitation by begging is more established in urban areas, in the towns of Markala and Macina, than in rural areas where the children work in the fields of their marabouts.

Physically and mentally handicapped children are seldom mentioned due to the small number of them, according to the people questioned. They mentioned, however, their poor access to schooling, owing to the lack of means of transport, and behavior problems.

Children in care: the 'care' can sometimes seem a measure to protect orphaned children, but it can also be in line with preserving family links where the child's best interests is not considered to be a priority. The child can be given to a woman of the family who cannot have children of her own, or to a member of the wider family who lacks someone to work for them. *"People who haven't any children of their own can be given one of someone else's to consolidate the family relationship."* (Komala-Zanfina)

Another frequent practice recorded, according to people in Dougabougou, is the 'giving' of a child to his namesake by his father: *"The father gives his child the name of a friend, and the friend may ask the father to give him the child when he is two, when he is weaned."* This category of children is thus left to someone else's care at a very young age, *"to mould and educate him our way"*. According to the survey, the treatment of these children depends entirely on the guardian. In general they are well treated, sometimes better than the biological children of the family, in consideration of the link they represent between the families. By contrast, according to the children interviewed in the focus groups, the children in care, orphaned of father or mother, are a more vulnerable group with regard to their access to healthcare and education, and are more likely to end up in child labour situations.

¹² Information collected from the social development services and from representatives from the CRN and mayor's offices of the localities concerned.

Part 2: Attitudes and practices relating to the problems for protection identified together with the communities.



1.1 The community approach to policies for child protection in Mali.

Community practices of child protection are generally wide-ranging and influenced by historical, economic, ethnic, cultural and institutional factors. In the majority of cases, these experiences are an integral part of the national system for child protection; in others, they are regional experiences dependent on the government or organizations for international cooperation. There are also local experiences set up by international organizations and national or international NGOs. In the study areas, the community approach is mainly present and this has been the case for some years in the national health policy via the management of health infrastructures and the presence of health workers and community networks.

In the domain of child protection, since 2007 a system of community referral for child victims of violence, abuse, exploitation and neglect has been established by the National Directorate of Social Development (NDSD) with the support of UNICEF. This system relies on actors working in consultation forums to coordinate responses for child protection at a local level. This pilot experience concerns four zones of intervention, including the district of Bla in the Segou region. The assessment of the system, prior to its scaling up, showed some deficits related to socio-cultural factors. Amongst these factors reference can be made to the lack of information people have on child rights, the poverty of the households making it hard for them to fulfill child rights, and also the functioning of the consultation forums¹³.

Strategies at a community level stem from a more top-down approach aimed at mobilizing individuals within the communities, giving them training and assigning them duties to protect the children better. This is also the case with the local committees for protection, where the structures for community supervision were set up by international NGOs and local associations in the framework of projects to combat the worst forms of child labor or trafficking. Officials from Social Development subscribing to a more endogenous approach deplore the lack of permanence in the committees, which would make it easier for people to learn the procedures, but without skipping the State services¹⁴.

¹³ *Assessment of the community system of reference on child protection in the districts of Bla, Koro, Kadiolo and the village V in the district of Bamako, NDSD-UNICEF, March 2011.*

¹⁴ Head of the Service for Social Development, Markala, 3rd June 2013.

1.2 Analysis of community practices of child protection in the study area.

Talks with the communities, analysis of the context and observations on the ground have enabled us to make the following assessments, helping to better understand the reality and logic of community practices for child protection in the study area:

- Carrying out community practices necessitates a certain degree of **social cohesion and organization** within the community;
- Communities do not seek solutions, endogenous or exogenous, except for things that represent a real **problem or issue to them**;
- Communities implement solutions to the extent of

the perceived severity of the problems encountered;

- Communities implement solutions to **the extent of the means available and in their reach**.

These basic assumptions should allow us to understand better the practices carried out by the target communities, and not to overestimate their ability to implement endogenous practices of protection, depending on the context of the intervention.

1.2.1 The level of organization and cohesion of the communities in the study area.

Through the comments made by community representatives combined with observations made by us, in first place we note a state of change in social organization. The old models disappear, and with them the influence of the actors who represented them, in favor of models that are sometimes hybrid and not yet completely mastered by the communities, showing a level of anomie when confronted with the loss or obliteration of traditional shared values. This phenomenon gradually leads to a reduction of the social order, old laws and rules can no longer guarantee social regulation.

This gap between on one side the theory and, on the other side, the practical demands of everyday life can be observed in the comments of the representatives of the target communities. The most illustrative remark was made by the village chief of Macina, who explained about dealing with the issues of child protection within his community in these terms:

"The communities don't sit down to look at them [children's problems] but our awareness is heading towards modernity, and we've abandoned what we used to do to reduce the problems of child protection. We're like chameleons. We've changed color without finding a new color, now we don't have any color at all. Go backwards or go forwards, we don't know which to do." (Macina)

In second place, community actors emphasized the increase of individualism, where monetary matters in particular have an influence on the family relationship between the different heads of households, the family model with one family head having become obsolete.

In addition, it can be realized that the loss of old values in favor of new ones is not being well processed, and the increase of individualism disrupts social relationships and undermines **social cohesion**.

In third place, the study showed that the grouping of families in the villages in the Niger Office zone prevented social cohesion, as it involves grouping families without kinship bonds and from different backgrounds. This type of grouping does not only prevent conservation of the old family model, but also and above all, accentuates individualism, as was seen in the comments of many interviewees: *"Here, it's every man for himself and God for us all."* Thus, in the communities of the area visited, common interest is centered solely on and around the paddy fields.

1.2.2. The perception of the problems in the implementation of protection practices.

One crucial finding concerns the communities' perception of the problems. Even if the survival, protection and development of their children is an issue in any community, the measures undertaken depend on both what is assessed as risks and perceived as gains from those directly concerned. This is often the logic of the communities, and this is important to take into account in order to understand and act on their behalf regarding child protection. The communities are not in a rationale of prevention but in one of handling day-to-day problems. When the problem gets worse or is repeated, a solution is sought at an endogenous or exogenous level.

The communities' practices of protection are thus to be considered in the light of the level of cohesion and social organization, of perceived risks, of the issues and of the means available and at hand. It is against this background that the practices described below should be reread.

1.3. Description of community practices for protection in the study area.

Two categories of community practices have been recorded, the endogenous ones emanating direc-

tly from the communities, and the more exogenous ones influenced from outside.

1.3.1. Endogenous practices of protection.

Three principal categories of endogenous practices were recorded in the target communities: the new practices of child protection by the communities; the old child protection practices still current; and the mixed practices of protection to respond to emerging problems:

Early and forced marriage: Despite awareness-raising done at a national level, the practice of early and forced marriage continues to be applied to respond to behavior, judged dangerous and risky for young girls in the communities. School, according to the actors, is the main factor to have influenced the new behavior of girls, freeing the girls from their role and place in a traditional society, and resulting in relations with boys of their own age that are not regulated by traditional social rules. In this way, the response of the community is to advance the age of marriage in order to avoid unwanted pregnancies, sexual relations outside marriage and their daughters' rebellion at the choice of the future husband. *"It's the present behavior of the girls that push their parents to impose early marriage on them. In fact, it's something new (early marriage), girls used to get married later."* (Koe)

For a girl, to be married means protection for herself and her future children, provided by her husband and his family. A young unmarried mother or a pro-

miscuous girl casts a slur on the honor of her whole family. *"Early marriage is practised by the community in order to protect the young mothers."* (Kirango)

This attitude of the parents is also triggered by those outside actors which promote a certain change in behavior but without being able to support concretely such change.

Protection for working children: The sole practice of risk prevention noted concerned traditional medicines used to protect them against snake bites or scorpion stings. If there is an accident, the children are taken to the health center or treated traditionally. *"They are warned to take care, we take them to the health center when they are injured and we pay for their medicine, we try to send drinking water to the fields so they don't drink canal water when they're working, but there's a shortage of this."* (Kokry)

In some communities with stronger social cohesion and agreement, participants of the focus groups emphasized the mediation of third parties with the parents of children who are given work that is too heavy or dangerous. In Kirango or in Komala-Zanfina, for example, a neighbor or the village chief may intervene and be listened to: *"The neighbors step in, too. If your child is doing something too difficult*

or too dangerous, your neighbor may come and talk with you.” (Kirango) “The neighborhood chief can intervene if a parent gives his child work that is too hard for a child: carrying heavy bricks, for example.” (Komala-Zanfina)

Labour migration: It has been present and has fitted into the same scenario for decades with regard to the child’s age when leaving home, the destinations, the type of work at the destination, etc. As emphasized above, migration is not perceived to be a significant risk and the rate of success seems to be higher than the failures. On the other hand, the migrant children benefit from the measures of protection set up by their parents and some members of the community:

✓ **Blessings and other charms before departure**

“We do things when the children leave, are on the road and at their destination, as the parents are warned before they go away. We go to see the marabout, who checks out the route, gives us things to protect the children, makes a sacrifice. Even if the children leave without warning, we protect them from a distance with the marabout. If the route is not good, the child doesn’t go, unless he runs away.” (Macina)
“In spite of the distance between them, there is a link between every parent and his child, though invisible. If the parent has bad forebodings, he makes a sacrifice.” (Niario)

The mothers also sew special belts for the girls, so as to prevent pregnancy whilst they are away.

✓ **The choice of landlords and destinations**

In particular to protect the girls, an organization in line with the family and/or community is set up at the destination. *“We go to people our parents know, family or friends. They treat us well, as they have kinship links.” (Child, Komala-Zanfina)*

New technology also makes it possible to keep in touch with parents and helps with handling problems at a distance: *“We can get in touch with our parents by cellphone, our own or our landlord’s.” (Komala-Zanfina)*¹⁵

A practice that could be understood as a indication of presumed trafficking is, on the contrary, seen as a measure of protection taken by the parents and the community: *“The children are supervised on the way, as the person who transports them comes from the village; it is he himself who finds work for them and supervises them at their employer’s.” (Kermetogo)*

For the children, this is also seen as a measure of protection taken by their parents: *“My mother decided that I should go to my maternal uncle in the mines on the border to Guinea, to wash gold. She entrusted me to transporters on the route, up to my destination, and I didn’t have any trouble. [...] No, I wasn’t afraid.” (15-year-old girl, Niario)*

Since the crisis began, the children continue to ‘go away’, but their parents advise them to take with them an identity document to protect them from annoyance on the way or at their destination. Despite the high cost of the document, what is at stake is so important that the parents make a considerable financial commitment.

Education: Because of the weakness of the educational system, the lack of interest in schooling or the parents’ expectations on the education of their children, some parents favor their own system of education. *“I learned to count myself, like I was taught, that’s enough. By doing shopping, for example: you go to buy something, that will cost so much and you must bring back 3 50F coins, 2 100F coins and that*

¹⁵ Six childrens out of 18 (1/3) had a telephone in the discussion group, both girls and boys.

makes how much? For good behavior, it's the same, I tell him: if you go to my big brother's, for you he's like another, older father, and you must behave like this, and call him so-and-so. This is what we do for the children who haven't been to school." (Koe)

Weaknesses in the school system also pull parents two ways, so they tend to favor compromise solutions that are not always best for the children. With little confidence in the prospects linked to the schooling of children, they opt for work over school, even if the work entails the risk of reducing the children's chances of success.

Protection of the children considered to be vulnerable: Orphans or children from very poor families are the subject of endogenous measures of protection by moving the children through the extended family. This traditional practice is carried out by fostering the child to a related family to make up for the loss of his parents or to give him access to education. It also makes it possible to reduce the risk of abuse or neglect.

"If a child has lost his mother, or his parents have divorced and the father has remarried and is too busy, the stepmother doesn't look after the child properly; then a sister or brother can come and ask for the child, to reduce the risks." (Diamarabougou)

"If the orphan stays with his father and stepmother, there are older people who will keep an eye on the child's treatment and speak with the father and stepmother to advise them about the child." The authority of these people is recognized, and if their warnings are not heeded, they can mobilize other members of the community. "If the father won't listen, there is a sort of social penalty from the whole community: he is not given any services, nobody comes to give him support or visit him for baptism or marriage, so as to show him that without the community, he is nothing." (Diamarabougou)

In all cases, the practice of fostering, even if it sometimes requires measures of control exercised by other members of the community, is, for the majority of the communities interviewed, an effective measure of protection for vulnerable children.

Measures of protection for Talibé children: The communities say they contribute to protecting them by giving them soap, clothing and food, or by looking after them if they have the means to do so; but this is actually closer to a religious duty than a practice for protection. There exists a certain reserve regarding this subject, and any intervention with the marabouts by community leaders is rare: the only measure proposed in Diamarabougou is that *"the marabouts should not travel about any more with the children, and that the children should go home for meals, like in the regular schools, but that would mean steps taken by the authorities."* The communities are, however, conscious of the limits of the measures of protection they can offer these children, and they regularly bring up the lack of means they have to protect the children in other ways. The communities often refer to higher powers: "It's the will of God"; "God will protect them", i.e. good luck.

It should be noted that changes in the children's behavior place families and communities in a dilemma, divided between messages from outside and dealing with problems in their own way, finally leading to a sort of depression in some parents who lack real solutions. In some families a real generation conflict can be witnessed, particularly in urban areas where the children's access to school and the media, their desires for modernity and change, drives them away from the knowledge of older people and their parents.

"The special belts protect the girls. But the girls have no confidence in their parents' medicines, so when they leave home they take the Pill – but not properly, so they get pregnant . . ." (Kermetogo)

1.4. Childrens role in preventing or responding to protection concerns.

The children's participation in the prevention or handling problems of protection is insignificant or even nonexistent in the communities in the study area. The perception of the child in the eyes of the community directly influences the level of the children's participation. *"It's a question of maturity. We agree to let children speak but they're immature, don't understand well, behave badly, so finally we don't give them a voice."* (Kirango)

As well as this, the child's views are not taken into consideration in decisions regarding him. Only the step of marriage enables a young person to obtain a legitimate position in the community:

"Concerning migration, we don't ask a child for his opinion; if he doesn't do anything by himself, his father tells him to get ready to leave and doesn't ask for his views." (Dougabougou)

"In important things, we may not say a word. For marriage, for example; if you're asked your opinion and you say you refuse, you're beaten and told to leave the family." (17-year-old girl, Kirango)

"When you're married, you're respected and you're accepted as an adult." (Dougabougou)

Children have places for free expression and participation, but limited to them according to age, without any connection to the adult world. The only children's organizations identified are the 'Tons', groups of children (mixed or not) who get together around field work done collectively for the purpose of earning money. The money earned is used to organize cultural or sporting events at set periods of the year. Some localities such as Dougabougou have started up initiatives to promote child participation in school management through 'children's governments' in the framework of a UNICEF project entitled 'School, the children's friend'. This initiative is appreciated by children and parents alike, but remains limited to schools.

Listening to the children's comments, one realizes that they often have a clearer view of the risks and solutions than the adults in terms of their level of education and access to information:

About work-related risks: *"If you hurt yourself with work tools, parents put some powder on the wound, but a powder can't replace a tetanus injection."* (Koue)

About the perception of childhood: *"For us, we're children but our mothers tell us we aren't children, well, we all know that, but they say it to lessen their workload and pass it on to us. We've been to school and we won't do the same thing with our own children."* (Kokry)

About malnutrition: *"There are men who don't look after their women and give them too much work. It's not a lack of food, or poverty."* (Dougabougou)

About child healthcare: *"The parents don't take their sick children to the health center until it's too late. Or they give them unsuitable traditional medicines."* (Dougabougou); *"The mothers are careless with the children's food, they give them medicines that have expired or been badly stored, or don't respect the dosage of the medicines."* (Kokry)

1.5. Mapping the players in protection at a community level.

1.5.1. Endogenous players.

a. The family circle: The grandparents are the people most often mentioned by the children for solving problems in the family. This ranges from grievances against their parents (buying supplies, clothes, etc.) to complaints (the work is too hard), and including the resolution of disputes with one of the parents. The children say their parents cannot refuse the intervention of a grandfather or grandmother, with their status of parents on the one hand and being respected as elders on the other. Uncles and aunts or a friend of the father can also fill this role.

The grandmothers of the community, who can be older women, elder sisters or neighbors, have a special role in child protection, as most of the time the children grow up under their supervision. Several categories of people in the communities are designated to look after small children, as can be seen in the following table:

Activity District	Grand-mothers	%	Older women	%	Older sisters	%	Neighbors	%	Total	%
Markala	6	75	0	0	2	25	0	0	8	100
Macina	7	58,33	2	8,33	1	8,33	3	25	12	100
Total	13	65	2	5	3	15	3	15	20	100

b. The headmen of the area or village can be approached, but this varies enormously depending on their position and the recognition of their authority in the community. In the five localities in Macina health district, for issues beyond the scope of the parents and relatives, the village chief and his advisors are the people of reference for the resolution of children's problems.

His comments were passed on by the 'griot' of Kirango, who also emphasized that *"the problem is that the community is not unified any more, no person trusts another, so it's hard to get organized to solve the problems with children; but if your arrival could bring that about, it would be good. If it comes from us, it would be boycotted, but if it comes from you, it might work."*

The village of Kokry, however, is an exception, its spokesmen underlining a lack of cohesion in their community. The chief's representative stressed that some serious issues had managed to be resolved by the headmen and the community, but dissension remained an obstacle. Speaking of the fight against child malnutrition, he deplored the fact that *"people in the village won't listen to people from their own village, their intermediaries and the CHWs, there's a lack of trust between them all."*

In contrast, in the health district of Markala, the authority of the area and village headmen is now being called into question, notably in urban localities like Kirango and Diamarabougou, parts of the town of Markala where State services are more prevalent. The traditional authorities are losing their influence, members of the communities are becoming more and more individualistic, and this affects the control and handling of the children. *"In the old days, nothing happened without the village chief or the Imam being informed, before one went to the police, for example."* (Douga)

1.5.2. Exogenous players.

By exogenous we mean resource people who act individually or collectively through projects, initiatives, services run at a community level but whose interventions do not emanate from the initiative of community members, but are brought in from outside. The **community health workers** (community structures, the CHWs, intermediary mothers), the **members of the SMCs, officers from the mayor office**, the police or courts are the main types of resource persons mentioned who are involved in child protection in the target communities.

- The CHCs, go-betweens and community health workers play their roles in healthcare and passing on good practices to the mothers. In the village of Koe a woman was called upon by the CHW because *"she understands quickly what the intermediaries or the CHWs say, and doesn't forget it. She continues to give good advice to the other women. She has learnt to write."* Still in the village of Koe, women have also been identified by the CHW as being able to play this role as *"they implement good practices without advice from intermediaries or the CHWs, their children are clean, the food they give their children is clean and their children are not sick."* However, the health structures only look after the medical care of the children, despite setting up awareness-making campaigns.
- In the same way, social workers regret the fact that not enough is done against the negative consequences of forced marriage. This problem is treated in the framework of mother and enfant health care, while in fact it needs to be addressed as a phenomenon in itself. Regarding the promotion of schooling, the members of the SMC associated with parents of schoolchildren undertake home visits to identify school-age children and to make their parents aware of the issue. They often seek the support of traditional or religious leaders, but this varies from place to place.

In rural localities, collaboration with institutional players in protection is limited to instances where the community cannot handle the situation owing to its severity. It should be noted that in the health districts of Markala and Macina, social services are not represented in the rural villages, i.e. eight of the ten localities in the study area. Serious cases (child abandonment, rape of underage children, refusal of marriage, etc.) are dealt with by the mayor and police working together, who in complex cases transmit the dossier to the regional services. In Dougabougou, the case of an abandoned child found in a latrine was handled directly between the mayor's office, the service for social development (SSD) and the CHC; these are the people who found a good-hearted lady to look after the child, and the community made no contribution¹⁶. In ten localities, only one (Kokry) knew about a project for protection started up by a local NGO that set up a local committee for child protection, composed of representatives of the State and key community players. However, this has been suspended during the crisis and no other activities are being carried out.

¹⁶ Entretien avec le DTC de Dougabougou, le 07 juin 2013.

A logical connection between community protection measures and institutional ones is virtually nonexistent; a barrier could be recognized in the comments of the representatives of some communities. It was even criticized by community leaders as a form of manipulation:

"The authorities do not take into account the opinion of the communities and the people. So, those are the authorities one looks to to settle problems, we aren't listened to any more." (Kokry)

"We haven't changed position; if it's left up to us, a girl wouldn't be circumcised before she was 16, and wouldn't be married off too early (circumcision precedes marriage); we'll go on protecting our girls but people don't listen to us any more because of modernity." (Kirango)

If communities deplore their lack of participation in decisions concerning them taken by institutional players, children also represent a 'voiceless' category within the community.

Part 3: Conclusions and the search for solutions for improved child protection with the communities.



The focus groups with representatives of the target communities and heads of households also enabled identification with the communities of some strategies for taking into account and solving the issues of child protection. The current situation is in some way the result of various approaches carried out by players in development for several decades. An exclusive approach depreciating community practices and favoring those of institutional structures has shifted to a more inclusive approach, by way of promoting community participation in implementing actions for development brought in from outside, to today encouraging an approach based on endogenous practices of child protection. This results in having disorganized the communities, who do not recognize themselves any more in their traditional practices, nor in the new practices (brought in by the State or civil society). *"It's modern times now, light and knowledge have arrived, one could think this would save us . . . but all the barriers that existed have broken down and we haven't taken any new initiatives to adapt ourselves to the changes."* (Kirango)

In general, the communities remain open to seeking solutions for better child protection and risk reduction, but the factors described above (**lack of social cohesion, perception of the problem, means available and at hand**) are parameters to be taken into consideration for the strategy of community mobilization to be established.

First of all, community leaders emphasized the importance of talks for realizing some of the problems of protection: *"It is a problem but it hadn't really been noticed. In talks with you we've become aware of it. It's through discussions that one realizes things."* (Representative of the young people in Koe) *"If people don't come to talk about problems with us, we don't see the problems."* (Griot of Kokry)

Secondly, it was noted that the communities are open-minded, as they are in favor of **inclusive support for the practices of child protection**. Faced with some of the fundamental problems like the protection of young girls, certain representatives

of the communities greatly feared the influence of 'modernity' and would like to be supported through these changes, on the foundation of their own good practices: *"We would like you to help us to confirm our good practices so that the new things (modernity) don't wipe out the protection of our children. For example, so that the girls continue to be protected from sexual violence and arrive at a marriageable age in good health."* (Komala-Zanfina)

Communities have also ideas about how to improve the care system for small children in order to reduce neglect and malnutrition. The structures set up by the State or private organizations, such as day-care centers or nurseries, are appreciated, but people are conscious of the limits of the institutional system to develop nurseries in all villages that would be accessible to a large number of people. In Komala-Zanfina, a community nursery was set up with UNICEF's help, and run by an association of mothers. The facilitators were older women or young girls just out of school. They were given training in Markala and paid some 10.000F. In 2013, the nursery took in 83 children between the ages of 3 to 6, but under conditions that led to many children being taken away: the roof was blown off at the beginning of the rainy season and the children were crammed together in an unventilated 50m² room with the minimum of equipment. They were not given a daily snack, but the AMC did manage to offer them candies, baby cereal or biscuits at irregular intervals.

Finally, according to the communities, there is another field for improvement in children's access to basic social services that could be based on the existing mechanisms of solidarity that do not now concern children. Endogenous mechanisms for solving or preventing problems exist, but in the matter of child protection they are inactive. The idea of **tontines between women** for trading has been suggested and could be activated for protecting children, in particular to improve their access to healthcare and education. Notwithstanding the problems of organization and cohesion in some of the communities, in Nioro for example, some of the women have proposed the

possibility of organizing themselves in a tontine for child care by older women who no longer work in the fields. *"A grandmother can look after the children from several families if you are neighbors and if the women get organized to give her something."* (Niaro)

There are so many leads that could be considered with key community players in the framework of activities for community mobilization.

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National Directorate of Social Development (NDSD)/UNICEF, *Assessment of the community system of reference for child protection in the districts of Bla, Koro, Kadiolo and the village V in Bamako district, March 2011.*

'Because I'm a girl', Report, Africa 2012, Plan International, progress and obstacles to the education of girls in Africa, May 2012.

Document review.

A choice of papers on child protection was made to approach the aspects of child protection in general, child protection in a context of the crisis in Mali, and strategies for child protection.

- UNICEF Guidelines on the Protection of Child Victims of Trafficking, 2006
- Action for the Rights of Children, ARC Resource pack, defined certain concepts such as separated children, non-accompanied children, orphans, child heads of households, anticipated separation, identification, registration, tracing the family and reunification.
- In its 2008 paper entitled 'Child protection: Manual for intervening in situations of humanitarian crisis', Terre des hommes talks about, amongst other things, child protection and the interventions it does on the ground.
- From 12th to 18th November 2009, the French Office for the Protection of Refugees and Stateless Persons undertook a mission in Mali as part of the fight against circumcision.
- From 2008 to 2010, a regional study project supported by a wide platform of agencies for child protection, made it possible to document and analyse the multiple forms of child and youth mobility in West and Central Africa.
- In 2010, the Terre des hommes delegation in Burkina Faso carried out a study on the endogenous practices of protection of migrant girls from Sourou.
- Sectorial policy of Terre des hommes on children in a street situation. January 2010.
- In April 2012 there was the Rapid Assessment of Child Protection, Gender-based Violence and Education, and more precisely on the risks for women and children following the food and nutritional crisis in Mali.
- Minimum standards for child protection in humanitarian interventions.
Working group for child protection. (WGCP) (2012)
- At the beginning of 2013 the Swiss Confederation, through the Agency for Development and Cooperation (ADC), and the Norwegian Refugee Council undertook an inquiry into the living conditions and shelter situation of internally displaced persons in Mali.





IV. Appendices.

Appendix 1: Case studies.

These are cases registered during the course of the study that are not directly linked to Tdh's program, but which were documented to illustrate potential cases the teams could encounter on the ground on

the one hand, and on the other, to integrate into their interventions the system of reference used by other partners in protection at present in the Segou area.

Case 1: A child associated with the armed forces (Markala)

M., 17 years old at the time of the inquiry, is a fatherless young man who lived at his aunt's in Markala. He was placed in this aunt's care at a very young age, when he was only about 2, before his father's death, at the paternal aunt's request. When their father died, the other siblings were also placed in the care of various relatives, owing to the mother's poverty. The mother lives in Niono.

M. was never sent to school by his aunt and has done domestic and farming tasks since he was a small child: carting manure to the fields, planting, painting the house walls, etc. The aunt's biological children, on the other hand, went to school, although they left primary school early.

Since he was small, M. has looked after himself and his basic needs, as at his aunt's he got only his meals, and that only until he was 15; for the past two years he has had to look after himself alone. His aunt let him have a cart with which he can get some paid work.

M. was bullied a lot at his aunt's, and regularly spent his days on the street when there was trouble at the house, only going back to sleep.

It was in these circumstances that young M. got to know some soldiers from the North (Timbuktu, Gao and Kidal) who has sought refuge in Markala. Every day the soldiers would greet him as they passed by, and they regularly sent M. and his street pals to buy cigarettes and other things for them.

After some days, the soldiers suggested that the young lads could do them a service; so M. stopped all his other activities to work for them, cleaning their clothes, doing their shopping and walking around everywhere with them. This closeness was M.'s chance to discover weapons: a number of times the soldiers allowed him to handle their weapons, and he liked that very much.

In return, M. received 'jetons' (small coins) but no wages. He earned less than with his cart, but the life and proximity to the soldiers pleased him better, the work was not as hard. His aunt was never told about this work for the soldiers from the North.

M. said he was never afraid during this time with the soldiers from the North; on the contrary, he felt protected. After the soldiers had left, M. gave up all idea of working and did nothing. Occasionally he used his cart, but he had lost motivation for this sort of job. He wanted to meet people "who'd put him on the right road, who'd guide him." In fact, he blamed his aunt "for not having shown him the right way".

Analysis

Children and youngsters on their own, living in or on the streets and without the advantage of sufficient supervision by responsible adults, are specially easy prey for any form of enlistment or association with armed forces or groups.

According to M. and a spokesman for young people in Markala, there are dozens of kids at a loose end who find themselves working for soldiers from the North, in the town of Markala.

The same spokesman said there were numerous cases of prostitution by under-age and adult women, linked to the presence of these soldiers in Markala. Family cohesion has also suffered through these recorded situations of adultery.

Case 2: Schoolchildren who are separated or non-accompanied

These are two children identified in Macina town, schoolchildren from the Northern town of Dire (Timbuktu), a boy and a girl aged 12 and 13 respectively, given into the care of a family of teachers from the South who formerly had jobs in the North, were then displaced to Bamako, then transferred to Macina.

Non-accompanied girl:

A. is from Bella, now 13 years old, and in her 5th year of primary school in Macina 4. She was taken in a month ago by the Headmistress, who is not a relative and who she did not know privately. Her situation was reported to us by the social development service.

Prior to the security crisis in the North, A. lived with her mother and siblings in Dire, in the region of Timbuktu, and had attended school. In addition to school, she worked for a teaching couple from the South who her mother knew and for whom she did domestic jobs.

As a result of the crisis and with schools closing, the teaching couple sought refuge in Bamako. Some time after their arrival there, they asked A.'s mother to send the girl to Bamako, on the grounds that the schools in Dire were closed, which the mother did. Some time later the couple was moved to Macina and A. went with them. A.'s mother then demanded that the couple return her daughter to her, but they refused, saying that they were going to enrol her at the school in Macina, which did in fact happen, but she also had to do all the domestic chores. A. was mistreated, the wife never stopped grumbling at her, hit her and made her do jobs that A. thought too hard. Sometimes she was not even given meals. A. had to take over all the housework (washing clothes, cleaning the yard, doing the dishes and the cooking) and she also had to look after the couple's three small children. In the morning, she had to brush the yard, prepare breakfast and do the dishes before she could go to school. Once back from school, she helped the woman prepare the meal and wash the dishes. On days when there were no lessons, she spent the whole time doing domestic chores.

At the beginning, the couple were accommodated in a shared courtyard in Macina with other tenants. When they moved to the riverside, the behavior of the woman got even worse.

One day she hit A. violently and her husband, the teacher, did not react. A. said she was really shocked by the husband's attitude, and she went to take refuge with their first landlord in the communal court. This person took her to the Headmistress, who intervened with her guardians. However, the woman continued to beat A., who went back to complain to the landlord, who advised her to run away if she was beaten again, and to wait until the woman was in the shower or WC so she could get away.

One night when the woman had hit her again, A. ran away to the landlord, who took her to the home of the school headmistress. Since then, A. has been given shelter with her, but the headmistress has never been in touch with the guardians in Macina, nor even contacted the girl's family in Dire. She said she has several times tried to phone a brother whose number the girl gave her, but there has never been an answer.

The headmistress said she had accepted to take in the girl just because she was no relative of the guardians; if this had not been the case, she would not have dared to do so.

The headmistress had not realized the situation A. was in. She now recalls that her classmistress had once mentioned the case, saying that the girl often fell asleep during lessons, but she had not reported it.

A. has had no contact with her mother since Ramadan in September 2012. Each time she asked her guardians to phone her mother, they retorted that there was no network. Once she stole the guardian's phone to call her brother, but he found out and beat her for doing it.

Today, A. wants to go home to her family, to her mother, but the problem of her return arises: who is in charge of the return journey, how to get in touch with her mother, and who will go with her.

Analysis

The movement of children in the framework of fostering on the grounds of their schooling can equally mask the exploitation of children as domestic servants.

Community players could react by looking after children at risk to ensure their protection, but referral to services for protection (police, social services) is not bound to be systematic.

The existence of family relationships does not always protect fostered children from abuse, exploitation and neglect.

Appendix 2: Focus Groups.

Focus discussion groups with community leaders

- *Introduction and explanation of the aim of the study and the talks with them;*
- *No promise of aid is made;*
- *Ensure the consent of each of the participants and explain the confidentiality of the study report, that no names would appear;*
- *Write answers on a notepad; (assistant)*
- *Create a friendly atmosphere before and during the talks;*
- *Respect people's rhythm and wishes during the interviews, and respect the fact that some people cannot or do not want to answer the questions.*

Name of the person in charge of the interview:	Date of the interview:
1.1. Place:	1.2. Composition of the group (approx.)
District / Community:	Identity (head of the village/faction, Imam, traditional communicator; village councillor, teacher, deputy prefect; CHW, women's representative, youth representative, etc.)
Village:	Number:

A – Generalities

A.1 A child's perception of child protection

A.2 Perception of a child's status in the community

- At what age does a child become an adult?
- Boys: Girls:
- How does this coming of age take place, what changes?

- At what age are children allowed to give their point of view?
- Boys: Girls:
- Are there times, situations and specific places reserved for children to express themselves? Is there someone in particular (an adult) in the community to represent the children and give them a voice?

- At what age can children take a decision, or give their consent to something concerning them? (Migration, work, other matters)
- Boys: Girls:
- On which subjects may they tender their opinion, take a decision?

- Do you think girls and boys have the same rights? If not, why not?

B – Identification of the existing major issues of protection

- a.1 What situations do you think are liable to endanger the welfare, development and safety of the children in your community?

- a.2 How far are the children of your community exposed to these risks?
 - Are there categories of age or gender that are more exposed to these issues than others?

- a.3 Have these problems linked to child protection worsened or intensified since the crisis?
 - If so, explain.
 - If not, why not? (Have measures been taken to prevent or lessen the risks?)

a.4 Have any new problems or risks for the children arisen since the crisis?

- Does this concern any special category of child? If so, which one?
- Does this concern some families in particular? If so, which ones?

C – Knowledge, attitudes and practices in relation to the problems of protection identified;

Access to schooling and healthcare

Schooling

1. How many school-age children go to school in your community?
 - The majority (a difference between girls and boys?), a minority (a difference between girls and boys?);
 - If girls are in the minority, for what reason? And what do most of them do instead of attending school?
 - If the boys are in the minority, for what reasons? And what do most of them do instead of attending school?

2. What is the principal form of children's education in the village? (standard school, Madrasa, Koranic school)? Why?

3. At what age do children leave school in the village (boys and girls)?
 - Why?

4. What are the main causes of non-enrolment or early school leaving within the families?

Healthcare

- 1- Is your community especially affected by child malnutrition?
- If so, has this always been the case, or has it changed since the crisis?

- 2- Which age group does this concern in particular? (0-5; 6-10; over 10 years of age)

- 3- Why do you think children are malnourished? (lack of family resources, lack of the mothers' knowledge, quantity of milk, mothers working outside their homes, traditional child care system not adapted to malnourished children, etc.;

- 4- Is the community organized to attempt to combat this problem of child malnutrition? (mothers' associations, mutual aid, advice, grandmothers, aunts, etc.)

- If so, who are the resource persons in the community who can help these families deal with the problem of child malnutrition?
- If not, who supports you from outside the community?

5. Aside from modern treatment, is there traditional treatment for malnourished children?

- If so, who treats them?
- How effective do you think it is?
- What are its limitations?
- What do the health workers think about this sort of treatment?

Separated children

- 1- Prior to the crisis, were there children who lived apart from their parents in your community?

- If so, why? (orphaned, fostered, abandoned, etc.)

- 2- Since the crisis, are there children living apart from their parents?

- Is this due to the same reasons, or has this changed?
- Has their number increased since the crisis?

- 3- Are there new forms of family organization in your

community that have appeared since the crisis?

- Young family heads? Lone mothers with children? Old people with children?
- If so, why?
- Do they receive support from the community?
- If so, what sort and from whom?

- 4- Do you think that children living apart from their parents run greater risks than other children?

- If so, why? And which risks in particular?
- Do you think there is a difference between the attitude or treatment shown to biological children and to children living apart from their parents?
- In general, do these separated children attend school? (school, madrasa); if not, what do they do and why do they not go to school?

- 5- Are there people who suggest taking away separated children living in the community, in order to get them jobs elsewhere?

- If so, can you describe the scenario: who they are, what do they want, where do the children go, etc.?
- Do you know whether the village authorities are informed of this sort of situation?
- If so, who knows? (community or religious leaders, village chief); and how do they react?
- Do you know whether the administrative authorities are informed of this type of situation?
- If so, who? And what do they do about it?

- 6- Are there specific people or organizations within your community who help separated children in difficulty?

- If so, who are they, and how do they help?

- 7- Why do you think families will take on the care of children separated from their parents? (family mutual aid, clan relatives, government support, family help for domestic work, other reasons);

- Do you think they encounter special problems with these children? If so, which ones?

- 8- Do you think that families would rather take on the care of these children if they got support?

- If not, why not?
- If so, from whom and what would be expected?

Violence against children

1. What do you think are the most appropriate means of incalculating discipline and obedience in children?
2. Do you think there are forms of dangerous or humiliating punishments for children?
 - If so, which ones?
 - If not, why not?
3. Do you think that physical or humiliating punishment affects a child's development?
4. Have you ever heard people speak about children in your circle, in the community, who have been injured by corporal punishment?
 - If so, was it done by the parents or outsiders?
 - What do you think of that?
 - What measures are taken by the community to intervene in this type of situation?
 - If so, what are they, and how are they carried out?
5. Do you know what sexual violence against children is?
 - What is it?
 - Has this ever happened in your community?
 - If so, is this exceptional or frequent?
6. If so, which are the places it is most likely to happen?
(at school, in the family circle, at work, in the brush, at water points or places where children play, etc.)
7. Are there people in the community designated to intervene in this type of situation?
 - If so, who are they and what do they do?
8. Are there any special measures taken by the parents or the community to prevent this sort of violence against children?

9. Are there people from whom or a place where abused persons can get help?
 - If such a situation has already occurred, can you tell us how the problem was handled?

10. Since the crisis, has a child been injured or involved in an accident?
 - If so, who and how?
 - How was the problem handled? By whom?
11. Do you think the following practices represent a risk for the children?
 - Early marriage, early pregnancy, FGM/C
12. In general, if a child becomes the victim of any sort of serious violence, how is the problem best handled in your community?

Child labor and migration

1. Is there a large proportion of children working outside the family home in your community?
 - Can you estimate how many? (number of children per family, for example)
2. What are the most usual forms of work done by children in your community?
3. Why are these children working and not at school?
4. Are there specific events in a family that push a child to go to work?
4. Do children also go to work outside the village, to other towns or abroad? If so, what ratio?
(1-50; 50-100; 100-150; > 150)
 - Are some categories of children affected more by migration for work?
 - What are the factors that encourage children to emigrate?
 - Are there particular risks for the children who leave home to work outside?
 - Are any measures taken to reduce these risks? If not, why not? If so, which ones and by whom are they taken?

5. Has the situation of child labor in your community changed since the crisis?
6. How do you differentiate between work that is, or is not, dangerous for a child?
7. Are there certain types of work not given to children because they are too dangerous?
 - If so, give examples
8. If a child does dangerous work, are any measures taken to reduce the risks and dangers?
 - If so, by whom and what are they?
9. Do you know about the laws that protect children at work? Have you every heard them spoken about?
 - If so, how far are these laws respected?

Other issues of protection

- 1 Are there any handicapped children in your community?
 - Physical disabilities
 - Mental disabilities
2. Do they come up against any special problems?
3. And their parents, do they encounter special problems with their disabled children?
4. Are there any forms of special care for these children in the community? To reduce the risks or prevent them from happening?

D – Access to, knowledge and use of institutional resources for child protection;

1. Do you know of any laws or measures that protect children in particular?
2. Do you know any players or government organizations that intervene to protect children?
3. Have you any access to such services?
 - If so, in which situation do you use them most frequently?
 - If not, why not?
4. Do you consider that accessing these services is easy, or are there obstacles?
 - for schooling;
 - for the health center;
 - for social aid in cases of destitution;
 - for social aid in cases of child abuse.
5. How do these services contribute to solving the problems you meet?
 - (Give examples).
6. When these services intervene, do they usually involve people from the community?
 - If so, who in particular?
7. Have any new services been set up since the crisis began?
 - If so, what are they and how do you judge their effectiveness?
8. In the case of a problem with a child from your community, who do you think has the responsibility to sort it out?
9. In your opinion, what support should be available for children? What sort of services do you expect the government to provide?

E – Mechanisms for protection at a community level;

1. What are the beliefs and practices for child protection in your community? Are there, for example, forms of protection given to children at different stages of their development to safeguard them from certain dangers? (prayers, gris-gris, rites, advice, etc.)
- Who is in charge of this in the community?
2. Are there any safeguards given to children so they can face unusual or unexpected situations? (food insecurity, shrinking household resources, conflict situations, death of a parent, etc.)
3. How do such safeguards, individual or collective, contribute in practical terms to protect the children from the risks identified?

4. Are there specific dangers for which the communities and families are ill-equipped for, having no or few resources of their own?

Prior to the crisis, what did the community do to protect children from the existing risks you have mentioned? Were there specific people or organizations in the community ready to discuss, take charge of and deal with the problems of children living in the community?

- separated children:	
- child victims of abuse:	
- disabled children:	
- severely malnourished children:	
- children with no schooling:	
- exploited by labor:	
- victims of severe violence:	
- others:	

5. Since the crisis and the emergence of new problems, has your community established anything special to protect the children from the risks you have mentioned?

- separated children:	
- child victims of abuse:	
- disabled children:	
- severely malnourished children:	
- children with no schooling:	
- exploited by labor:	
- victims of severe violence:	
- others:	

6. How do you judge the effectiveness of the mechanisms that the community has set up?
 - Can you explain, with some examples?
7. Are there limits to these mechanisms, as well? If so, what are they?
 - Can you explain, with some examples?
8. How could these endogenous mechanisms be strengthened within and with the community?
9. Do you think that your mechanisms are recognized and taken into account by the government services?
10. Could these mechanisms be taken into better account by institutional players in the activities for child protection? How could one envisage improved collaboration between mechanisms at a community level and those of the government, which would protect the children better?

Is there anything else you would like to share with us, a subject or a particular problem in connection with child protection?

Appendix 3: Individual Questionnaire.

Individual questionnaire for heads of household (semi-structured)

4 households per village: 2 indigenous, 2 host families and 2 displaced, a total of 40.

Approximate time per questionnaire: One and a half hours.

Introduction:

- Introduce yourself and present and explain the purpose of the enquiry;
- Remind people that the information remains confidential;
- Create a friendly atmosphere so the person feels at ease when talking with you;
- Do not promise any aid following the interview;
- Give the interviewee the possibility of being unwilling or unable to answer certain questions.

Date of interview:		Name of the interviewer:	
Village : Indigenous household <input type="checkbox"/> Displaced household <input type="checkbox"/> Household hosting displaced persons <input type="checkbox"/>		Sex and ages of family members	Father : Mother : Child 1: sex: Age: Child 2: sex: Age: Child 3: sex: Age: Child 4: sex: Age: Child 5: sex: Age: Child 6: sex: Age: Other adults living with the family : Relationship : Sex : Age : Unrelated : Sex : Age :

The family

1. Who is the head of the household?
2. What is the composition of your family?
3. What is the occupation of the head of the household?
 - Is this an old or new occupation?
 - If it is a new one, for what reason?
4. Who else in the household has an occupation (adults)?
5. Have you all got your children with you?
 - If not, how many and why?
6. If some members of your family are not with you, where are they?
7. When will they rejoin you?
8. Do you look after any children other than your own, for example children from your extended family?
 - If so, how many and how old are they?
 - Why are they with you?
 - Is the fact that they have been placed in your care connected to the crisis?
9. Do you look after any children who are not related to you?
 - If so, how many and how old are they?
 - Why are they with you?
 - Is the fact that they have been placed in your care connected to the crisis?
10. Do you receive any assistance for this?
 - If so, from whom and of what sort?
11. Do you have any special problems with the children in your care?
 - If so, what are they and why?
 - Who usually helps you to solve these problems, and how?

12. In your family, are there people specifically in charge of the small children when their mothers are away? (at the health center, in the fields, etc.)
 - If so, who are they and what role do they play?

13. In the community, are there people specifically in charge of the small children when their mothers are away?
 - If so, who are they and what role do they play?

Access to services

1. Education

- 1.1. Did you send your children to school this year?
 - If so, how many of them, at what level are they, and at which structure? (standard school, Koranic school, Madrassa, job training)
 - If not, why not?
 - And the children placed in your care; did they attend school this year?
 - If so, how many of them, and at which structure?
 - If not, why not?
- 1.2. Girls and boys? (biological and in care)
 - If not, why not?
- 1.3. Are the children still attending school?
 - If not, why not?
- 1.4. Have you received any outside help to send your children to school?
 - If so, from whom?
 - If not, did you approach anyone but without success?
 - If so, how did you approach them? Who did you approach?

2. Healthcare and diet

2.1 Do you take your children to the health center?

- If so, in which situations?
- Does this concern all the children or those of a certain age? Why?
- If you do not take them there, why not?
- If you do not take them there, what do you do when your children are ill?

2.2. Do you receive any outside help when your children are ill, to cover the costs of consultation or medicine?

- If so, from whom?
- Is it a loan or free assistance?
- If it is a loan, can you repay it, and how?

2.3. Aside from modern treatment, do you give traditional medicines to malnourished children?

- If so, how effective do you think they are?

2.4. Are there people in the family or the community who help mothers handle the problem of their children's malnutrition? (mutual aid, advice between mothers, etc.)

- If so, who and how?
- Have you ever benefited from this? If not, why not?

2.5. How do you explain the problem of your child's malnutrition?

2.6. Have you got enough food in the house?

2.7. How many meals a day do the adults eat?

- What is the composition of these meals?

2.8. How many meals a day do the children eat?

- What is the composition of these meals?

2.6. Has the situation altered in recent months?

- If so, why and how?

2.9. From which age do the children eat like the adults?

2.10. Have you any sick or weak children because they do not eat enough?

- How many?
- Are they being given special care, any particular treatment?
- If so, by whom and what type of care?

2.11. Do you know of children in your family or community who are too weak because they are severely malnourished?

- Why do they have this problem?
- In the community, are there any initiatives to handle this problem of child malnutrition?

2.12. What do you do to have more food? What is the children's contribution?

2.13. Have you anyone to help you when food is scarce?

- If so, who and how?

3. Water, hygiene and accommodation

3.1. Have you access to drinking water? (well, bore-hole?)

- Who is responsible for fetching water for the family?
- What is the distance?
- If it is children who fetch the water, are you happy about this?
- If not, why not?

3.2. Have you got a house?

- What sort?
- Is it your house or do you live with someone else?
- How many people live in that house?
- Do you like it?
- If not, why not?
- Are there drawbacks or special risks for your children related to this living together?

Leisure activities

1. Do you allow your children free time?
 - If not, why not?
2. What do your children do when they are not in school or at work?
3. Do you feel happy if they play far away from the house?
 - If not, why not?
4. Are there people or organizations in your community who look after the children?
 - If so, who and how?
5. Do you know of any children in your family circle or community who are not allowed to play?
 - If not, why not?

Security

1. Do you go outside the village to fetch wood or do you send your children?
 - If not, why not?
2. How far do you have to go?
3. If it is your children who go, do you feel happy about this?
 - If not, why not?
4. Where do you think is the safest place for children in this community?
 - Why?
5. Where do you think is the least safe place for children in this community?
 - Why?
6. Has anything ever happened to you, a member of your family or to a child in the community that is related to the lack of security? (Describe)

7. Do you know of other children in the community to whom something happened that is related to the lack of security?
 - If so, what happened and when?
 - Who dealt with that situation?
 - What happened to them afterwards?
8. What are you most afraid of for your children in the present situation?
9. Have any adults, known or not to you, approached you to suggest taking your children (to work, for example)?
 - Who and how?
 - If not, do you know of any families in your circle to whom this has happened?
10. Who could assist you if you had need of help for your children?
 - Why?
 - Have you ever benefited from this sort of assistance?
 - If so, what had happened?
11. What are the main dangers for the children here?

Violence against children

14. Which children do you judge to be the most vulnerable, most in danger, in the community?
 - Why?
15. Are there any specific measures taken in the community to protect these children?
16. For children who are not with their own parents, who is responsible in case of a problem with them?
17. What do you think are the most appropriate means of inculcating discipline and obedience in children?

18. Do you think there are forms of dangerous or humiliating punishments for children?

- If so, which ones?
- If not, why not?

19. Do you think that physical or humiliating punishment affects a child's development?

20. Have you ever heard people speak about children in your circle, in the community, who have been injured by corporal punishment?

- If so, was it done by the parents or outsiders?
- What do you think of that?
- What measures are taken by the community to intervene in this type of situation?
- If so, what are they, and how are they carried out?

21. Do you know what sexual violence is?

- What is it?
- Do you know children who have been abused sexually?
- What happened? How was it dealt with? What happened afterwards?
- Where is sexual violence most likely to happen?
- Is there somewhere or are there people from whom abused persons or children could get support when they have been abused sexually?

22. What do you think about early marriage?

- Is it a frequent occurrence in your community?
- From what age do girls get married?
- Does this concern some special categories of girls? Daughters of certain families?

23. What do you think about early pregnancies?

- Are they frequent in your community?
- From what age can girls become pregnant?
- Are these young married girls or usually unmarried ones?
- If unmarried, under what circumstances does this usually happen?

24. What do you think about Female Genital Mutilation?

Is it a frequent occurrence in your community?

25. Do you know of any children who have joined bandits or armed groups since the conflict began?

Child labor

1. Do your children work outside the home?

- What jobs do they do?
- Is this OK for you?
- If not, why not?

2. Do your children or other children from your court work outside the home?

- Why?
- What sort of work?

3. Is there a difficult situation for the children? Why?

4. How many hours a day do they work?

- o Are they paid, and how much?
- o If not, why not?
- o If so, what do they do with the money they earn?

4. Have any of your own children left home to work outside the village?

- If so, why?
- Where are they, and what sort of work are they doing?
- Are you in regular contact with them?

5. Do you think this situation embodies risks?

- If so, what sort of risks?
- If not, why not?

6. Do you do anything to lessen these risks?

- If so, what?

Environmental resources

1. What are the problems you are currently facing with your children?
 - What are you doing to solve them?
 - Who could help you to solve them? (State services, resource person from the community, someone else)
 - What could be done to solve them?
 - Have you ever used their services?
 - Did it contribute to solving your problem?
 - If not, why not?
2. Who are the people or State services who could help your children?
 - Why?
 - What could they do for your children?
3. Who do you trust most in the community if there is a problem with your children?
 - Why?
4. Who are the people you do not trust?
 - Why?
5. What sort of activities would you like to see organized for your children?
6. Does any part of your children's behavior worry you? (nightmares, crying fits, sadness, fear of going places by himself, does not play, wets the bed, etc.)
 - What sort of behavior?
 - Why?
7. How do you envisage the future of your children?

And now a final question:

Have you any suggestions for the improvement of child protection within the community, and with the community?

SALLE URENI



Impressum.

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