

Child Protection in Emergencies
Professional Development Programme

Mid-level CPIE staff capacity gap analysis in the West and Central Africa region (including Mauritania)



Children in a public institution, Dakar (Senegal), 2017 (©Serena Zanella)

Final Report

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Acronyms

CAFAAG: Children associated with armed forces or groups

CAR: Central Africa Republic

CFS: Child Friendly Spaces

CGA: Capacity Gaps Analysis

CM: Case Management

CoM: Children on the Move

CP AoR: Child Protection Area of Responsibility

CP/CPiE: Child Protection/Child Protection in Emergencies

CPMS: Child Protection Minimum Standards

CSG: Child Safeguarding

CVJR: Commission Vérité, Justice et Réconciliation

CwDs: Children with disabilities

DG-ECHO: Directorate-General for European Civil Protection and Humanitarian Aid Operations

DRC: Democratic Republic of the Congo

ECOWAS: Economic Community of West African States

ERW: Explosive Remnants of War

EVD: Ebola Virus Disease

FGM: Female Genital Mutilation

FTR: Family Tracing and Reunification

IDP: Internal Displaced People

IED: Improvised Explosive Devices

(I)/(L)NGO: International/Local Non-Governmental Organisation

IOM: International Organisation of Migrations

MEAL: Monitoring Evaluation Accountability and Learning

MHPSS: Mental Health Psycho-Social Support

MICS: Multiple Indicator Cluster Survey

MAEJT : Mouvement Africain des Enfants et Jeunes travailleurs

MRM: Monitoring and Reporting Mechanism

PDP: Professional Development Programme

SEA: Sexual Abuse and Exploitation

SGBV: Sexual and Gender-Based violence

ToT: Training of Trainers

UASC: Unaccompanied Separated Children

UNHCR: United Nations High Commissioner for Refugees

WHO: World Health Organisation

WFCL: worst forms of child labour

EXECUTIVE SUMMARY

Context: priority CP/CPiE issues and prevailing humanitarian scenarios in the region

Conflict (including terrorist attacks) and displacement/forced displacement (to temporary sites or camps deprived of basic services) are the main factors shaping the political context of this region. The security situation is also undermined by the presence of terrorist groups.

Several countries in the region are further disaster-prone (such as is the case in DRC, Liberia, CAR) and subject to serious consequences of climate change on the environment and people's livelihood.

Besides, a sub-set of countries in the region have been or still are affected by the Ebola epidemics (Sierra Leone, Liberia, DRC for example), that has further compounded this already complex political and environmental regional context.

The ongoing armed conflicts, together with other crisis (like natural disasters) and mixed migration flows lead to displacement and family separation. In this regard, IOM and UNHCR bring the spotlight specifically to protection issues affecting IDP and refugee children and children on the move, including in cross-border contexts. Moreover, all forms of violence against children get exacerbated during emergencies. Therefore, the CP issues identified as priorities are all to be understood in light of this complex and dynamic regional and sub-regional contexts.

The identified top three CPiE issues affecting children in the conflict-ridden and displacement-pervaded context of West and Central Africa (including Mauritania) are (not in order of priority):

- All forms of violence (including sexual violence (SGBV), abuse and exploitation)
- UASC and family reunification
- CAAFAG and their reintegration

MHPSS, the need to **integrate education and CP programming, case management, child labour** as well as **family strengthening** have also emerged as high-ranking priorities.

Capacity gaps by CPiE topics

Natural disasters (of both sudden and slow on-set) are the *humanitarian scenarios* where the average 3-5-year experience CPiE staff in the region seems to find the most challenges, while in all other humanitarian scenarios,¹ the average 3-5-year CPiE staff in this region appears to possess medium levels of competence.

Concerning *CP risks* (as classified in the 2019 CPMS),² **CAAFAG is the technical area where the average 3-5-year experience CPiE staff in the region has the lowest level of competence.**

Survey respondents and key informants do not concur about **SGBV**: the first group rates this competency as high overall, while the latter have specifically mentioned this risk as an area of capacity concern instead.

Staff's competence in responding to the needs of **CoM, including in cross-border and in refugee and IDP settings**, and that can also include **unaccompanied and separated children (UASC)** is believed to be limited by key informants, while survey respondents' rate UASC overall as a high-level competence.

Concerning MHPSS, survey respondents rate the competence level as medium, while for key informants it is an area of capacity concern.

Child labour appears to be a risk of at best medium capacity according to both group of respondents.

Despite a non-neglectable divergence of opinion in determining the level of competence of the average 3-5-year experience CPiE staff on *CP programmatic approaches* (as per the 2019 CPMS),³ the most pressing areas in need for improvement are (not in order of priority):

- Case management
- Promoting/strengthening alternative care
- Community-based approaches
- CP system strengthening
- Justice for children (in facts, the lowest-level capacity in this domain)

The main challenge encountered by CPiE practitioners in applying CP programmatic approaches appears to be the **lack of knowledge (of CP tools, standards, systems)** hence an accrued need for capacity building for

¹ Refugees; internally displaced people; children on the move; conflict; sudden on-set natural disasters; slow on-set natural disasters; disease outbreaks.

² CPMS Standard 7: Dangers and injuries; CPMS Standard 8: Physical and emotional maltreatment; CPMS Standard 9: Sexual and gender-based violence (SGBV); CPMS Standard 10: Mental health and psychosocial distress; CPMS Standard 11: Children associated with armed forces or armed groups; CPMS Standard 12: Child labour; CPMS Standard 13: Unaccompanied and separated children.

³ Strengthening family and caregiving environments; community-level approaches; case management; alternative care; justice for children; group activities for child well-being; strengthening child protection systems; working across sectors.

CPiE actors, from NGOs and Government institutions alike. Further obstacles are posed by **lack of funding** and **insufficient community empowerment/recognition**. Lack of coordination, cultural beliefs and weak family structures (such as lack of parental skills) are amongst other mentioned challenges that make the implementation of CP programmatic approaches difficult in this region.

All analysed **cross-cutting issues**⁴ are unanimously considered very relevant to CP(iE) programming in this regional context (if to different degrees of priority), yet mid-level CPiE staff's capacity remains to be strengthened. Despite lots of work having been done on some issues at least in some countries, like on gender and preventative work for instance, overall current CPiE programmes are still poorly integrating all cross-cutting issues. This is due to the recognised **(deep) lack of expertise and sometimes knowledge in all cross-cutting issues**.

It has been noted how environmental considerations also suffer from lack of consideration in humanitarian responses, and that a particular concern for staff is how to make accountability really effective in emergency; further, prevention and preparedness are very neglected despite their importance to mitigate risks and reduce impact on children and families when crisis hit.

In order of priority need for capacity strengthening, the analysed cross-cutting issues can be ranked as follows:

1. Gender
2. Accountability
3. Disabilities
3. Child safeguarding
4. Environmental considerations
5. Age-appropriate programming
6. Prevention

Other important cross-cutting issues that need special attention include:

- Child participation
- Apply the best interest of the child
- Localisation
- Conflict sensitive programming

With at best medium level of capacity in **operational tasks**⁵, the following functions need to be improved in CPiE programmes and responses (not in order of priority):

- ➔ Coordination of CPiE responses
- ➔ Information and data analysis
- ➔ Programme design, including MEAL
- ➔ Child (rapid) needs assessments
- ➔ CP and context situation analysis
- ➔ Remote programming

Integrated programming (e.g., working across sectors) has also been mentioned as a significant skill to build, with particular reference to creating better **joint CP-education programmes**.

Suggested modalities for Save the Children CPiE PDP

A number of significant **barriers** have been identified that limit the participation of mid-level CP/CPiE practitioners in the region in professional development opportunities (in order of priority):

1. Funding
2. Access
3. Timing
3. Excessive workload
4. Lack of adequate technical skills/capacity
5. Personal availability to attend

Other significant obstacles mentioned by key informants and survey respondents include:

- Language of training

⁴ Disabilities; environmental considerations; gender; prevention; accountability; child safeguarding; age-appropriate programming.

⁵ Conduct Child Protection rapid assessments/situation analyses; participate in CPiE coordination mechanisms; strategic planning with child protection actors; build partnerships with relevant stakeholders; develop appropriate MEAL features for CPiE interventions; remote programming; provision of humanitarian assistance in urban contexts.

- Lack of quality learning opportunities
- Limited number of capacity development opportunities
- Inappropriate and/or unjust selection of participants
- Lack of knowledge of existing capacity development opportunities
- Problems linked to management and governance of the NGOs

Participants have expressed their opinion on the *preferred and most effective learning modalities* for a capacity development programme. They highly value the effectiveness of **face-to-face learning that unquestionably results as the most preferred modality. Following, experiential learning and job placements and site visits appear as effective and appreciated learning modalities.** In particular, participants clarified how **all forms of practical learning are to be coupled with face-to-face learning and vice-versa to make a comprehensively effective course.**

Instead, regarding online learning, whether led by an instructor or as a self-study modality, opinions diverge a little. While it appears that the **online modality is always less effective than face-to-face learning, survey respondents still seem to appreciate online learning with an instructor.**

Finally, while **key informants have profusely praised the value, effectiveness and importance for staff of being accompanied by a mentor, for survey respondents this modality is the least desirable.** Why such a divergence of opinion is unknown.

It has emerged that the *main factors for a successful professional development programme* for mid-level CPiE national practitioners in this region are:

- ⇒ Human factor: participants' selection and commitment, together with a pool of excellent qualified facilitators, capable of overcoming any bias.
- ⇒ Informed and specific content: based on a preliminary capacity needs assessment, the course content must be adapted to the regional context, including using the preferred language of the participants.
- ⇒ Blended approach: combine learning modalities and foster practical sessions, value sharing of individuals' experience and practical knowledge, ensure post-training follow-up, including through mentoring.
- ⇒ Strong monitoring and evaluation system: proper measurement of commitment, progress and achievements of participants.

Finally, this region characterises for a spotty offer of CP/CPiE learning opportunities, mostly at country level, sporadic or monothematic. The only significant CP training option at the regional level is **Bioforce's CP Manager course in Dakar.** A 3-month residential theoretical and practical training course, it also envisages a 6-month field experience in a partner NGO to issue a graduation diploma. Only held in French language, this capacity building opportunity targets staff with expertise in social work in Europe (particularly, France) who want to begin a carrier in the humanitarian sector, staff from the region with strong CPiE experience but with not strong theory and conceptualization knowledge, or with no strong background in project management, as well as representatives from countries in the region. The course is however fairly expensive, requires a long-term commitment in Dakar and in the field (9 months in total) and is mostly focused on building programme management skills of CPiE managers, rather than technical CPiE capacity. For this reason, **Save the Children's CPiE PDP in French language could definitely be a valuable match to Bioforce's diploma in terms of creating synergy and complementarity, but also offer a much needed further CPiE learning option.** In parallel though, the already existing **Save the Children's CPiE PDP in English for the South and East Africa region should consider expanding its reach to specifically reserve places to West Africans from English speaking countries, unable to access French-based learning initiatives.**

Conclusions

In conclusion, in this vast region ridden by so many emergencies affecting millions of vulnerable children amidst a recognised limited level of technical professional capacity of CPiE practitioners, **Save the Children's CPiE PDP in French language would represent a valid opportunity for regional staff.** A solidly designed, well-planned and effective CPiE PDP stands the chance to become a referral point for NGOs, UN and governmental officers from varied countries, and could pave the way to improving professionalism in the child protection sector in humanitarian action.

CHAPTER 1: Introduction

1.1 Save the Children CPiE Professional Development Programme⁶

Supported by the IKEA Foundation, Save the Children's *Child Protection in Emergencies Professional Development Programme* (CPiE PDP) aims to increase child protection in emergencies capacity sector-wide and raise immediate response capability in targeted regions.

In 2015-2016 the Programme has been piloted in South East and East Asia and in 2017 iterated for the whole of Asia Pacific region, where it is currently running its 4th cycle. In 2018-2019, the Programme has been further adapted and contextualized to the Middle East and Eastern Europe region and to the Eastern and Southern Africa region, where it is currently at its 2nd iteration. Save the Children is conducting this CPiE Capacity Gaps analysis to inform a potential expansion of the CPiE PDP portfolio to the West and Central Africa region.

The CPiE PDP is designed to enhance the skills, knowledge and behaviours required of mid-level child protection professionals in a humanitarian child protection response. It aims to empower CP practitioners, from international and national NGOs, UN agencies as well as governments, to strengthen their child protection humanitarian response capabilities in both chronic crises and new emergencies. Participants should be nationals of countries within the targeted region in line with localization priorities. Every iteration can have an uptake of 26 participants maximum.

With some differences across the regions to accommodate different learning outcomes, the Programme's objective is to build knowledge, skills and attitudes around the following learning areas:

- ✓ Child protection in emergencies principles
- ✓ Child protection in emergencies risks
- ✓ Child protection in emergencies strategies
- ✓ Relevant cross-cutting themes
- ✓ Areas affecting the quality of child protection in emergencies responses
- ✓ Child protection in emergencies and capacity strengthening
- ✓ Operating contexts

1.2 Purpose and methodology of the CPiE capacity gap analysis in West and Central Africa including Mauritania (summary)

The CPiE capacity gaps analysis (CGA) in the West and Central Africa (plus Mauritania) region, targeting CPiE practitioners with 3-5 years of professional experience, has been conducted by independent consultants Serena Zanella and Manuela De Gaspari⁷, during the period November 2019-February 2020.

Overall objective of the CGA has been to collect and provide information on:

- Identified key CPiE capacity gaps.
- Existing and available capacity building initiatives.

Inputs from the issued final report will be used by Save the Children CPiE PDP team to define the need to run a CPiE capacity building initiative in the region and potentially its format/design.

For the sake of this exercise, 13 countries have been selected by Save the Children as the target:

1. Burkina Faso
2. Central African Republic (CAR)
3. Chad
4. Côte d'Ivoire
5. Democratic Republic of Congo (DRC or The Congo)
6. Liberia

⁶ Information in this section has been provided by Save the Children CPiE PDP Programme Manager.

⁷ Independent consultants: serena.zanella@hotmail.com; manuela.consultant@gmail.com

7. Mali
8. Mauritania
9. Niger
10. Nigeria
11. Senegal
12. Sierra Leone
13. The Gambia

The methodological approach adopted for the CGA consists in the following elements:

- Preliminary briefings with the Save the Children CPiE PDP Programme Manager.
- Secondary data and information from reviewed documents: a total of 80 secondary sources have been used for the CGA, as detailed in the bibliographic list at the end of this report. Documents for desk review have been identified amongst grey literature through an online search based on a simplified protocol, described in the methodological annex (see Annex 1). Documents have been identified and retained based on very simple criteria such as: geographical coverage (regional and/or national level in any of the 13 target countries) and thematic relevance in any of the various contextual and CPiE topics analysed in this research.
- Primary data collection through semi-structured interviews and online surveys.
Key informants have been identified with Save the Children CPiE PDP Programme Manager and UNICEF regional CPiE specialist, as well as through the consultants' network or via a snow-ball effect during other interviews. Key informants participating in the CGA are CP/CPiE and training specialists from the region and/or from any of the 13 target countries working for INGOs, LNGOs, UN Agencies, Governments and training institutions, all with very high calibre knowledge of the subject matter and from organisations of known reputation. Key informant interviews have been conducted in December 2019 – January 2020: 32 interviews have been held with 35 participants in total (see key informants list in Annex 2). Copy of the key informant interview questionnaire is enclosed in the methodological annex (see Annex 1).
Additionally, a survey has been designed (hosted on Survey Monkey), or to be more accurate two surveys have been designed: in English and in French. The surveys were distributed in all the 13 target countries via any form of existing CP coordination group, and remained opened from 11 to 24 December 2019 (both included). The survey targeted CP/CPiE professionals with 3-5 years of experience or more. Eventually, a set of 76 complete surveys has been received that represents the base of data analysed, tabulated/plotted and presented in this report. More details on the survey(s) distribution process, copy of the survey in English and a complete report with all data sets and the raw database are provided in the methodological annex (see Annex 1).
- Triangulation (the confirmation of data through multiple sources): applied mainly by comparing primary data to information from secondary sources. Another form of triangulation, also called "investigator triangulation" in literature,⁸ is the advantage of having a team of two researchers, who have ensured constant brainstorming and cross-checking along the process.

Some limitations have been encountered during the CGA, however successfully kept under control:

- ✓ The sample of participants cannot be considered statistically representative. Yet, the high level of knowledge and direct experience of the respondents on the matters under review make findings relevant.
- ✓ This capacity gaps analysis does not foresee field visits.
- ✓ The capacity gaps analysis focuses on 13 countries in West and Central Africa, including Mauritania, however this exercise has a regional focus and does not aim to provide country-specific details. Findings have therefore been presented as the "average" response applicable to the entire sample of participants and with a regional lens.
- ✓ The tight timeline of this exercise has not allowed for tool testing.
- ✓ The bilingual assignment added extra-time to the already busy and tight schedule of the research.

⁸ N. Denzin, *Sociological methods: a sourcebook*, Aldine Transactions, 2006.

1.3 Participants to the CPiE capacity gap analysis

Based on initial suggestions provided by the consultants and others made by Save the Children CPiE PDP Programme Manager, the number and type of participants have been determined by data collection method: semi-opened interview and online survey. A non-random sample has been used to select participants to this exercise.

In total, **111 persons participated in the CGA** either as key informants or as survey respondents. By gender, only 36,9% of the participants are female practitioners.



70 male participants (63,1%) 41 female participants (36,9%)

CHAPTER 2: Child protection topics and the humanitarian context in the region

2.1 Child protection and humanitarian context in the region (in a nutshell)

This introduction aims to present a general overview of humanitarian scenarios and main CPiE risks in the West and Central Africa region (including Mauritania). All mentioned scenarios and risks could be the subject of a dedicated monography; hence this section is not supposed to be exhaustive, but simply touches upon main issues. Since this CPiE capacity gaps analysis has a regional coverage, data for some of the 13 countries selected for this exercise are presented to give examples and some details on specific matters, but not all countries are mentioned for all scenarios and CPiE risks hereby described. Moreover, it is to be acknowledged that systematized and updated CPiE data availability online is scarce and incomplete at best,⁹ which lead to a fragmented picture.

Conflicts and humanitarian scenarios

The West and Central Africa region is **devastated by multiple conflicts of different types**, due to interrelated causal factors, in countries such as Mali, Niger, Nigeria, Burkina Faso, Cameroon, Central Africa Republic, Democratic Republic of the Congo, and the Lake Chad basin.

UNHCR reports data on **refugees and IDPs** by country (updated 31 December 2019) help understand the magnitude of the displacement movements affecting this region, particularly in some countries:¹⁰ first of all, the Democratic Republic of the Congo, with 526,171 refugees/asylum seekers,¹¹ 63,4% of which being children.¹² In Chad, figures indicate 437,951 refugees (75,5% from Sudan and 21,5% from CAR) and 170,278 IDPs.¹³ In Central Africa Republic, 7,480 refugees and 600,136 estimated IDPs;¹⁴ globally, 586,964 refugees from CAR are living in neighbouring countries, 49% of which in Cameroon and DRC.¹⁵ For Nigeria, 54,166 refugees and a global figure of 2,344,987 IDPs.¹⁶ Finally, in Niger, 218,261 refugees¹⁷ (almost 74% from Nigeria and almost 26% from Mali) and 188,372 IDPs (Diffa, Tillabéri, Tahoua and Burkina Faso border).¹⁸

Data on **children on the move** are rarely captured: unfortunately, it is impossible to get comprehensive figures of child mobility within and from the West and Central Africa region. Moreover, an additional challenge is the number of unaccompanied children, that is “*unknown, with only fragmented data available, which cannot provide a comprehensive picture*”.¹⁹

Despite the lack of age (and gender) disaggregated data, Unicef estimates that more than half of all refugees in Africa are children (approximately 4 million), most of them hosted in the West and Central Africa countries. Similarly, almost half of the IDPs are children (approximately 7 million). As to migrant children, 1 in 4 international migrants in Africa is a child (6.5 million in total).²⁰

Research on child mobility, often focuses on the West Africa region, in the past 15 years broadened the perspective under which **unaccompanied and separated children (UASC)** are considered: child mobility is

⁹ For example, Multiple Indicator Cluster Surveys (MICS) prior to the year 2016 have not been consulted. In some cases (Gambia), data from 2010 MICS have been reported, while in others (CAR and DRC) 2010 MICS have not been consulted, as the humanitarian context has degenerated for the ongoing conflicts.

¹⁰ All data extracted from <https://data2.unhcr.org/en/countries/>. Consulted on 17 January 2020.

¹¹ UNHCR, *Factsheet Democratic Republic of the Congo*, Update 30 November 2019.

¹² The only available age disaggregated data.

¹³ Updated 31 October 2019.

¹⁴ <https://data2.unhcr.org/fr/situations/car>. Last updated 30 September 2019.

¹⁵ <https://data2.unhcr.org/fr/documents/download/73146>. Updated 30 November 2019.

¹⁶ Last updates 31 December 2019.

¹⁷ Updated 31 October 2019.

¹⁸ Various updates, between 31 July 2019 and 31 October 2019.

¹⁹ Save the Children and Mixed Migration centre, *Young and on the move in West Africa*, February 2018, page 22.

²⁰ Unicef, *Data snapshot of migrant and displaced children in Africa*, <https://weshare.unicef.org/Package/2AM408TSBSBS>.

not only linked to child trafficking or be seen as a cause of dangers, but also as source of opportunities.²¹ However, these children face a variety of risks along their journey: from the access to social, health and education services, to threats to their life, to all forms of violence (including sexual violence and exploitation), to varied kinds of situations that severely undermine their mental health and wellbeing.²²

Concerning **natural disasters**, all West and Central Africa countries are subject to a variety of hazards. According to a World Bank report “*disasters in Sub-Saharan Africa are predominately hydro-meteorological and climatological, and comprise cyclones and storms, floods, landslides, extreme temperatures, wildfires and droughts [...]. Droughts affect the [highest] number of people on the continent, followed by floods and storms*”.²³ What makes the capacity to cope with these disasters very low is a combination of factors including poverty, weak governance structures and a dependence of rainfed agriculture.²⁴ The impact of climate change, and the consequent measures to take for disasters risk reduction, are not given enough attention and resources by governments in the region.

This region also experiences devastating **disease outbreaks**: complex situations where “*increased virus circulation among insufficiently immunized populations in combination with the region’s rampant urbanization set the scene for an explosion of urban epidemics. This situation is aggravated by spontaneous or forced migrations of unprotected people to areas at risk*”.²⁵ For instance, since 2000, 14 West African countries reported cases of yellow fever.²⁶ It has to be noted that the number of these cases is generally underestimated.

If not enough, the 2014-2016 Ebola outbreak in West Africa was one of the most fearful medical emergencies in the region. On 23rd March 2014, the World Health Organization (WHO) reported cases of Ebola Virus Disease (EVD) in a rural region of south-eastern Guinea Conakry; from there, the disease spread into Liberia and Sierra Leone. Over the time, the disease also reached Italy, Mali, Nigeria, Senegal, Spain, the United Kingdom, and the United States (with very few cases reported in these countries). At the end of the outbreak, a total of 28,616 cases and 11,310 deaths had occurred in Guinea, Liberia and Sierra Leone²⁷. “*The scope of this outbreak, both in terms of cases and geography, can be attributed to the unprecedented circulation of EVD into crowded urban areas, increased mobilization across borders, and conflicts between key infection control practices and prevailing cultural and traditional practices in West Africa*”.²⁸ More recently, since August 2018, the 10th outbreak of Ebola virus disease hit the Democratic Republic of the Congo: the largest-ever outbreak reported in the country and the world’s second largest in history, in an area “*characterised by insufficient prevention control practices in many health facilities and persistent reluctance in the community to accept response activities*”.²⁹ On a positive note, very few cases have been reported to date since October 2019.

CPiE risks to children

Civil registration

Parents’ lack of awareness, ignorance on the procedures, and scarce access to quality civil registry services are some of the factors that undermine **birth registration, the basis for the fulfilment of all other child rights and access to citizenship**. In the region, there is still a high percentage of children not able to enjoy the respect of their rights because of lack of civil registration. The country with the best indicator is Senegal, with 75% of

²¹ See for instance Iman Hashim, Dorte Thorsen, *Child Migration in Africa*, The Nordic Africa Institute, 2011; Plan WARO, Enda Jeunesse Action, AMWCY, ILO, Terre des Hommes foundation, IOM, Save the Children Suède, UNICEF WCARO, *Project of Joint Regional Study on the Mobility of Children and Youths in West Africa. Which Protection for Children Involved in Mobility in West Africa*, 2011.

²² For instance, see UNICEF, *Uprooted: The Growing Crisis for Refugee and Migrant Children*, 2016.

²³ The World Bank/Global Facility for Disaster Reduction and Recovery, *Report on the status of Disaster Risk Reduction in Sub-Saharan Africa*, November 2010, page 1.

²⁴ The World Bank/Global Facility for Disaster Reduction and Recovery, *Report on the status of Disaster Risk Reduction in Sub-Saharan Africa*, November 2010, page 3.

²⁵ <https://www.who.int/csr/disease/yellowfev/westafrica/en/>.

²⁶ The 14 countries at risk of yellow fever transmission in the region are Benin, Burkina Faso, Côte d’Ivoire, The Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Nigeria, Senegal, Sierra Leone and Togo.

²⁷ In addition, 36 cases and 15 deaths outside of these three countries.

²⁸ <https://www.cdc.gov/vhf/ebola/history/2014-2016-outbreak/index.html>.

²⁹ <https://www.ecdc.europa.eu/en/ebola-virus-disease-outbreak-democratic-republic-congo-ongoing>.

children under five registered,³⁰ follows by Côte d'Ivoire at 71,7%.³¹ In Mauritania, this percentage decreases to 65,6%.³² In the Gambia (MICS 2010) only 52,5% of children under five had been registered at birth. On a linked note, in the same country, baby abandonment is common place, for reasons going from poverty, to stigma associated with having a child out of wedlock.³³ In Nigeria, only 46,8% of children under five are reported as registered at birth,³⁴ while in Liberia, less than one quarter of all births are registered (being this the lowest level of birth registration in the world).³⁵

It is to be said that, even when the child has a **childbirth certificate, this can be lost during conflicts**. For instance, in the south west regions of Cameroon, by July 2018, 90% of households were estimated to have lost a birth certificate.³⁶

Dangers and injuries, physical and emotional treatment, and violence in all its forms, including sexual violence

Violence against children is widespread in the region. For instance, in a quite stabilized context as Senegal, the prevalence of physical violence on 13-17-year-old boys was 35%, while for emotional violence, this was 58%. The percentages for girls were 31% and 48% respectively. Furthermore, 14% of boys and 27% of girls aged 13-17 years had been victims of sexual violence.³⁷

The root causes of violence may vary from the well tolerated use of violent discipline in schools and at home, to the social perception of women, to the lack of comprehensive and effective child protection systems and weak coordination mechanisms for case management.

For instance, in The Gambia, *"the absence of a national child protection strategy and child protection policy as well as poor coordination mechanism has left the child protection system weak"*, increasing the vulnerability of many children to violence and other child protection issues.³⁸ According to the 2010 MICS, more than 90,3% of children aged 2-14 years were subjected to at least one form of psychological or physical punishment.³⁹ Additionally, in this country, girls are the most exposed to sexual abuse by adult men (called Sugar Daddies), and sexual exploitation is taking place extensively in the tourism industry. **The Gambia is a source, transit and destination country for trafficking of children for sexual purposes, "primarily with tourists"**.⁴⁰

In Nigeria, 1 in 4 girls and 10% of boys have been victims of sexual violence, but of the children reporting violence, only a staggering 5% received assistance.⁴¹ Besides, almost 85% of children between 1-14 years have been victims of corporal punishment or psychological maltreatment;⁴²

³⁰ Unicef, *Moving from a child protection strategy and plan to real change for children and families in Senegal*, November 2015, page 2. Sources for indicators are indicated in the document.

³¹ Côte d'Ivoire, *Enquête par Grappes à Indicateurs Multiples (MICS) 2016, 2017*, page 28.

³² Mauritanie, *Enquête par Grappes à Indicateurs Multiples (MICS) 2015 – Rapport des résultats clé*, 2016, page 17.

³³ https://www.unicef.org/gambia/activities_8342.html.

³⁴ Nigeria, *Multiple Indicator Cluster Survey 2016-2017*, 2018, page ix.

³⁵ <https://www.unicef.org/liberia/child-protection>.

³⁶ Child Protection AoR, *Risks and Needs for Child Protection in Cameroon – North West and South West Crisis – Secondary review*, April 2019, page 8.

³⁷ Unicef, *Moving from a child protection strategy and plan to real change for children and families in Senegal*, November 2015, page 2. Sources for indicators are indicated in the document.

³⁸ https://www.unicef.org/gambia/activities_8342.html.

³⁹ https://www.unicef.org/gambia/activities_8342.html.

⁴⁰ Ecpat, *The Gambia - Global monitoring – Status of action against commercial sexual exploitation of children*, 2015, page 11.

⁴¹ <https://www.unicef.org/nigeria/child-protection>.

⁴² Nigeria, *Multiple Indicator Cluster Survey 2016-2017*, 2018, page ix.

Children victims of corporal punishment or psychological maltreatment reach 86,5% in Côte d'Ivoire,⁴³ 87% in Sierra Leone⁴⁴ and slightly decrease to 80% in Mauritania.⁴⁵ Similarly, in Niger, more than 80% of children have experienced violent discipline.⁴⁶

Also in Liberia, violence against children, especially girls, is alarming, and includes all forms of sexual violence. In 2015, 89% of reported rape survivors were children, with 39% being aged 12 or even less. In this country, **schools can become unsafe places for children: sex in exchange of better marks or exams' approval is common place, and violent discipline is also very practiced.**⁴⁷ A similar situation is described for The Gambia (e.g., sex in exchange for favours from teachers)⁴⁸ and Sierra Leone.⁴⁹ In Côte d'Ivoire 46% of children in schools are hit by their teachers, equally boys and girls. Students are also victim of sexual harassment (38%), sexual abuse (10%) and rape (18%). Perpetrators can be peers (more than 50% of the cases), but also teachers.⁵⁰

Violence is not the only threat to physical and psychological wellbeing, as **children can be as well injured or killed during times of conflicts.** In the anglophone Cameroon, peaks of violence and arbitral arrests in 2018 led to the killing of at least 400 civilians. In May 2019, the number of casualties had reached 1,850, but specific data on injured children are not available.⁵¹ In Northern and Central Mali, *"children are exposed to serious physical injuries due to the critical security situation, [...] resurgence of crime and armed conflict. Most incidents are linked to killings or injuries from Improvised Explosive Devices (IED) or Explosive Remnants of War (ERW)"*. Crossfires and circulation of light weapons are an additional concern with an impact on child casualties.⁵² Similarly, in CAR children are often casualties during attacks by different armed groups.⁵³ In Nigeria, the United Nations documented accounts of 3,909 children killed and 7,333 children maimed during incidents in the reporting period.⁵⁴

If girls and boys are systematically targeted for **sexual abuse and violence (including rape) in "peaceful" times, this issue escalates when an armed conflict or an emergency is ongoing.**

Sexual violence against girls and boys, despite the lack of data, is rampant in Mali: *"in rural areas of the country, where sexual violence against women is taboo, many cases remain unknown due to reasonable fears of reprisal or stigmatization"*. The number of reported gender-based violence (GBV) cases have increased from 1,462 (2015) to 2,164 (2016) then down to 1,833 (2017).⁵⁵ In North-West and South-West Cameroon, in February 2019, a study mentioned **rape as weapon of war**. Multiple reports have highlighted that women and girls easily engage in prostitution or turn to survival sex⁵⁶ (but boys, even if not frequently mentioned, can be as well at high risk of sexual violence and survival sex). As a result, **teenage pregnancy rates raised**.

The **Democratic Republic of the Congo** has been acknowledged in the past as the rape capital in the world,⁵⁷ with the **worst forms of sexual atrocities perpetuated against women and children**, and well documented **cases of mass rape**. The perpetrators are from all parties (governmental troops, armed militias, civilians), and

⁴³ Côte d'Ivoire, *Enquête par Grappes à Indicateurs Multiples (MICS)* 2016, 2017, page xxvi.

⁴⁴ Sierra Leone, *Multiple Indicator Cluster Survey 2017 – Snapshot of key findings*, 2018, page 47.

⁴⁵ Mauritanie, *Enquête par Grappes à Indicateurs Multiples (MICS) 2015 - Rapport des résultats clé*, 2016, page 17.

⁴⁶ <https://www.unicef.org/niger/child-protection>.

⁴⁷ <https://www.unicef.org/liberia/child-protection>.

⁴⁸ Ecpat, *The Gambia - Global monitoring – Status of action against commercial sexual exploitation of children*, 2015, page 14.

⁴⁹ Search for common ground, *The worst forms of violence against children and youth in Sierra Leone*, March 2015, page 7.

⁵⁰ Unicef Côte d'Ivoire, *CPD 2017 – 2020: Strategic Note Child Protection*, pages 2 and following.

⁵¹ Child Protection AoR, *Risks and Needs for Child Protection in Cameroon – North West and South West Crisis – Secondary data review*, April 2019, page 11.

⁵² Child Protection AoR, *Risks and Needs for Child Protection in Mali – Secondary data review*, September 2018, page 5.

⁵³ UN General Assembly Security Council, *Children and armed conflict Report of the Secretary-General*, 20 June 2019, page 8.

⁵⁴ January 2013 – December 2016, UN Security Council, *Report of the Secretary-General on children and armed conflict in Nigeria*, 10 April 2017, page 9.

⁵⁵ Child Protection AoR, *Risks and Needs for Child Protection in Mali – Secondary data review*, September 2018, page 7.

⁵⁶ Child Protection AoR, *Risks and Needs for Child Protection in Cameroon – North West and South West Crisis – Secondary data review*, April 2019, pages 11-12.

⁵⁷ See for instance reports such as Carly Brown, *Rape as a Weapon of War in the Democratic Republic of the Congo*, 2012, in Torture: quarterly journal on rehabilitation of torture victims and prevention of torture, https://www.researchgate.net/publication/232532891_Rape_as_a_Weapon_of_War_in_the_Democratic_Republic_of_the_Congo.

get away with upsetting impunity.⁵⁸ Hundreds of **children survivors of sexual violence are girls between 12-17 years (68% of survivors)**.⁵⁹ A similar situation is in the **Central Africa Republic**, where sexual violence is often a war weapon: thousands of girls are facing sexual violence, “*not only by armed groups and forces but also by people they know and trust. The true numbers are unclear because of under-reporting*”.⁶⁰

Child marriage

In an outstanding number of countries in **West and Central Africa child marriage is the norm**. Out of the 20 top countries with the highest prevalence of child marriage in the world, **Niger scores first (76%), CAR 2nd (68%), Chad is 3rd (67%), Burkina Faso is 5th (52%), Nigeria is 11th position (44%), while Sierra Leone (39%), DRC (37%) and Mauritania (37%) score respectively 18th, 19th and 20th**.⁶¹

Even in countries excluded from the “top 20” list, child marriage is usually practiced. In The Gambia, for instance, 46,5% of the women aged 15-49 were married before 15.⁶² In Cameroon (North-West and South-West regions), according to Unicef 10% of girls are married by the age of 15, and 31% by the age of 18.⁶³ Surprisingly, in Senegal, a country with no ongoing humanitarian emergencies, the percentages are even higher: 12% and 33%, respectively.⁶⁴ This is therefore in testimony to the cultural prevalence of child marriage practices in this region. Indeed, for example in Mali and Niger, “*marriage is considered a strategy to protect girls’ physical integrity and virginity and, by extension, their own and their families’ honor. Marriage also signifies a formal acquisition of adult roles and responsibilities barred to unmarried young people. For parents, the marriage of their children is a testament to their role in the social, economic, religious and moral education of their sons and daughters*”.⁶⁵

Child marriage is one of the contributing factors of the continued cycle of poverty and inequality in vulnerable communities,⁶⁶ and can have severe consequences on girls’ physical health, especially in case of early pregnancies. The health of the babies is as well at greater risk of perinatal infant mortality and morbidity.⁶⁷

According to 28 Too Many, the prevalence of **female genital mutilation (FGM)** across West Africa varies. Of 13 countries⁶⁸ included in this CPiE capacity gaps analysis, **the highest prevalence is registered in Mali (91,4%), Sierra Leone (89,6%), Chad (83,4%), Burkina Faso (75,8%), The Gambia (74,2%) and Mauritania (66,6%)**.⁶⁹

FGM is usually associated to hygiene, a way of preserving virginity before marriage (and therefore guarantee a good marriage), a religious norm and social acceptance.⁷⁰ For instance, in Sierra Leone, this practice is performed as initiation rites, practiced by women’s secret societies that give them protection, sense of ownership and respect.⁷¹ **Women and girls are under strong social pressure to accept this ritual, as refusing FGM means being excluded from the community and potentially being victims of discrimination.**

⁵⁸ Mouvement des Survivant.e.s de Viols et Violences Sexuelles en RDC, Fondation Dr Denis Mukwege, Fondation Panzi, The Right Livelihood Award Foundation, *Rapport Conjoint en vue de l’Examen Périodique Universel du Conseil des Droits de l’Homme, République Démocratique du Congo, La voix des survivant.e.s de violences sexuelles en temps de conflit*, 4 Octobre 2018, pages 3-4.

⁵⁹ OCHA, *Humanitarian Response plan 2018 update*, December 2017, page 9.

⁶⁰ UNICEF, *Crisis in the Central African Republic*, November 2018, page 12.

⁶¹ <https://www.girlsnotbrides.org/where-does-it-happen/atlas/>.

⁶² https://www.unicef.org/gambia/activities_8342.html.

⁶³ Child Protection AoR, *Risks and Needs for Child Protection in Cameroon – North West and South West Crisis* – Secondary data review, April 2019, page 4.

⁶⁴ Unicef, *Moving from a child protection strategy and plan to real change for children and families in Senegal*, November 2015, pages 2-3. Sources for indicators are indicated in the document.

⁶⁵ Plan International, *Family honour and shattered dreams: girls brides in Mali, Niger and Senegal*, 2017, page 7.

⁶⁶ https://www.unicef.org/gambia/activities_8342.html.

⁶⁷ <https://www.girlsnotbrides.org/themes/health/>.

⁶⁸ Excluding the Democratic Republic of the Congo.

⁶⁹ For the other countries, the percentage decrease from Liberia (44,4%), to Côte d’Ivoire (38,2%), Nigeria (24,8%), Senegal (24,2%), CAR (24,2%), Niger (2%), and Cameroon (1,4%). <https://www.28toomany.org/continent/africa/>.

⁷⁰ <https://www.28toomany.org/continent/africa/>.

⁷¹ OFPRA, *Les mutilations sexuelles féminines (MSF) – Sierra Leone*, 9 avril 2018, page 3.

In summary, the FGM concern discrimination, human and child rights, in particular the right to health (prevention of risks and treatment of sexual and reproductive health).⁷²

Child labor

In Senegal, the issue of child labor and child exploitation is severe, concerning 66% of boys and 78% of girls between 5-17 years.⁷³ These percentages are respectively 38% and 40% in Sierra Leone.⁷⁴ The prevalence of children exploited by street begging is alarming (55% of children in Koranic schools in Dakar beg); in The Gambia, it is frequent to see children living and/or working on the streets, especially *talibés* boys and runaways.⁷⁵ **Talibés boys are not only subject to worst forms of child labor such as begging (although data are very challenging to gather), but also to all types of physical and psychological abuse and neglect, against all child rights.**⁷⁶

In Nigeria, 50,8% of children between the ages of 5-17 years are involved in a form of child labor;⁷⁷ in Mauritania, this percentage is much lower (37,6%),⁷⁸ and decreases further in Côte d'Ivoire (31,3%).⁷⁹ In Liberia, at least 31% of children aged 2-14 are engaged in some form of activity.⁸⁰ In Cameroon, 56,2% of children aged 5-14 years were considered as working, often engaged in the worst forms of child labor, and *"the outbreak of the crisis in the anglophone regions has weakened any advancement on this regard. As described by different sources, the cultural acceptance of children's contribution to daily duties in Cameroon is often encouraged by parents in order to contribute to household expenses"*.⁸¹ In Mali, in 2013, 40% of children aged 5-14 were involved in activities detrimental to their development, but the prevalence of child labour is certainly much higher at present. The CP AoP reports that in this country, according to a 2015 secondary source, *"child labor in agricultural, domestic and informal work concerned nearly 70% of children, 60% of whom were under 12 years of age"*. A high number of children is victim of commercial or sexual exploitation and forced to beg as *talibés*.⁸²

Mental health and psycho-social distress

There is very little evidence of the impact of the ordeals mentioned in this introduction on the psychological health of children. It is undeniable that violence and maltreatments in all their forms have a strong impact on the well-being of individuals, who sometimes have to live with irreversible traumas and detrimental sequels, affecting their personal and professional life, thus putting them at risk of isolation, drug consumption, violent behavioral. For instance, in Cameroon, *"it has been reported that children suffering mental health distress turn to negative coping mechanisms, such as taking drugs, theft or enrollment in armed factions"*.⁸³ In Mali, *"normal living patterns have been disrupted in many areas of the country, and endemic violence has prevented normal social activities, such as schooling"*, with a heavy toll on the mental health, resilience and positive coping mechanisms of children having witnessed unbearable levels of violence.⁸⁴

⁷² Armelle Andro* et Marie LeScingand, *Les mutilations génitales féminines. Etat des lieux et des connaissances*, Institut national d'études démographiques | « Population » 2016/2 Vol. 71 |, page 226.

⁷³ Unicef, *Moving from a child protection strategy and plan to real change for children and families in Senegal*, November 2015, page 3. Sources for indicators are indicated in the document.

⁷⁴ Sierra Leone, *Multiple Indicator Cluster Survey 2017 – Snapshot of key findings*, 2018, page 48.

⁷⁵ https://www.unicef.org/gambia/activities_8342.html

⁷⁶ See for instance Human Rights Watch, *There is enormous suffering*, 2019, and *I still see the Talibés begging*, 2017.

⁷⁷ Nigeria, *Multiple Indicator Cluster Survey 2016-2017*, 2018, page ix.

⁷⁸ Mauritania, *Enquête par Grappes à Indicateurs Multiples (MICS) 2015 – Rapport des résultats clé*, 2016, page 17.

⁷⁹ Côte d'Ivoire, *Enquête par Grappes à Indicateurs Multiples (MICS) 2016, 2017*, page 28.

⁸⁰ <https://www.unicef.org/liberia/child-protection>.

⁸¹ Child Protection AoR, *Risks and Needs for Child Protection in Cameroon – North West and South West Crisis – Secondary data review*, April 2019, pages 16-17.

⁸² Child Protection AoR, *Risks and Needs for Child Protection in Mali – Secondary data review*, September 2018, pages 10-11.

⁸³ Child Protection AoR, *Risks and Needs for Child Protection in Cameroon – North West and South West Crisis – Secondary data review*, April 2019, page 14.

⁸⁴ Child Protection AoR, *Risks and Needs for Child Protection in Mali – Secondary data review*, September 2018, page 8.

Children recruited by armed groups and armed forces

Because of school dropout and lack of professional opportunities, children, boys and girls, are very vulnerable to recruitment by armed groups and forces in conflict-ridden countries of the region. Children are targeted to be combatants, but also assigned to several activities, even as suicide bombers. Girls are often used as cooks or to fetch firewood and are at great risk of becoming sexual slaves or “spouses” for men in arms.

In DRC, a total of 631 children (91 girls, 540 boys) were recruited only during 2018 (70% in North Kivu).⁸⁵ Once become a “soldier” in the militias, boys are perpetrators of violence “of alarming level”, as told in Cameroon.⁸⁶

The report of the Secretary-General on children and armed conflict indicates that **Nigeria is the second country in the world (after Syria) per number of recruited children.**⁸⁷ In the north-east regions of Nigeria most affected by the conflict (Adamawa, Borno and Yobe), mass abductions of children, use of boys as human shields and for intelligence purpose, and use of girls as young as 10 as suicide bombers by Boko Haram have been verified.⁸⁸ Estimates report that “**at least 8,000 children have been recruited and used by Boko Haram since 2009**”,⁸⁹ and “**at least 7,000 girls and women have suffered from sexual violence perpetrated by Boko Haram since 2009, including following abductions and during forced marriage**”.⁹⁰

In Mali, there were almost 750 allegations⁹¹ of recruitment and various associations of children to armed groups (including girls), between 2014 and 2017, out of which 284 were verified. Recruitment is attributed to a variety of groups. **The peak of reported cases of child recruitment in Mali occurred in 2016, probably because of “misinformation about the disarmament, demobilization and reintegration process, [which] led to an increase in children joining armed groups in the hopes of benefitting from the adult disarmament, demobilization and reintegration package”.**⁹²

Once released, “CAAFAG require psychosocial support, and further reintegration approaches, such as the sensitization of other children towards de-stigmatization”.⁹³ Demobilized boys and girls are at high risk of being rejected by families and communities because of their past, and this can easily lead to a further recruitment by other armed groups.

Since 2014, 13,000 children in CAR (including approximately 3,200 girls), have been released from armed groups, but they would require a multi-sectoral and multi-year support for effective reintegration, which is rarely available. Boys and girls “*who have been driven into armed groups by violence or dehumanizing poverty endure unspeakable horrors. Recovery, for those able to break away, can take years. Because despair led them to the armed groups in the first place, recovery is sustainable only if the process equips them with the skills, knowledge and confidence to build a decent life*”.⁹⁴

Children in contact with the law

Being in conflict with the law makes children even more vulnerable to violence and distress.⁹⁵ In general, legislative systems do not take into account the development of a child: for instance, children may display

⁸⁵ UN General Assembly Security Council, *Children and armed conflict Report of the Secretary-General*, 20 June 2019, page 11.

⁸⁶ Child Protection AoR, *Risks and Needs for Child Protection in Cameroon – North West and South West Crisis* – Secondary data review, April 2019, page 15.

⁸⁷ UN General Assembly Security Council, *Children and armed conflict Report of the Secretary-General*, 20 June 2019, page 2.

⁸⁸ UN Security Council, *Report of the Secretary-General on children and armed conflict in Nigeria*, 10 April 2017, pages 1-7.

⁸⁹ UN Security Council, *Report of the Secretary-General on children and armed conflict in Nigeria*, 10 April 2017, page 6.

⁹⁰ UN Security Council, *Report of the Secretary-General on children and armed conflict in Nigeria*, 10 April 2017, page 11.

⁹¹ 284 verified.

⁹² Child Protection AoR, *Risks and Needs for Child Protection in Mali* - Secondary data review, September 2018, pages 9-10.

⁹³ Child Protection AoR, *Risks and Needs for Child Protection in Cameroon – North West and South West Crisis* – Secondary data review, April 2019, page 16.

⁹⁴ UNICEF, *Crisis in the Central African Republic*, November 2018, page 14.

⁹⁵ <https://www.unicef.org/liberia/child-protection>.

behaviours perceived as criminal because of being misunderstood by adults, but that are rather the result of immaturity and lack of good judgement.⁹⁶

In Nigeria, children have been arrested for their alleged association with Boko Haram. The average duration of deprivation of liberty goes from three to four months, but can be much longer, in poor health and hygienic conditions during detention.⁹⁷ In Cameroon, arbitrary arrests and detentions took places in overcrowded prisons, with excess of detention time and denial of a fair public trial. **Detainees are reported to be beaten regardless to their age, and child violations are certainly happening.**⁹⁸ **In Mali, 72 minors are reported to have been detained between 2014 and 2017 by the government for charges of association with armed groups/terrorism.** These children are detained in adult prison facilities, instead of referring them to special care centers, as agreed between the government and Unicef.⁹⁹

In other countries of the region, a fair treatment to detained children remains a challenge, with a total lack of data on the issue. In Senegal, in 2013, there were only 180 recorded children in conflict with the law and detained separately from adults.¹⁰⁰ In the Gambia, “*there is no functioning probation service and no separate facility for girls who receive a custodial sentence*”, with only three Children’s courts around the country”.¹⁰¹

2.2 Identified CP/CPiE priorities

Responses from survey

In spite of the natural heterogeneity of responses and opinions, highly dependent on the varying contexts, CPiE priorities for the West and Central Africa region, including Mauritania, have been identified by survey respondents¹⁰² with a consistent degree of prevalence:

⁹⁶ UNODC, UNDP, Unicef, *L’assistance juridique adaptée aux enfants en Afrique*, juin 2011, page 8.

⁹⁷ UN Security Council, *Report of the Secretary-General on children and armed conflict in Nigeria*, 10 April 2017, pages 6-8.

⁹⁸ Child Protection AoR, *Risks and Needs for Child Protection in Cameroon – North West and South West Crisis* – Secondary data review, April 2019, page 16.

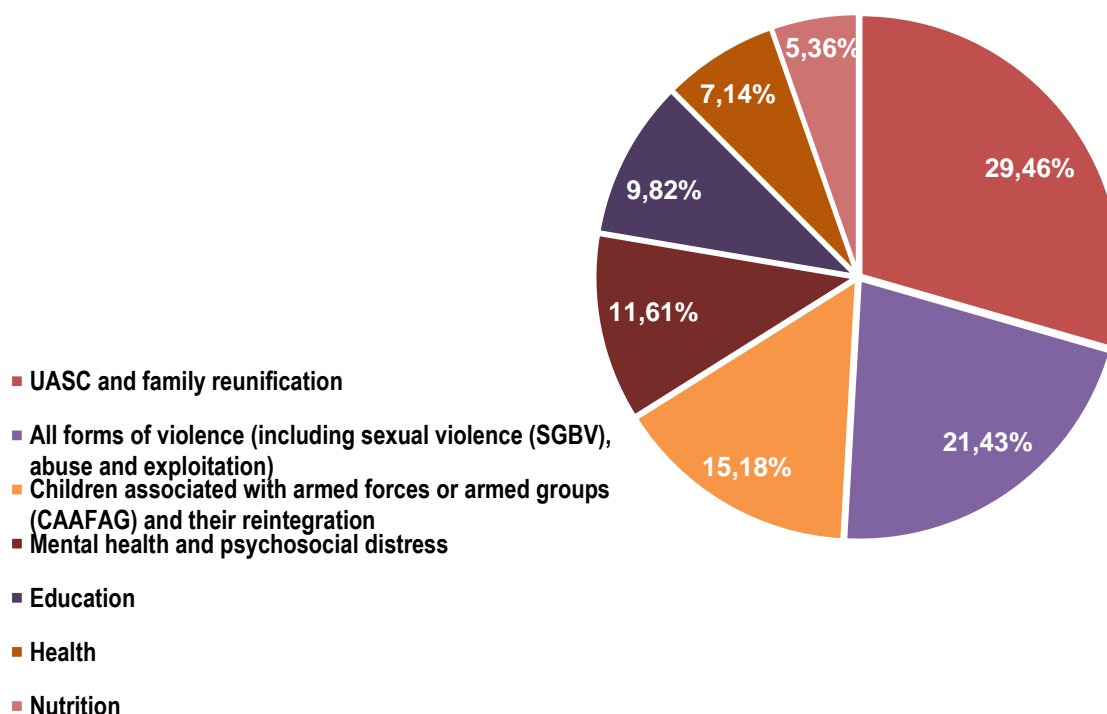
⁹⁹ Child Protection AoR, *Risks and Needs for Child Protection in Mali* - Secondary data review, September 2018, pages 13-14.

¹⁰⁰ Unicef, *Moving from a child protection strategy and plan to real change for children and families in Senegal*, November 2015, page 3. Sources for indicators are indicated in the document.

¹⁰¹ https://www.unicef.org/gambia/activities_8342.html.

¹⁰² For this question, a total of 75 complete responses has been received (only 20 instead of 21 in the English survey as one respondent did not complete this question, and 55 in the French survey). Because each one of the 75 respondents had to express up to three preferences of what they consider CPiE regional priorities, the total number of responses for this question is much higher than 75. In order to identify the top CPiE issues, a choice has been made to only consider as main (e.g., top) priorities CPiE issues that have been mentioned at least 3 times by respondents, regardless of the order of priority (either 1st, 2nd or 3rd). In so doing, the denominator for this question has been determined at 112 responses (34 in the English survey and 78 in the French survey).

Identified top CPiE regional priorities



The top three selected priorities by survey respondents result to be:

- 1) **Unaccompanied and separated children (UASC) and family reunification:** 29,46% of the responses mention it as a priority CP issue (whether as 1st, 2nd or 3rd placed alike).
- 2) **All forms of violence against children, including sexual violence (SGBV), abuse and exploitation:** 21,43% of the responses (notably with a higher prevalence in the English survey).
- 3) **Children associated with armed forces or groups (CAFAAG) and their reintegration:** 15,18% of the responses. This subject appears as a much higher priority in the French survey, while in the English survey, the third priority is mental health and psycho-social distress.

Mental health and psycho-social distress (MHPSS) scores as the 4th top CPiE priority (11,61% of responses).

Other priorities mentioned at least by two survey respondents (amongst a variety of others mentioned only once) that did not rank in the higher positions are:

- ✓ Case management.
- ✓ Child labour.
- ✓ Supporting parenting skills.

It is to be noted that CPMS Standard 7: Dangers and injuries and CPMS Standard 8: Physical and emotional maltreatment have not been mentioned by any survey respondent in the open-ended question on listing CP/CPiE priorities in the region. Vice versa, in the open-ended question survey respondents have transcended the list of CP risks as per CPMS classification, so for example child marriage appears explicitly in the answers.

Responses from key informant interviews

Key informants identified several main CP/CPiE issues in the region and were asked to rank them in a priority order from 1 to 3 (in alphabetical order):

Priority 1	Priority 2	Priority 3	Other priorities
Birth registration.	Child labour.	Education: working on the link between Koranic and formal education.	Alternative care and community-based CP mechanisms.
Children associated with armed forces or groups (CAAFAG).	Family separation, unaccompanied and separated children (UASC).	Poverty.	Child marriage.
Case management.	Family strengthening/parental skills building.	Strengthen CP coordination.	Emergency cash distribution as prevention and response measure for CP issues.
Child mobility.	Out-of-school children and education.		Integration among sectors.
Improve accessibility and quality of national CP systems.			The 6 grave child rights violations in conflict contexts.
Prevention of separation and risks.			Cross-border cooperation between countries.
Psychological trauma for children affected by crisis.			
Social protection.			
Violence against children, including sexual violence (SGBV).			

In summary, key informants have identified the same CP/CPiE top priorities mentioned by the survey respondent, as the most pressing in this region:

- **SGBV and all forms of violence against children**, that appear to be pervasive across the board in the region.
- **CAAFAG**, specifically in some conflict-ridden countries.
- **UASC**, including in camps and cross-border contexts; **child mobility**, very common in the whole Sahel sub-region but other parts of the region too, is also included.

On a second order of priority, for key informants come:

- **MHPSS**, specifically due to the effects of crisis on children.
- **Child labour**, with a very high prevalence in the region.

It is important to mention that several key informants noted how conflict (including terrorist attacks) and displacement/forced displacement (to temporary sites or camps deprived of basic services) are the main factors shaping the political context of this region. Therefore, the priority identified CP issues are all to be understood in the light of this context.

For instance, with regards to CAAFAG, the risk is that of enrolment in non-state armed groups, including militia groups, and the challenges of reintegration, since there is still a significant number of released children in the region. CAAFAG are specific of some conflict-affected countries in the region, like Nigeria, DRC, CAR, Mali, Burkina Faso, Niger. Also, many of the groups are qualified as “terrorist” that comes with anti-terrorism policies and child rights issues. According to some interlocutors, child recruitment into armed groups should be the first issue to tackle, as *“recruitment into armed groups is the beginning of all. This is the first point to address to*

*break the cycle of violence. For instance, many children recruited in 1995 are now adults, the war lords of ongoing conflicts”.*¹⁰³

The ongoing armed conflicts, together with other crisis (for instance, many countries in the region are disaster-prone), lead to displacement and family separation and make case management and family tracing even more difficult, also because of the lack of access and information in rural zones of origin. In this regard, note how IOM and UNHCR bring the spotlight specifically to protection issues affecting IDP, refugee and mobile children, including in cross-border contexts.¹⁰⁴

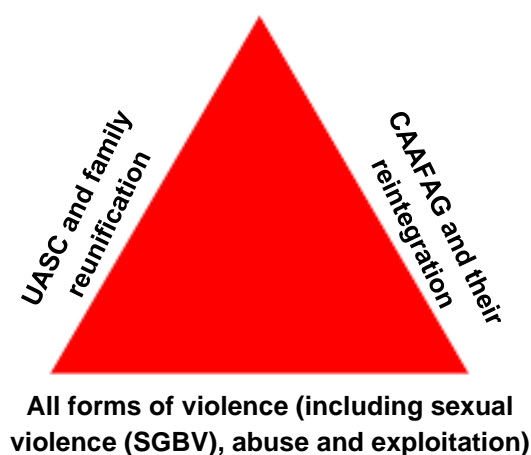
Moreover, all forms of violence against children get exacerbated during emergencies (such as the Ebola crisis, still affecting parts of the region): for instance, child marriage, with very high rates in the region, gets even worst due to emergency. SGBV in this region also includes traditional harmful practices (such as FGM). Unfortunately, concerning violence in all its forms, data is lacking.

Indeed, CP databases at national level should be improved as another frequently mentioned priority for the sector.

Last, but not least, the lack of sustainable financial resources to the CP sector, including for prevention and preparedness work, is remarkable. Indeed, in the region there are too many long-term/chronic emergencies and scarcity of governmental resources is compounded by the progressive lack of attention from donors.

Concluding observations on identified priority CPIE issues

Survey responses and findings from key informant interviews show a remarkable level of consistency that allows to clearly delineate the top three CPIE issues affecting children in the conflict-ridden and displacement-pervaded context of West and Central Africa (including Mauritania):



MHPSS, the need to integrate education as a CP strategy, case management, child labor as well as family strengthening/parental skills building have also emerged as high-ranking priorities in both surveys and key informants.

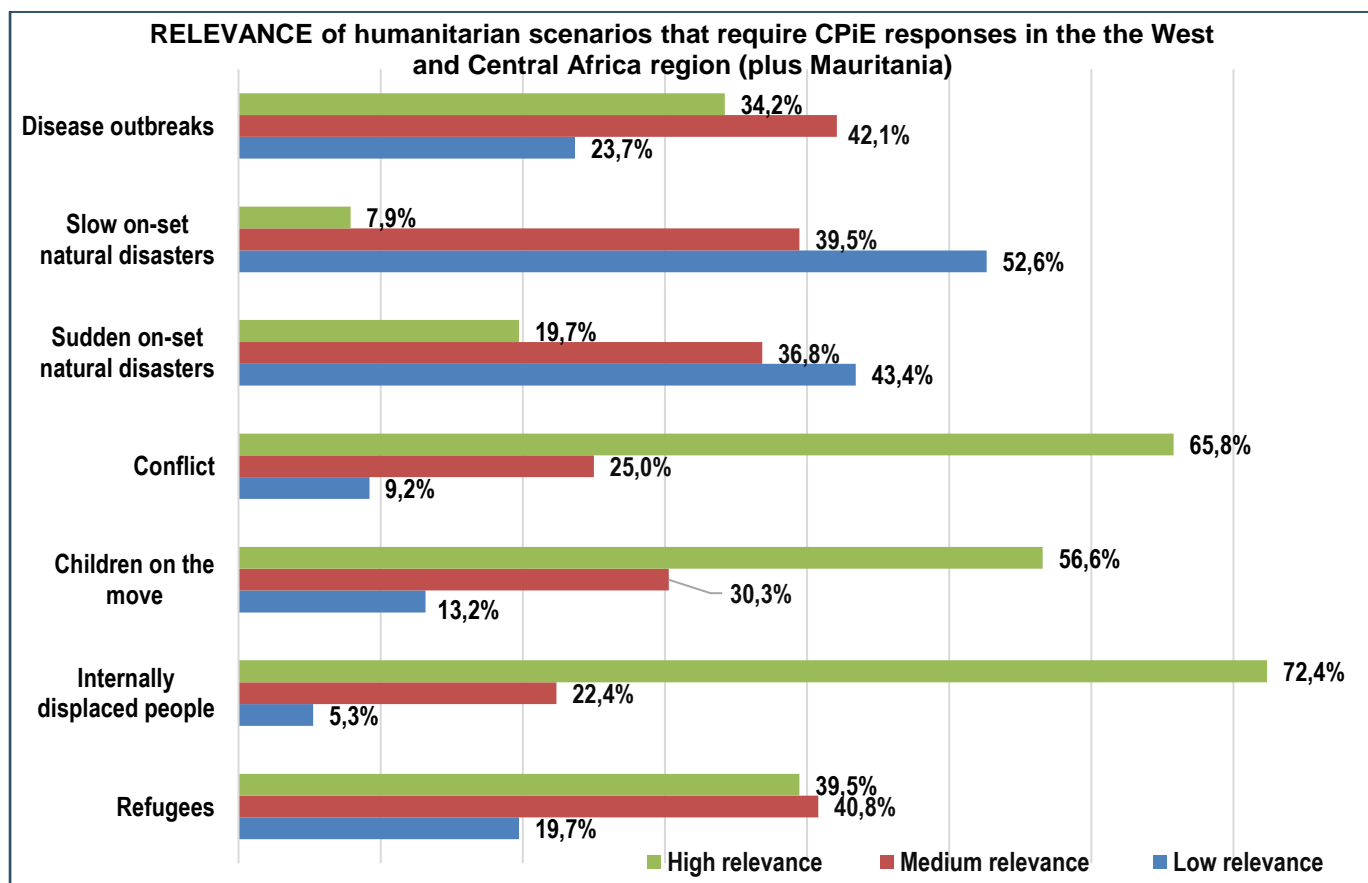
¹⁰³ KII n. 30.

¹⁰⁴ CP priorities for displaced and refugee children may include: designation of legal guardians, data protection, BID procedure, CM and other child friendly procedures (how to prioritize cases, create concrete action plans, BID panels, systemic approach in the process, etc).

2.3 Prevailing humanitarian scenarios in the region requiring CPIE responses

Responses from survey

As part of setting the scene, survey respondents have been asked to express their appreciation on the relevance, that is the likelihood of occurrence, of a certain number of humanitarian scenarios in order to establish the prevailing conditions in the regional context.



Internal displacement (IDPs) is the humanitarian scenario that appears the most relevant in the region, followed by conflict and mobility of children (CoM), both of high relevance too.

The issue of refugees is instead perceived as being both highly and medium-level relevant in almost equal terms.

For outbreaks of diseases the prevailing score is that of a medium relevance in this region, if many other respondents consider it highly relevant instead.

Natural disasters of both sudden and slow on-set have instead been scored predominantly as of low relevance in the region. Of all humanitarian scenarios, slow on-set natural disasters score as the least relevant in West and Central Africa region (including Mauritania), if one respondent noted that these kind of events are “*always present, and for this reason they are not a higher priority than the other humanitarian scenarios*”.¹⁰⁵

Responses from key informant interviews

As already described above, key informants mentioned conflict (including terrorist attacks) and displacement/forced displacement (to temporary sites or camps deprived of basic services) as the main factors shaping the political context of this region. As a consequence of displacement, refugee and IDP children become a priority matter in this region.

¹⁰⁵ Survey respondent, in French.

Thirdly, key informants have mentioned child mobility.

Several key informants noted how the country they work in is disaster-prone, such as in DRC, Liberia, CAR.

Finally, key informants from a sub-set of countries in the region highlighted that the Ebola epidemics has further compounded this already complex political and environmental regional context.

Concluding observations on perceived regional relevance of humanitarian scenarios

The following have emerged as the humanitarian scenarios that characterize today's context in the West and Central Africa region (including Mauritania) for children (not in order of priority):

- **Conflict**
- **Internally displaced children**
- **Refugee children**
- **Children on the move**
- **Natural disasters**
- **Disease outbreaks (in particular Ebola)**

CHAPTER 3: Findings by CPiE topic analysed in the CGA

"The region is in desperate need for building CP capacity!"¹⁰⁶

Staff working in CPiE programmes in the region, with 3-5 years of experience, can find themselves in very different situations: in some countries (for instance, Nigeria and eastern Congo) humanitarian needs are everlasting since emergency situations persist or repeat over and over, hence some staff may even consider humanitarian work as something else (*"In Nigeria, the sector is a business, a market. People need to find new motivation"*).¹⁰⁷ In other cases, such as in Niger (Diffa), the Congo (Kasai) and Burkina Faso, humanitarian crisis are much more recent events: staff's capacities are not there.

In general, many CPiE practitioners are said to be learning by doing and are quite unaware of key definitions and concepts (just to name an example, staff may not know the difference between unaccompanied and separated children).

"Before a child, staff do not know what to do: does the child need case management? Does the child need a BIP? Is the case requiring repatriation?"¹⁰⁸

This is also linked to the lack of capitalisation of the acquired knowledge: capacity gaps may be the result of personnel turn-over, as CPiE staff move from one NGO to another, from country to country or even from the third sector to another sector, depending on budget availability to fund posts and according to the emergency phase.

In this scenario, there is limited knowledge of how to apply the CPiE minimum standards, that might be theoretically acquired, but not fully applied and known at field level (*"There are stocks of books in storage, plenty of CPiE standards manuals"*).¹⁰⁹

¹⁰⁶ KKI n. 7.

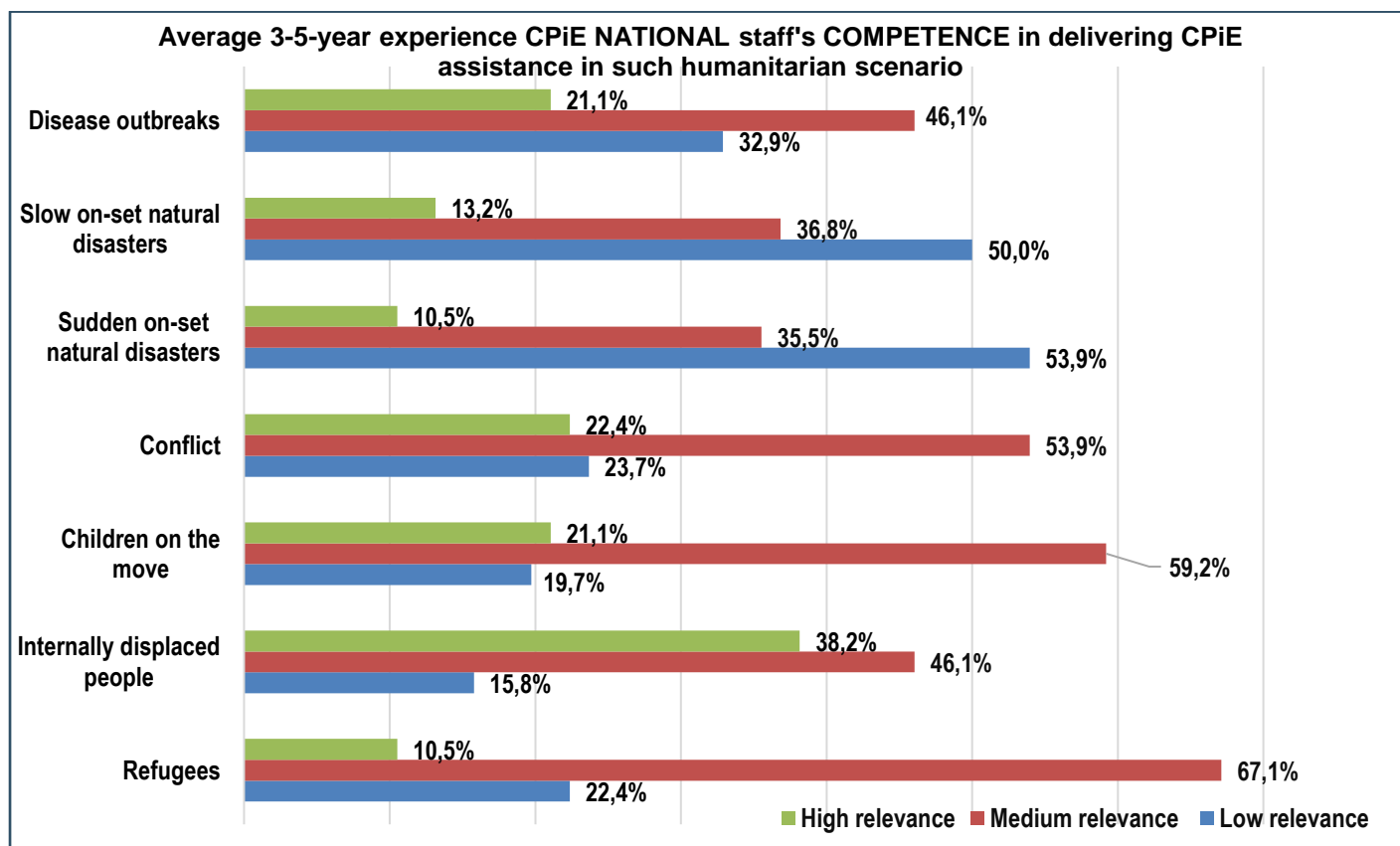
¹⁰⁷ KII n. 20.

¹⁰⁸ KII n. 8.

¹⁰⁹ KII n. 30.

3.1 Humanitarian scenarios: staff's competence

Responses from survey



Capacity to respond to sudden on-set natural disasters is the lowest competence of the average 3-5-year CPiE staff in this region. Similarly, these staff show low competence in responding to slow on-set natural disasters. In all other humanitarian scenarios, the average 3-5-year CPiE staff in this region appears to possess medium levels of competence.

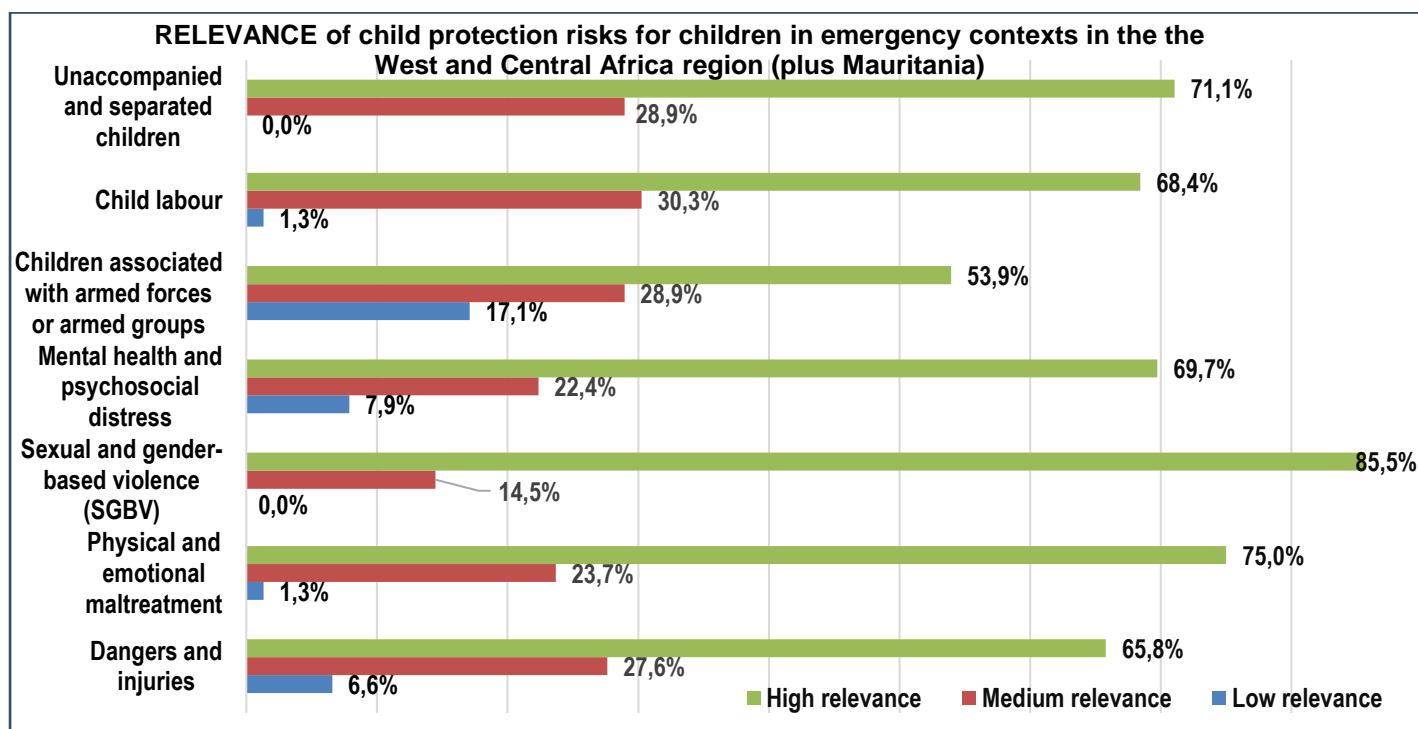
3.2 CPiE risks: relevance and staff's competence

The CPiE risks analysed in this section are those identified in the CPMS, namely:

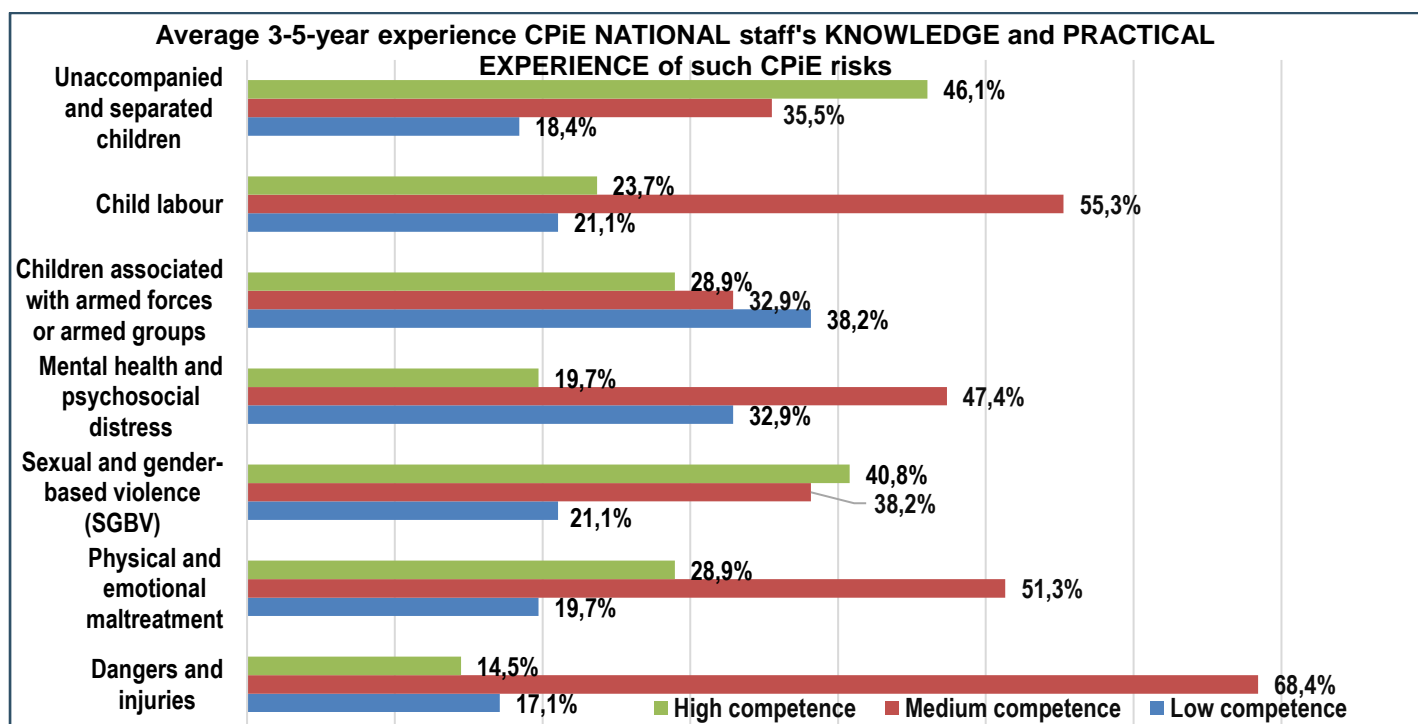
- CPMS Standard 7: Dangers and injuries
- CPMS Standard 8: Physical and emotional maltreatment
- CPMS Standard 9: Sexual and gender-based violence (SGBV)
- CPMS Standard 10: Mental health and psychosocial distress
- CPMS Standard 11: Children associated with armed forces or armed groups
- CPMS Standard 12: Child labour
- CPMS Standard 13: Unaccompanied and separated children

By relevance, in this question survey respondents have been called to express their opinion on whether the listed CPMS CP risks have a degree of importance that is high, medium or low for children in this region. The level of competence, meant as the knowledge and practical experience, of the average 3-5-year experience CPiE staff in delivering assistance to children affected by such risks has been assessed in the survey, where respondents had to rate the competence level as high/medium/low, and in interviews with the key informants.

Responses from survey



From this question, it emerges that all risks for children in emergency context in the region are highly relevant. It is however to be noted that association to armed forces or armed groups appears to be the only risk for children in this region that shows a certain level of low relevance.



The risks of **suffering from dangers and injuries, child labour, physical and emotional treatment and mental health and psychological distress** show somehow similar trends: the prevailing level of competence

(e.g., knowledge and practical experience) of the average 3-5-year experience CPiE staff in the region is **medium**, combined with quite low levels of both low and high competence.

For what concerns the issue of **UASC and the risk of SGBV**, the prevailing level of competence is **high**, combined in both cases with quite elevated levels of medium competence, while low levels of competence in these two areas are limited.

The **main level of competence in dealing with CAAFAG is low**, if both medium and high levels show quite similar rates. This technical area appears to be the one where, in absolute terms, the average 3-5-year experience CPiE staff in the region has the **lowest level of competence**.

In absolute terms, the **risk of dangers and injury shows the highest level of medium competence**.

Dealing with **UASC shows, in absolute terms, the highest level of competence**.

Responses from key informant interviews

"All thematic CPiE risks need capacity building!"¹¹⁰

For key informants, one of the main reasons of concern are **CAAFAG**: staff tend to feel in need of some help because of the risks involved in working with armed groups/forces, and someone noted that very well trained supervisors and teams are required to effectively deliver in this matter. Regarding demobilization of former-CAAFAG, according to a key informant quality reintegration processes are missing.

It is worth mentioning that key informants brought the attention to the emergence of new groups, namely terrorist groups (e.g., violent extremism, with religious overtones, in the Sahel): this region has seen the appearance of several of those groups that the humanitarian sector does not yet know how to deal with, therefore calling for capacity building in this matter, including in terms of prevention (*"We need to respect the culture, but also respect neutrality"*).¹¹¹

Another very often named capacity gap by key informants concerns **SGBV**, with particular reference to emergency settings: due to gender stereotypes and stigma, this is a major priority in the region.

Capacity gaps in **MHPSS** have also been frequently mentioned by key informants, and so is the capacity to provide adapted responses to **CoM, including refugee and displaced children**. Further, it has been noted that a particularly needy sub-group (so to say) is talibé children, where clear guidelines on "dos & don'ts" are needed (how to classify them? When does it entail exploitation and/or trafficking? Who is responsible, for example at the institutional level?).

Some key informants also mentioned **children and work** as needing capacity strengthening, because of lots of confusion on definitions, trafficking, worst forms of child labour (WFCL).

Concluding observations on capacity in CPiE risks of the average 3-5-year experience CPiE staff

Combining survey responses and key informant interviews findings, **CAAFAG is the technical area where the average 3-5-year experience CPiE staff in the region has the lowest level of competence**.

Concerning **SGBV**, survey respondents and key informants do not concur: the first group rates competence as high overall, while the latter have specifically mentioned this risk as an area of capacity concern instead.

Key informants have not mentioned UASC *per se* but more in general **child mobility including cross-border and in refugee and IDP settings**, that therefore can also include **unaccompanied and separated children**: in this case it is to be noted a certain discrepancy because key informants refer to child mobility as an area of limited staff's capacity while survey respondents rate UASC overall as a high-level competence.

Concerning **MHPSS**, survey respondents rate the competence level as medium, while for key informants it is an area of capacity concern.

Child labour appears to be a risk of at best medium capacity by both groups of respondents.

¹¹⁰ KII n. 6.

¹¹¹ KII n. 30.

3.3 CP programmatic approaches to ensure quality prevention, preparedness and response: staff's competence and implementation challenges

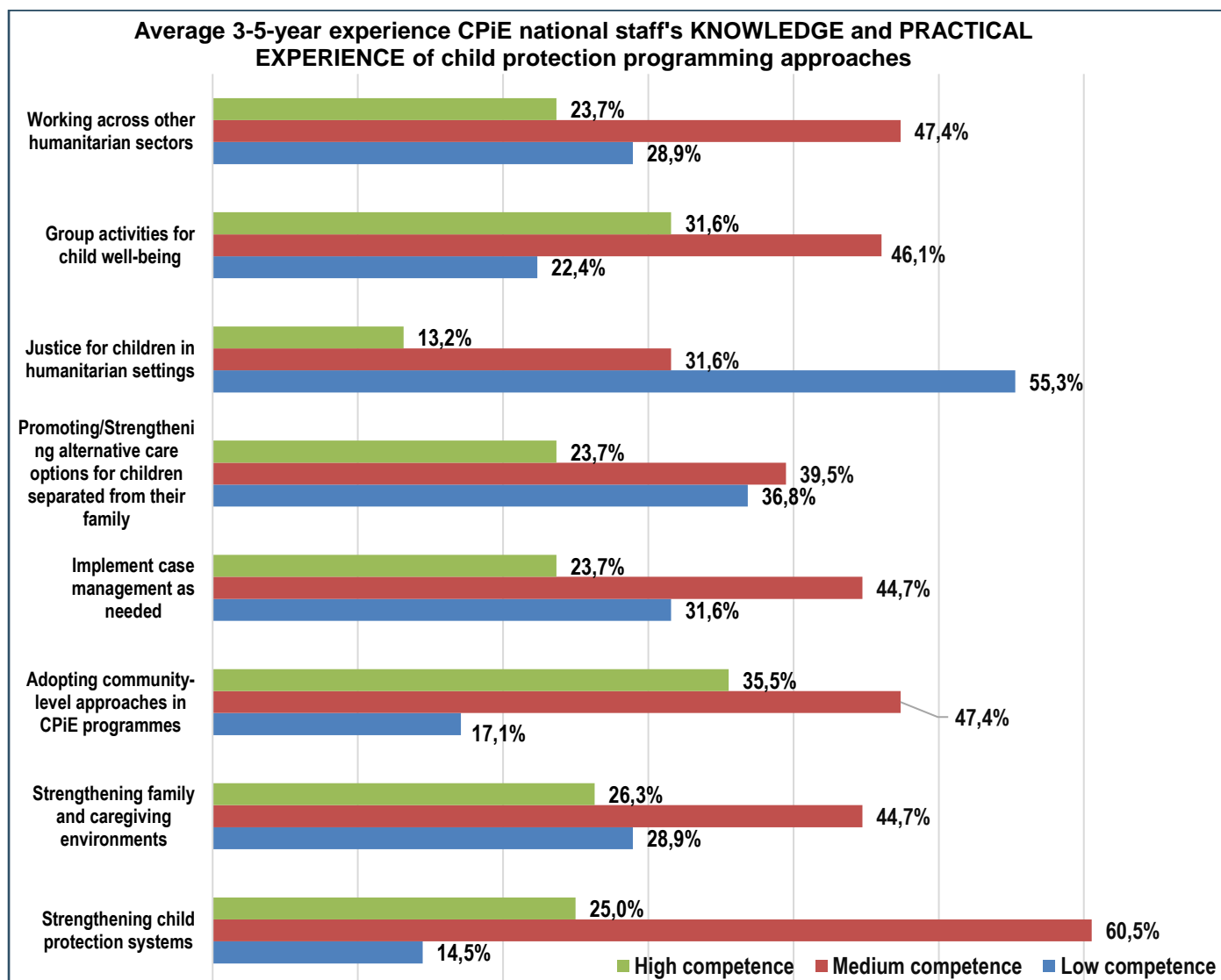
The CP programmatic approaches analysed in this section are those identified in the CPMS, namely:

- CPMS Standard 16: Strengthening family and caregiving environments
- CPMS Standard 17: Community-level approaches
- CPMS Standard 18: Case management
- CPMS Standard 19: Alternative care
- CPMS Standard 20: Justice for children
- CPMS Standard 15: Group activities for child well-being
- CPMS Principle 9: Strengthening child protection systems
- CPMS Pillar 4: Working across sectors

The level of competence, meant as the knowledge and practical experience, of the average 3-5-year experience CPiE staff in applying those programmatic approaches in CP responses has been assessed in the survey, where respondents had to rate the competence level as high/medium/low, and in interviews with the key informants.

For CP programmatic approaches no question has been asked to appraise their 'relevance' to the regional context as it is deemed obvious that these approaches, sort of evidence-based and consolidated universal best practices in social and child protection work, are 'relevant' by definition.

Responses from surveys



Concerning the average 3-5-year CPIE national staff competence (e.g., knowledge and practical experience) in applying these approaches, **justice for children in humanitarian settings is by far the area of lowest competence in absolute terms.**

Working across humanitarian sectors, grouping activities for child well-being and strengthening family and caregiving environments feature similar trends: the prevailing competence level in these areas is **medium**, combined with sort-of medium levels of both high and low competence.

Implementing case management and promoting/strengthening alternative care options for children separated from their family show similar trends as the other approaches mentioned above, with prevailing **medium** level of competence; however, for these two approaches both low and high competence score higher.

Adopting community-based approaches and strengthening CP systems show similar trends between them, but slightly different from the other approaches mentioned above. In these two cases, the prevalent level of competence is by **far medium**, and in particular strengthening CP systems scores the highest level of medium capacity in absolute terms. High levels of competence for these two approaches are however quite elevated,

while in both cases low level of competence score quite low. In particular, strengthening CP systems scores the absolute lowest level of low competence of all approaches.

In summary, **for all CP programmatic approaches in the survey the predominant level of competence is medium, with the exception of justice for children in humanitarian settings that definitely scores as the lowest-competence area of CP work.** Second and third lowest capacity levels are found in promoting/strengthening alternative care options for children separated from their family and in case management, respectively.

It is worthwhile mentioning here a very interesting and self-explanatory comment made by a survey respondent: *“overall, these approaches are known to staff, yet they are not mastered and are not used in the field. In most instances, these approaches remain at the stage of purely theoretical knowledge”*.¹¹²

Survey respondents also elaborated upon challenges affecting the implementation of CP approaches in their contexts.

For each CP programmatic approach, the three main challenges have been identified as the most frequently mentioned by the survey respondents. Given the specificity of each approach, a variety of challenges has been detected; however, it is remarkable that a certain number of challenges are recurrent and can possibly be considered as the main global challenges encountered in their work by the CPiE practitioners in the region, namely:

- ⇒ **Lack of knowledge (of CP tools, standards, systems) and capacity building needed for CPiE actors**, from NGOs and State institutions (mentioned 7 times out of the 24 challenges in the table below).
- ⇒ **Lack of funding** (mentioned 3 times);
- ⇒ **Lack of community empowerment/recognition** (mentioned 3 times).

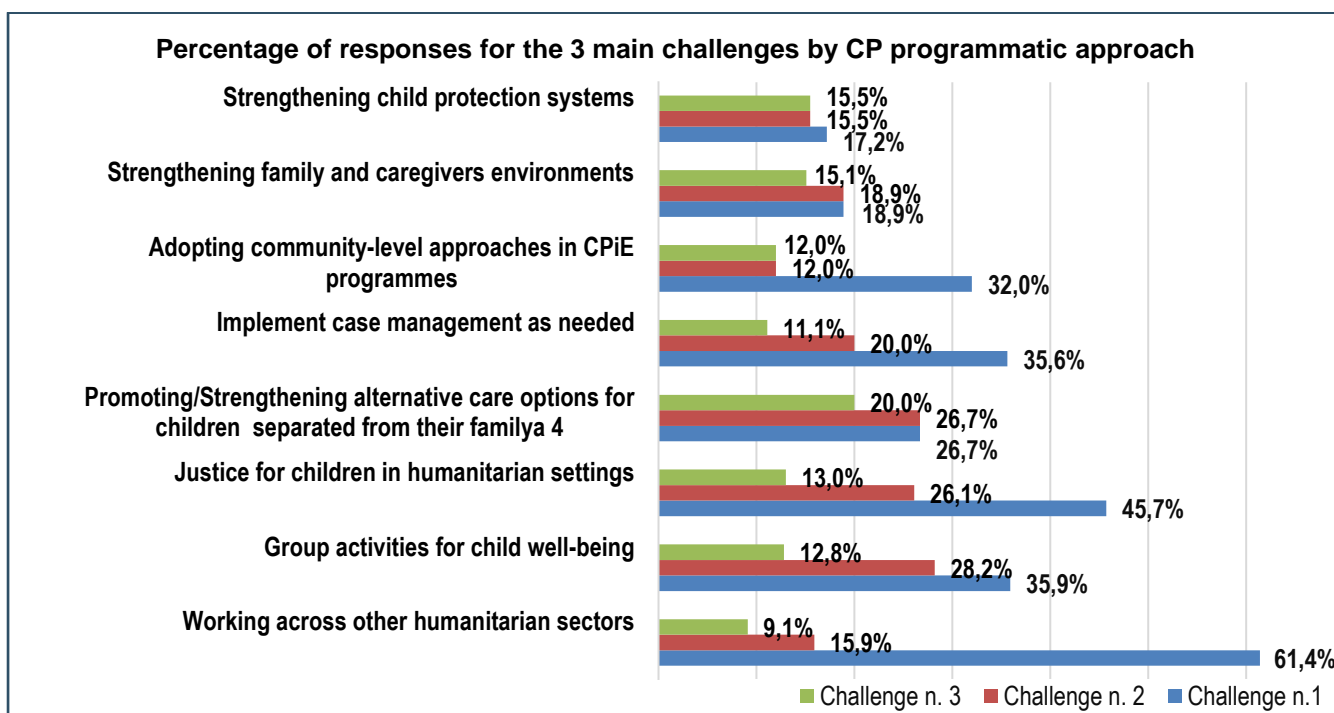
It is also to be noted that the lack of coordination and cultural beliefs are among the challenges mentioned for almost each approach, but by fewer people (therefore not scoring as main obstacles).

CP programmatic approach	Challenge 1	Challenge 2	Challenge 3
Strengthening child protection systems	Lack of funding	Lack of effective coordination	Lack of knowledge of CP tools, standards, systems
Strengthening family and caregivers' environments	Lack of community empowerment and knowledge of parental skills	Poverty of large, unstable families	Lack of focus on families/caregivers in CP programmes
Adopting community-level approaches in CPiE programmes	Lack of empowerment and recognition of community work and role	Lack of knowledge and capacity building	Cultural beliefs
Implement case management as needed	Lack of knowledge and experience in CM tools and processes	Weak data collection, data management and data storage	Limited social workforce and excessive workload
Promoting/Strengthening alternative care options for children separated from their family	Insufficient capacity building and support to foster parents	Lack of funding	Alternative care options insufficient, not known and not integrated into public policies

¹¹² Survey respondent, in French.

Justice for children in humanitarian settings	Weak and non-child-friendly legal system	Capacity building needed for justice actors	Lack of human and material resources and of child courts
Group activities for child well-being	Lack of priority given to these activities and lack of specific knowledge	Lack of safe places and infrastructures	Lack of community involvement
Working across other humanitarian sectors	Poor coordination, synergy and integration	Lack of knowledge and lack of comprehension of the clusters' functioning	Lack of funding

The diagram below shows how, for some approaches, there is a fragmentation of responses, with no strong prevalence of one challenge over the other (for instance, for *Strengthening child protection systems* and *Strengthening family and caregivers environments*). This might be due to differences in contexts, or to a lack of harmonization of views within the CPiE community in the region. For other approaches, responses are much more consistent one with another, with a high percentage of survey respondents highlighting the same first challenge for: *Working across other humanitarian sectors* ("poor coordination and synergy" for 61,4% of the respondents), and *Justice for children in humanitarian settings* ("weak and not child-friendly legal systems" for 45,7% of the respondents); for *Group activities for child well-being* ("lack of priority given to this approach and the lack of specific knowledge" of CPiE practitioners for 35,9% of the respondents); for *Implement case management as needed* ("lack of knowledge and experience on tools and processes" selected by 35,6% of the respondents).



Responses from key informant interviews

"There is a weak, confused, understanding of programmatic approaches. For example, staff mix-up CM and IDTR"¹¹³

Practically at unanimity **case management** (CM) has emerged as the major CPiE capacity gap for staff directly in touch with children according to key informants. Capacity gaps involve the whole cycle: how to identify the

¹¹³ KII n. 13.

children, how to prioritize cases, action plans, access to justice, etc. It is important to highlight that also in cross-border settings CM is a main weakness.

Community-based approaches have been scored by key informants as another main CPiE capacity gap in the region. Community-based prevention and response, including working with traditional and religious leaders, is very important in this region as many practices are based on traditional beliefs. A key informant also mentioned the importance of localization: working with local communities and transfer skills to build their resilience, thus make them stronger to withstand future emergencies. Another informant highlighted that community-based committees are very few and not functional, and that in the end, there is no standardised way to work with community-based mechanisms: every NGO has their own modality, which does not help systematisation. A major issue is also the lack of acceptance from the communities, as many African staff from the ECOWAS space have to conduct short-term missions and this does not allow to establish bonds with the local community.

Key informants also frequently mentioned **lack of knowledge on how to work with children**, what activities to organise in CFS, and particularly, how to actively listen to children and hold a first interview: skills that are not to be taken for granted and need to be taught.

Without a strong **system strengthening**, CP programmatic approaches cannot be applied. According to key informants, in most countries in the region the Government offers limited social services, and NGOs work in isolation from the national system (*"CPiE staff work in a silo! They implement actions for CPiE contexts only: for example, humanitarian CP data collection happens via CPIMS while there is no national data system in place"*).¹¹⁴ CPiE staff do not think in terms of system approach, meaning by system the different components that need to be in place, and do not make all the connections. Reinforcing the links with the national system and the nexus humanitarian-development are therefore paramount.

The following CP programmatic approaches have also been mentioned by key informants as needing strengthening:

- Justice for children;
- Best interest determination procedures (BID/BIP): lots of staff are uncomfortable with this procedure and do not know how to use it effectively.
- Strengthening positive parenting skills.
- De-institutionalization and alternative care.

Concluding observations on capacity in CP programmatic responses of the average 3-5-year experience CPiE staff

As already pointed out above, for survey respondents **in all approaches the predominant level of competence of the average 3-5-year experience CPiE staff is medium, with the exception of justice for children in humanitarian settings that definitely scores as the lowest-competence area of CP work.** Second and third lowest capacity levels are found in **promoting/strengthening alternative care and in case management**, respectively. Instead, it has emerged that for **survey respondents strengthening CP systems is the most solid competence, further followed by adopting community-based approaches.**

Survey responses appear therefore quite in contrast with findings from key informant interviews. **Key informants believe indeed that the average 3-5-year experience CPiE staff in this region shows concerning level of competence in case management**, the most frequently mentioned low-level capacity. Both **community-based approaches and CP system strengthening** have also been clearly pointed at as being low-level capacity areas. Note additionally that, if not in this specific question, several key informants have

¹¹⁴ KII n. 6.

pointed out how **building parenting skills and strengthening family environments** are priority CP issues in this region.

Both respondents' groups appear instead to agree on indicating justice for children in humanitarian settings as a weak competence.

3.4 Cross-cutting issues in CPIE programming: programmatic relevance and staff's competence

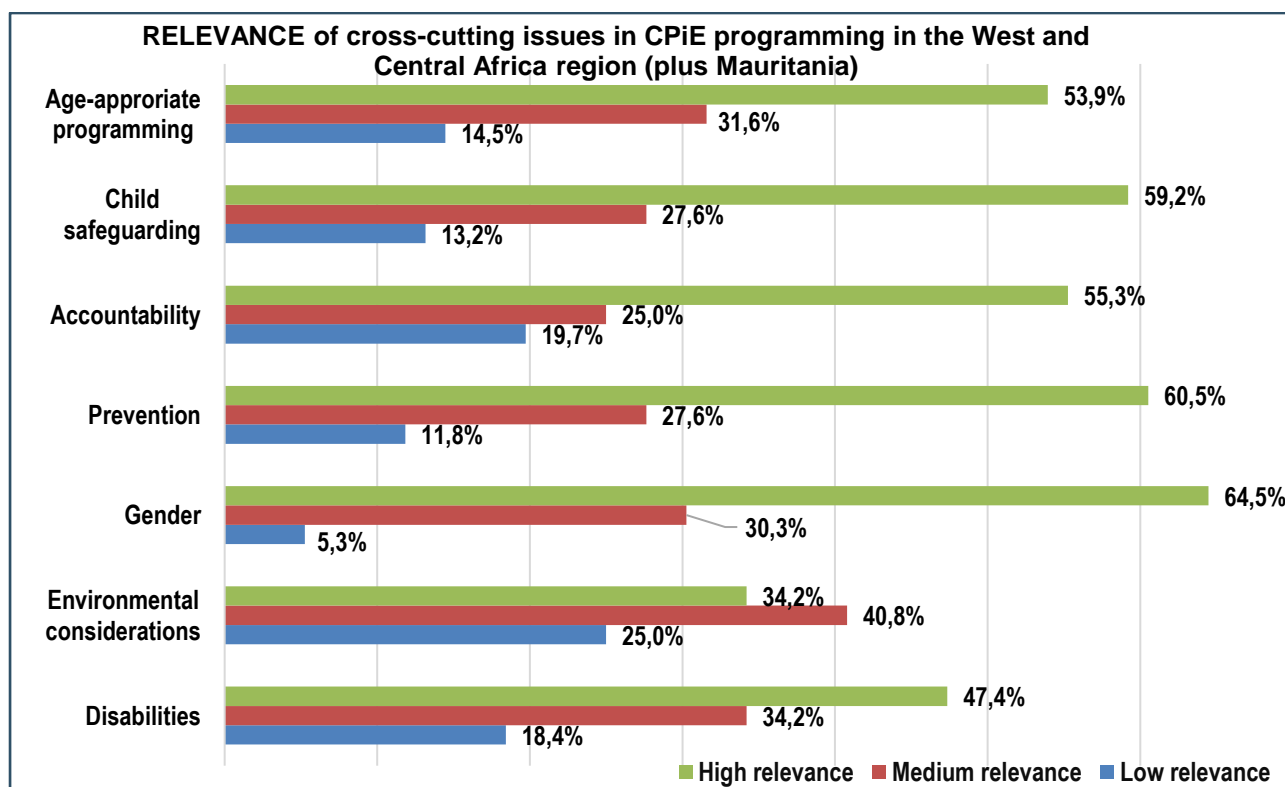
The cross-cutting issues analysed in this section have been selected from some of those mentioned in the CPMS. They are:

- Disabilities
- Environmental considerations
- Gender
- Prevention
- Accountability
- Child safeguarding
- Age-appropriate programming

Survey respondents have been called to express their opinion on whether the listed cross-cutting issues are highly/medium/lowly relevant, e.g. deserve to be duly included, in CP programmes in this regional context.

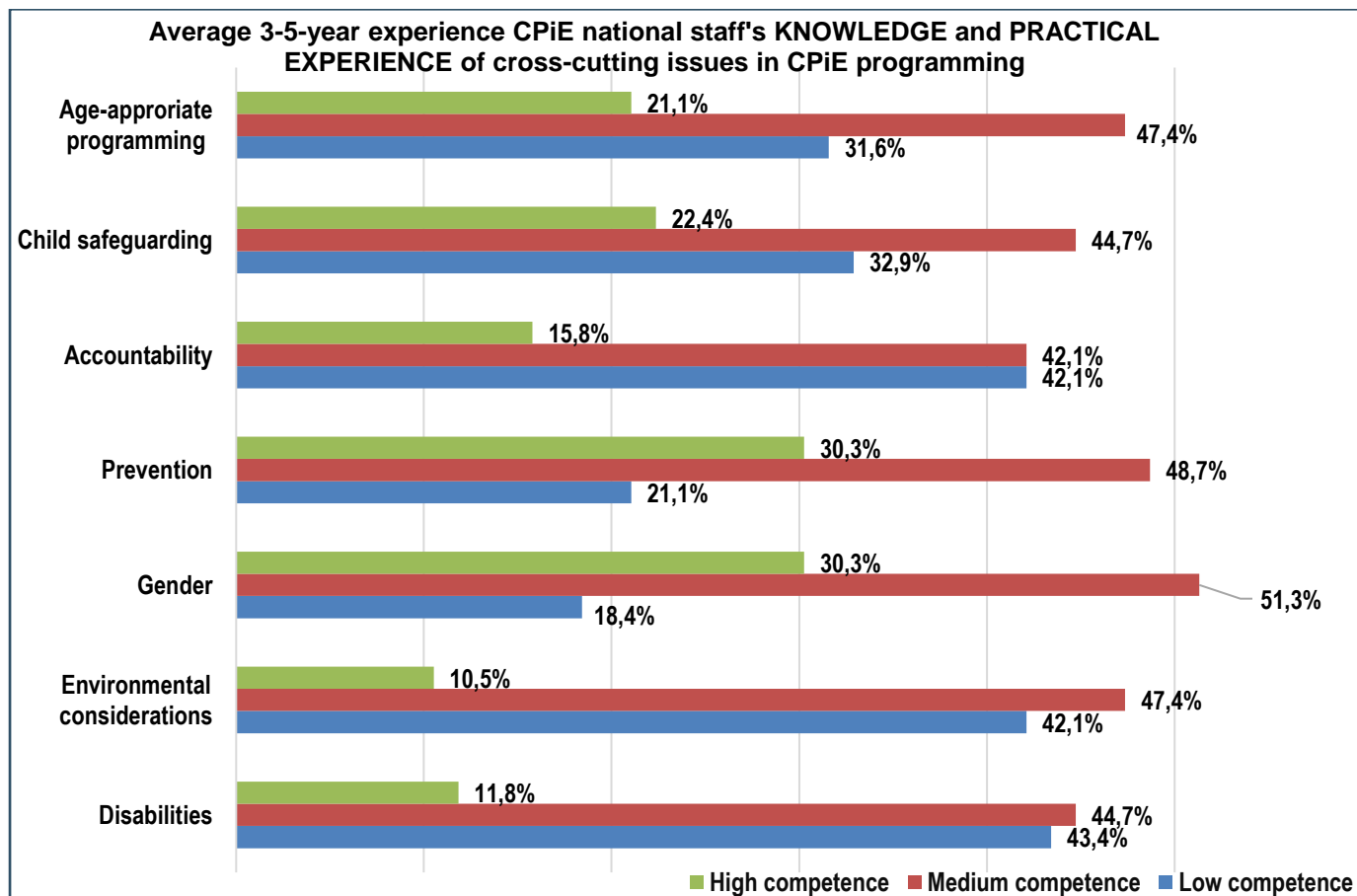
The level of competence, meant as the knowledge and practical experience, of the average 3-5-year experience CPIE staff in integrating these cross-cutting issues in CP responses has been assessed in the survey, where respondents had to rate the competence level as high/medium/low, and in interviews with the key informants.

Responses from survey



All cross-cutting issues result highly relevant to CP programmes in this region. Percentages of high rating are very high in all cases with exception of environmental considerations, that appear instead rather medium-level relevant.

All low ratings are very limited, with the exception of the case of environmental considerations.



For all cross-cutting issues the prevailing level of competence (e.g., knowledge and practical experience) of an average 3-5-year experience CPIe national staff is medium.

For all cross-cutting issues, high levels of competence are considerably moderate. Instead, low levels of competence are considerably elevated for all issues in the list.

In summary, it can be said that **for all cross-cutting issues considered in this list the average level of competence of a 3-5-year experience CPIe national staff is low to medium.**

Responses from key informant interviews¹¹⁵

*"Disability inclusion is a huge gap in programming"*¹¹⁶

Disabilities: 19 key informants (out of 29) rated disability as a major priority in the region. Capacity in designing and delivering CPIe programmes, both in terms of response and prevention, to ensure and enhance the inclusion of persons with disabilities is very low in this region. Motivation of such high prioritisation is that inclusion and effective participation of children with disabilities (CwDs) are minimal, while prevailing societal attitudes are those of shame and stigma towards CwDs, even at the household level. Someone went to the

¹¹⁵ n=29 for this question as 3 key informants have not been asked to respond due to time constraints.

¹¹⁶ KII n.15.

point of mentioning that cruel and inhumane treatment, again linked to social norms, prevail against persons with disability, both in the Sahel and on the coastal areas of the region.

From their part, international/national humanitarian organisations do not seem to do enough to breach this cycle, as in the opinion of the informants, mid-level CPiE staff show a “*deep lack of expertise*”¹¹⁷ in regards to disability, organizations “*do not adapt programmes to this target audience*”.¹¹⁸ For example, a key informant from a UN agency noted how in the region, only one country successfully reported on the number of CWDs in their beneficiaries¹¹⁹ (“*These children are not going out. How to include them into activities, such as CFS? The educators themselves do not know how to adapt games and these children are marginalised*”).¹²⁰ Another informant even mentioned how programmes remain “*way below standards*”¹²¹ in terms of disability inclusion. However, neglecting this area of work, in both prevention and response, in CPiE programming “*is against ‘leave no child behind’ and equity*”,¹²² as an informant put it. In Nigeria a key informant reported positive news, affirming that organisations have shown a great interest in improving disability inclusion as part of their CP(iE) programmes, yet this same informant admits regrettably that technical capacity remains to be strengthened.¹²³

*“There is no real focus on environmental considerations”*¹²⁴

Environmental considerations: despite several key informants neglected to mention environmental considerations as a priority cross-cutting issue, at least 15 informants (out of 29) gave it a very high ranking. It is therefore possible to affirm that environmental considerations represent a very considerable gap in CPiE programming in this region because, as an informant put it, “[it shows] *a particular lack of expertise and limited consideration*”.¹²⁵ This, in spite of the undeniable importance that environmental degradation and climate change already play, and will continue to play in the future, both as a root-cause of conflict in the Sahel sub-region, and in terms of impact on people’s livelihoods and displacement (including migratory flows) for example. As a participant highlighted, “*it is a priority to reinforce environmental considerations, for countries in the Lake Chad basin, which has integrated it into the Cluster’s priorities. In CAR there is no recovery (100% emergency), no nexus to development and no integration of the environment as a priority.*”¹²⁶

Linking the environment and climate change to human rights of children and how effects of such issues impact on children’s life and well-being is therefore a paramount competency for humanitarian staff working and residing in West and Central Africa (plus Mauritania).

*“At best, staff can only indicate the percentage of girls versus boys!”*¹²⁷

*“It is crucial for staff to be trained on girls’ necessities and perspectives and on the need of giving a gender-specific response to girls and boys”.*¹²⁸

Gender: 22 (of 29) key informants rated gender as being an important or very important cross-cutting issue for CP programming in this region, with 3 informants rating gender as the main cross-cutting priority. Justifications behind such a high prioritisation include:

- There are still many obstacles in the region, for a full participation of women to societal life, but also to decision-making in their households. Women cannot express themselves in meetings at the community

¹¹⁷ KII n. 1.

¹¹⁸ KII n. 6.

¹¹⁹ KII n. 6.

¹²⁰ KII n. 21.

¹²¹ KII n. 14.

¹²² KII n. 16.

¹²³ KII n. 3.

¹²⁴ KII n. 4.

¹²⁵ KII n. 2.

¹²⁶ KII n. 20.

¹²⁷ KII n. 10.

¹²⁸ KII n. 24.

level, and it is sometimes not accepted that they receive cash distributions. Even female colleagues in NGOs often do not have the same decisional power as male colleagues.

- Gender inequality is a main reason of violence in this region, and not only in emergency settings.
- There are beautiful policies on gender in the region, yet implementation is lacking, particularly in emergency responses.
- Many people do not really understand the notion of gender.
- Staff display very low capacity on gender issues.
- Staff may have technical knowledge regarding gender yet be confronted with a different reality on the ground, including the influence of religion.
- Gender issues change country by country. For example, with *talibé* children the focus is on boys, while girls in domestic work seem less visible.

A couple of key informants however believe that *"lots of work has been done in this area"*¹²⁹ that therefore resulted in an improved level of competence.

*"The focus is always on response"*¹³⁰

Prevention: For 11 key informants (of 29), this matter is important for several reasons:

- Attention to everything that could be done at community level to prevent risks for children is lacking. This must be part of system strengthening.
- Prevention and preparedness are needed because crisis can happen even in countries currently not affected. Yet, preparedness plans in countries not facing emergency are (often) out-of-date.
- Community-based prevention and response with the inclusion of traditional and religious leaders is very important in this region as many practices are based on traditional beliefs.

A key informant mentioned that lots of work has been done in this area.

*"We keep referring to accountability, but it is not really addressed"*¹³¹

Accountability: while 2 key informants mentioned that work on accountability is being done in their country, and 6 key informants did not mention this matter, the other 21 informants (out of 29) rated it as very important indeed. Of the latter, 9 informants even rated accountability as one of the highest priority cross-cutting issues for CPiE programming in this region.

Firstly, it has been noted that there is a very low level of staff capacity in accountability and that this matter is often ignored in emergency responses. Besides, it has been said that if everyone knows what accountability means, not enough is known as to how to really make interventions accountable to affected persons, including children. For example, accountability procedures are there, yet quality is missing, and standards are low: organisations may install suggestion boxes but do not do service mapping first, so there is no real response to reported cases. Even after receiving a suggestion, taking action is difficult for CPiE staff: it might be risky, and staff do not know what to do.

Organisations often have no dialogue with local communities while in situations of chaos, like during emergencies, organisations should ensure clear messaging to local populations. But as pointed out by a key informant *"humanitarian staff tend to come and say 'We'll take care of this'"*¹³². For all these reasons, a key informant wondered *"how to make accountability really effective in emergency?"*¹³³

¹²⁹ KII n. 15 – KII n 16.

¹³⁰ KII n. 11.

¹³¹ KII n. 6

¹³² KII n. 13

¹³³ KII n. 8

Moreover, accountability best practices are also very linked to security and acceptance of NGOs and can lead to problems in access: *“Lack of procedures and information causes mistakes, being blacklisted by authorities, even at global level. Accountability should work against the idea that the NGOs are not neutral”*¹³⁴.

It has further been mentioned that staff do not know how to ensure child participation: *“A funder has come from OCHA to visit a CFS and said that there were some questions they could not ask children, they would not know what to say!”*¹³⁵

*“The humanitarian community is really struggling with ensuring child safeguarding”*¹³⁶

Child safeguarding (CSG): the 19 key informants who mentioned CSG rated it as important/highly important; in particular, 6 of them even rated it as the main priority, for being more than just a cross-cutting issue but rather a central principle to humanitarian action.

At least 4 informants mentioned that staff do not have much experience nor knowledge on CSG, *“they are confused because they mix up CP and CSG, so much more training is needed!”*¹³⁷

Like for accountability, it has been mentioned that there is a lot of talking about CSG, but little action ensured, and no quality response is provided to reported cases, also because of fear of reprisal.

Save the Children, a lead organisation in child-focused/-centred programming, is recognised for being able to ensure advanced capacity in dealing with and ensuring CSG, which in facts represents a key global policy within the organisation. Yet, this might not be the case for other NGOs: *“Very few NGOs have a solid CGS policy!”*¹³⁸.

Possibly, staff from INGOs might be better prepared in CSG than staff from LNGOs.

A key informant has brought the attention to the fact that CSG is especially needed for sexual abuse and exploitation (SEA). There are many children abused in humanitarian responses (by humanitarian actors, including military missions). It is not about the number of SEA survivors *per se*, but the relative weight of this region: the highest figures globally come from West and Central Africa.

*“Activities that are specific for the different age-groups are very important”*¹³⁹

Age-appropriate programming: 13 key informants indicated age-appropriate programming as an important cross-cutting issue. Nonetheless, most staff have no psychology background and it is uncertain if several NGOs working in CP really know how to address age-specific needs of children. This is also linked to the acknowledgment of the different responses tailored to the specific child age, under a child rights perspective, and can contribute to fight against the traditional point of view of perpetuating cultural habits and initiation rites. It has been mentioned that adolescents are a very much marginalised group of children, especially between the age of 14-17 years. “Adolescence” does not seem to deserve *per se* a special focus in many humanitarian responses: adolescent children are considered as adults, and as such, they are not targeted by child-specific activities and rather must take care of themselves.

*“Age-Gender-Disability Diversity mainstreaming should be a priority for inclusion in any (CP) training programme”*¹⁴⁰

Finally, other cross-cutting issues mentioned by key informants include:

- Child participation: *“there is a lot of talking about it, but little action!”*¹⁴¹
- Other sectors should ensure the ability to create child safe programming.

¹³⁴ KII n. 20.

¹³⁵ KII n. 21.

¹³⁶ KII n. 9

¹³⁷ KII n. 1.

¹³⁸ KII n. 21.

¹³⁹ KII n. 11.

¹⁴⁰ KII n. 17.

¹⁴¹ KII n. 1.

- Apply the best interest of the child: important, but sensitive and difficult to deal with.
- Localisation: capacity building of local organisations, translation of CP information in local languages, co-coordination of CP working groups by LNGOs.
- Ensure well-being of staff and partners as without it, there is an impact on all other areas therefore on the work done for children.
- HIV-aids.
- Conflict sensitive programming.
- PSS.
- Risks analysis, that also involves CSG.

Concluding observations on capacity in CP programmatic responses of the average 3-5-year experience CPiE staff

In summary, cross-cutting issues that require strengthening capacity of staff for better integration in CP(iE) programmes, given their high relevance in this region, in order of priority are as follows:

1. Gender
2. Accountability
3. Disability
4. Child safeguarding
5. Environmental considerations
6. Age-appropriate interventions
7. Prevention

Other important cross-cutting issues that need special attention include:

- Child participation.
- Apply the best interest of the child.
- Localisation.
- Conflict sensitive programming.

3.5 Operational tasks: programmatic relevance and staff's competence

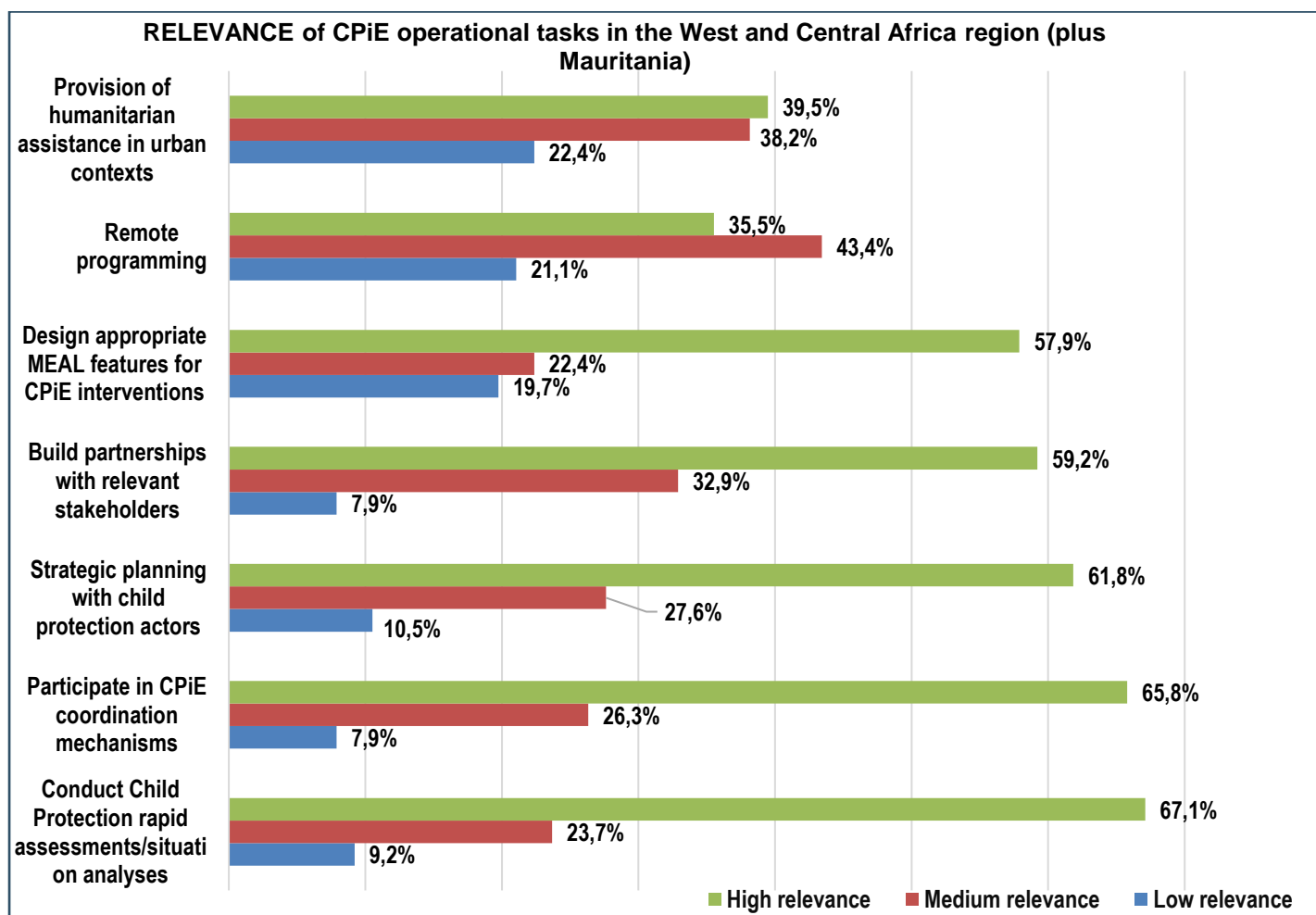
The CPiE operational tasks analysed in this section are:

- Conduct Child Protection rapid assessments/situation analyses
- Participate in CPiE coordination mechanisms
- Strategic planning with child protection actors
- Build partnerships with relevant stakeholders
- Develop appropriate MEAL features for CPiE interventions
- Remote programming
- Provision of humanitarian assistance in urban contexts

Survey respondents have been called to express their opinion on whether the listed operational tasks are highly/medium/lowly relevant, e.g. deserve to be duly included, in CPiE programmes in this regional context.

The level of competence of the average 3-5-year experience CPiE staff in implementing these operational tasks in CPiE responses has been assessed in the survey, where respondents had to rate the competence level as high/medium/low, and in interviews with the key informants.

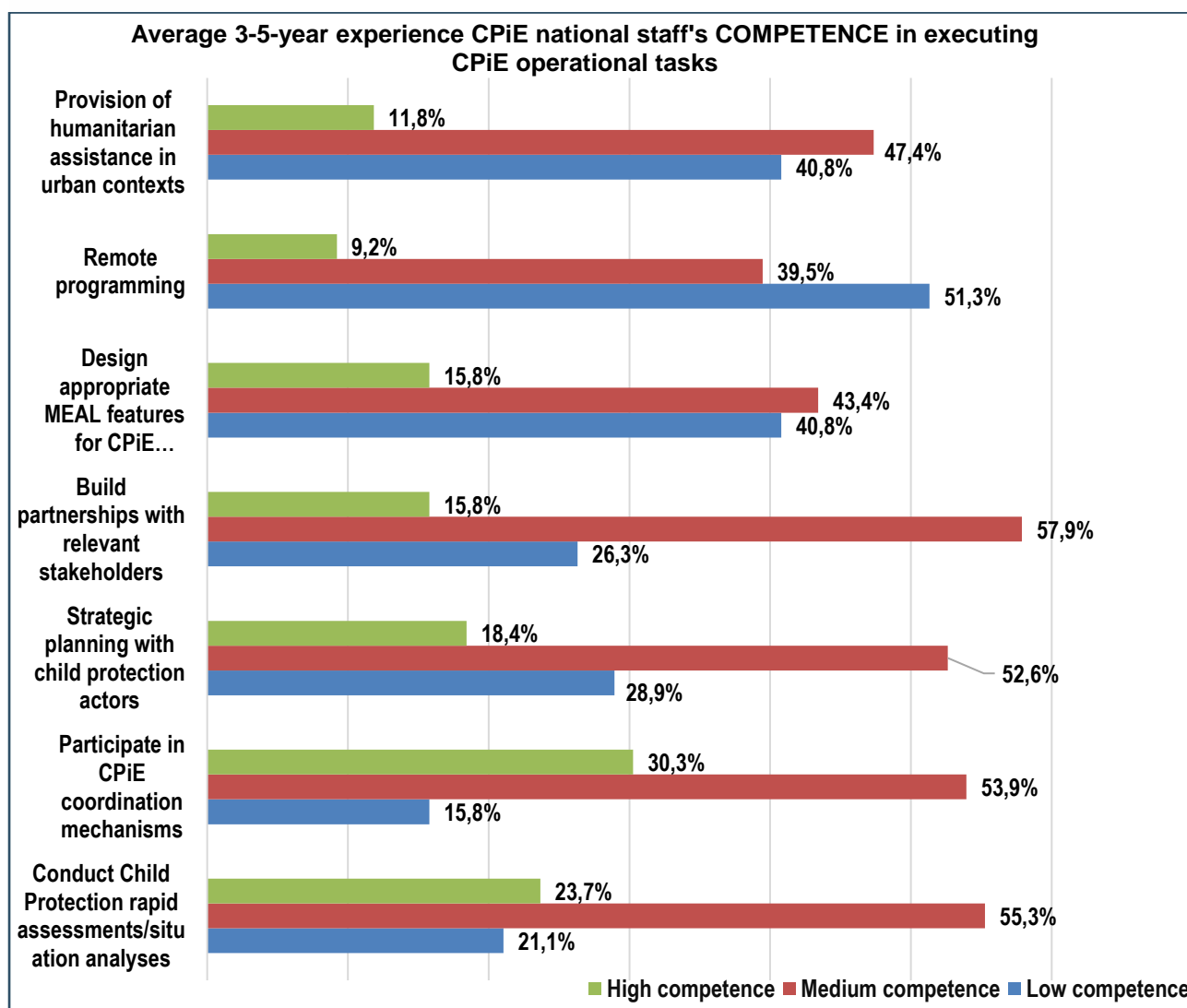
Responses from survey



Except for provision of humanitarian assistance in urban contexts and remote programming, all other CPiE operation tasks are decidedly highly relevant in this regional context.

Provision of humanitarian assistance in urban contexts is also highly relevant, yet at an almost tight with a medium level of relevance.

Remote programming is instead predominantly of a medium relevance, if many other respondents find it instead highly relevant.



With the exception of remote programming, for all other CPiE operational tasks the average 3-5-year experience CPiE staff in the region possess a medium level of competence.

Only concerning **remote programming**, the prevailing competence level is low.

It is to be noted that both design of appropriate MEAL features for CPiE interventions and provision of humanitarian assistance in urban contexts present high levels of low competence, in facts very close to the rated levels of medium competence in both cases.

It is worth noting the comment of a respondent, who pointed out the uniqueness of providing assistance in urban settings, that therefore requires “*specific training and skills*”.¹⁴²

Responses from key informant interviews

Regarding operational tasks, the most mentioned capacity gap by key informants is **coordination of CPiE responses**. Someone noted for example the lack of a pool of trained coordinators ready to deploy at the regional level, or at least insufficient coordinators compared to needs. Moreover, in some countries, staff are not used to work within the Cluster system: a major challenge in times of crisis.

Lack of data and statistics in emergency has also been mentioned as a key gap by key informants. More specifically, what appears to be the capacity gap, is the mid-level CPiE staff competence in terms of **information**

¹⁴² Survey respondent, in English.

and data analysis. This kind of staff seems in fact rather involved only in data collection: yet, how to analyse data and assessments findings, how to manage information, knowledge and data are lacking.

Another important mentioned gap is **planning and design of log-frames**, setting indicators and other aspects of project cycle management (*“Consequently to the afore-said technical gaps, planning suffers because it does not take into account the quality of the response, the budget is not enough, M&E is not good”*).¹⁴³ In particular, **MEAL** has been indicated as a weak area.

Lack of data depends on another operational capacity gap: the ability to **conduct rapid child needs assessments as well as CP and context situation analysis** (which can be limited by lack of age-disaggregated data).

Apart from technical and programmatic skills, an additional global issue mentioned by several key informants is how to introduce new elements of cultural innovation, as CP programming concerns cultural elements and staff are people with their own bias and prejudices. This is the reason why the focus should not be put only on hard skills, but it would also be important to **strengthen attitudes, behaviours and soft skills**, all very much needed in CPiE practitioners’ daily work.

An informant made an interesting distinction between capacity gaps of staff working at city/capital level (mostly, time management, human resources and leadership, information management) and capacity gaps of staff working at field level, e.g. frontline staff with often limited support (project monitoring and follow up).

The following CP operational tasks have also been mentioned by key informants as needing strengthening:

- Building local NGOs capacity: some countries show high numbers of fast-growing LNGOs, with no technical skills and institutional capacity. In local organizations a lot of staff do CP but do not have the basic education required: they are neither a lawyer, nor a social worker, nor a specialized educator.
- Remote programming.

Concluding observations on capacity in CP operational tasks of the average 3-5-year experience CPiE staff

In combining responses from survey and key informant interviews, the following appear as the main CP operational tasks requiring capacity building of the average 3-5-year experience CPiE staff in this region (not in order of priority):

- Coordination of CPiE responses
- Information and data analysis
- Programme design, including MEAL
- Conduct child needs assessments
- CP and context situation analysis
- Remote programming

¹⁴³ KII n. 8.

CHAPTER 4: Findings by criteria analysed in the CGA

4.1 Combined relevance to the regional context and combined competence of the CP/CPiE mid-level professional for all analysed CPiE topics

In an attempt to summarise the findings already presented by CP/CPiE topic in the sections above, survey results (rated as high/medium/low by respondents) and qualitative answers provided by key informants during interviews have been compared. For both groups, the prevailing rating concerning the relevance and the mid-level CPiE regional staff's competence have been determined. For survey results, the highest value has been chosen as the most representative, but if the second-placed value resulted close to the highest, a combined value has been retained, with the highest value being the first (for example, a value of "Medium to low" indicates that "medium" has been scored as the highest value by survey respondents, but that "low" scored in the proximity of "medium" if to a lesser degree; in one case, the final value is mixed because the two values scored exactly the same: "Medium and low"). Concerning key informants, they have expressed a qualitative opinion on the majority of the CP/CPiE topics analysed in this CGA (if not all, for example no question has been asked to key informants regarding prevailing humanitarian scenarios). The consultants have eventually applied their value judgement, combined with their knowledge and experience in the subject matters and regional context, to derive a final participants' overall appreciation of the relevance and competence of the CP/CPiE topics under analysis.

A summary dashboard depicts the following situation:

	RELEVANCE to the West and Central Africa region (plus Mauritania)	Average 3-5-year experience CPiE national staff's COMPETENCE (KNOWLEDGE and PRACTICAL EXPERIENCE)
Humanitarian scenarios		
Refugees	High	Medium
Internally displaced people	Very high	Medium to High
Children on the move	Very high	Medium
Conflict	Very high	Medium
Sudden on-set natural disasters	Low to Medium	Low
Slow on-set natural disasters	Low to Medium	Low
Disease outbreaks	Medium to High	Medium
Child protection risks		
Dangers and injuries	Very high	Medium
Physical and emotional maltreatment	Very high	Medium
Sexual and gender-based violence (SGBV)		Medium
Mental health and psychosocial distress	Very high	Medium to Low
Children associated with armed forces or armed groups (CAFAAG)	High	Low to Medium
Child labour	Very high	Medium

Unaccompanied and separated children (UASC)	Very high	High to Medium
Child protection programming approaches		
Strengthening child protection systems		Medium to Low
Strengthening family and caregiving environments		Medium to Low
Adopting community-level approaches in CPIE programmes		Medium
Implement case management as needed		Medium to Low
Promoting/Strengthening alternative care options for children separated from their family		Medium to Low
Justice for children in humanitarian settings		Low
Group activities for child well-being		Medium to High
Working across other humanitarian sectors		Medium
Cross-cutting issues in CPIE programming		
Disabilities	High	Low
Environmental considerations	High	Low
Gender	Very high	Medium
Prevention	High	Medium to High
Accountability	Very high	Medium and Low
Child safeguarding	Very high	Medium to Low
Age-appropriate programming	Very high	Medium to Low
Operational tasks		
Conduct Child Protection rapid assessments/situation analyses	Very high	Medium to Low
Participate in CPIE coordination mechanisms	Very high	Medium to Low
Strategic planning with child protection actors	Very high	Medium
Build partnerships with relevant stakeholders	High	Medium
Design appropriate MEAL features for CPIE interventions	High	Medium to Low
Remote programming	Medium to High	Low to Medium
Provision of humanitarian assistance in urban contexts	High to Medium	Medium to Low

4.2 Most contextually relevant analysed CPiE topics needing further professional development of CP/CPiE mid-level professionals in West and Central Africa

In facts, all CP/CPiE topics under analysis are relevant or even very relevant in this regional context. An attempt to identify the most relevant to focus on, appears quite of a fictional exercise, if not inappropriate given the undeniable complexity of the regional socio-political context, that combines with acknowledged very low level of assistance and services, by the international and national communities, to children and families under strain. Additionally, the region also characterises for low level of staff competence, that are the heritage of generally speaking not-effective education systems in most countries of the region, as well as of limited priority given to CP/CPiE responses and building national staff capacities.

Nonetheless, the findings presented in the previous chapters may allow to sort-of identify the main CPiE professional capacity gaps as follows (not in priority order):

- ✓ Responding to all CP(iE) needs of children in displacement, including UASC and children on the move.
- ✓ Prevention of recruitment and reintegration of (former-)CAAFAG.
- ✓ Prevention and response to all forms of violence, with particular with focus on SGBV.
- ✓ MHPSS programming.
- ✓ Parental skills building/Family strengthening programming.
- ✓ Build capacity in case management and CP systems strengthening, including at cross-border level, and including both the governmental and the community-level circles of the system.
- ✓ Work against traditional and cultural harmful practices, that may include amongst others unlawful forms of child labour, child marriage, FGM.
- ✓ Community-based approaches, including alternative care solutions.
- ✓ Work across all other humanitarian sectors and mainstream CP. In particular, create integrated CP-education programmes¹⁴⁴.
- ✓ Integrate disability, gender and accountability, child safeguarding and age-appropriate actions in CPiE programming.
- ✓ Prevention and preparedness work at all levels.
- ✓ Data and information management.
- ✓ Coordination of CPiE responses.
- ✓ Child (rapid) needs assessments and CP and context situation analysis.
- ✓ Design appropriate CPiE programmes, with special attention to M&E features.
- ✓ Knowledge and capacity to respond to natural disasters and other climate change-induced phenomena causing CP concerns.
- ✓ Responding to diseases outbreaks.
- ✓ Child participation.
- ✓ Conflict sensitive programming.
- ✓ Best interest determination procedures (BID/BIP).
- ✓ Localization.

¹⁴⁴ For instance, 3000 schools are closed in Mali, Burkina Faso, Niger (source: KII n. 17), therefore reinforcing the linkages CP-Education is essential: train teachers in identification and referral of cases, find alternative CP and education solutions when schools are closed. Besides CFS, there is a significant need for working in pre-schools.

CHAPTER 5: Suggested modalities for Save the Children CPIe PDP

5.1 Barriers for mid-level CP/CPIe practitioners in the region to participating in professional development opportunities

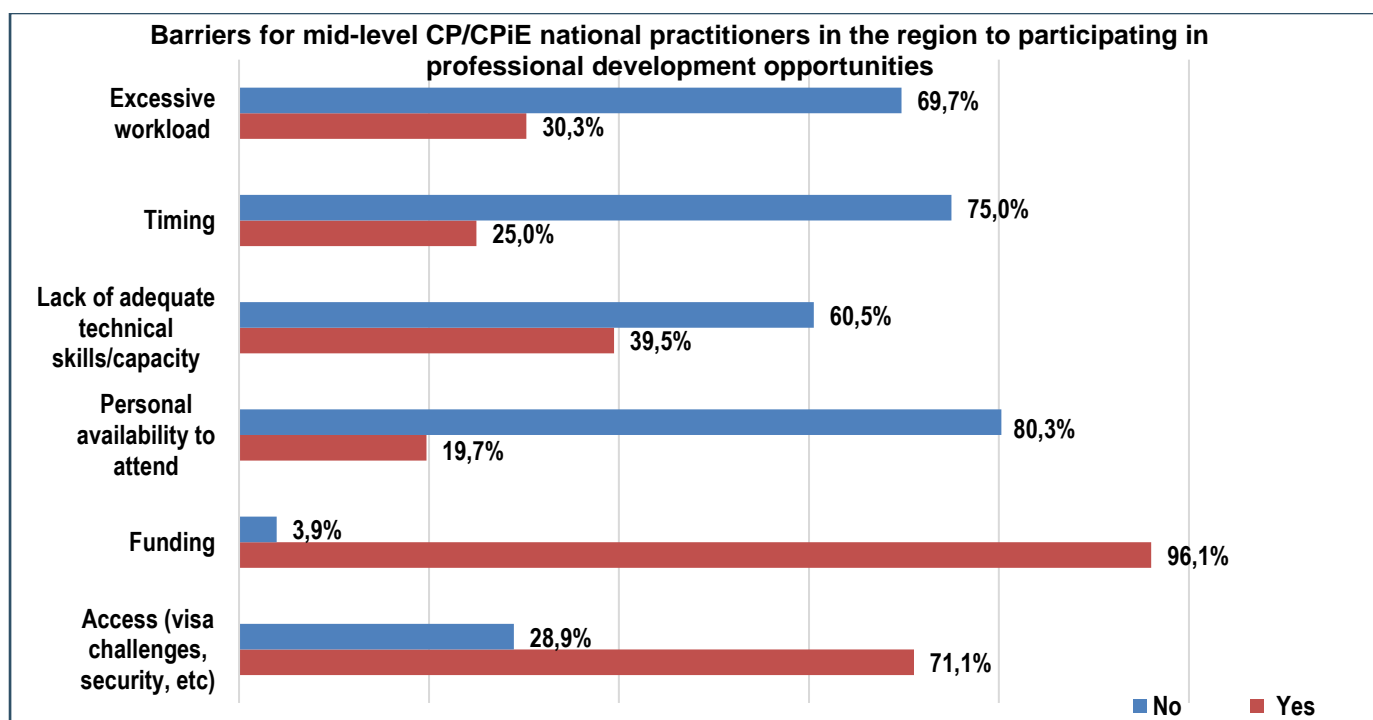
A list of six potential barriers to participating in professional development opportunities has been established that includes:

- Access
- Funding
- Personal availability to attend
- Lack of adequate technical skills/capacity
- Timing
- Excessive workload

Survey respondents and key informants have been asked to appraise the impact of such barriers in limiting regional CP/CPIe practitioners in partaking in professional development opportunities.

Responses from survey

Survey respondents have been asked to indicate whether the listed factors may constitute a barrier (yes or no) for mid-level CP/CPIe national practitioners in the region to participating in professional development opportunities.



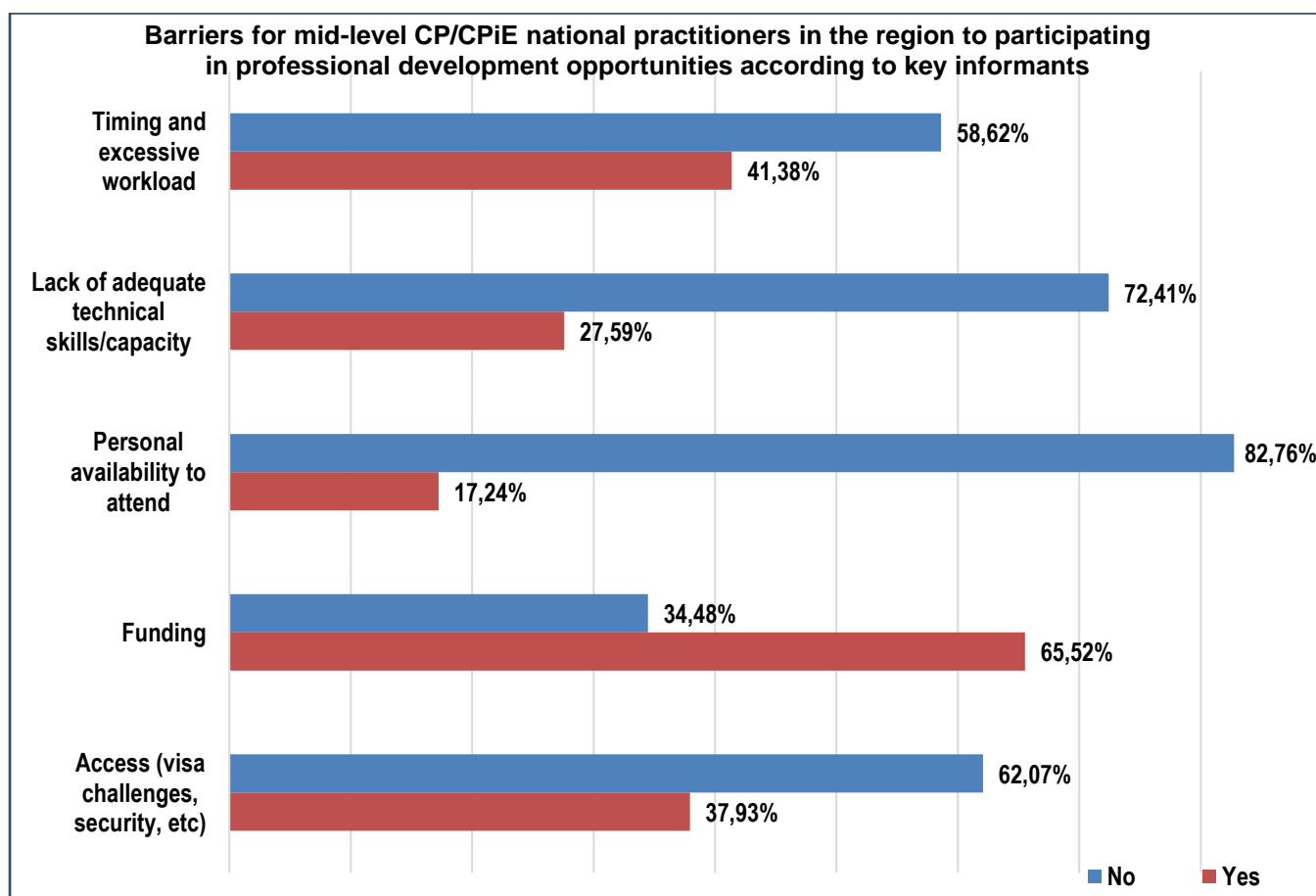
For the vast majority of survey respondents, **funding and accessibility issues are the two main barriers** to professional development opportunities for CP/CPIe staff in this region.

Interestingly instead, **all other factors mentioned in the above list do not represent significant barriers, not even for the case of time availability and excessive workload.**

Some survey respondents also elaborated upon other factors that may obstacle mid-level CP/CPiE national practitioners' participation in professional development opportunities in the region:

- Limited number of capacity development opportunities.
- Lack of knowledge of capacity development opportunities.
- Lack of proactiveness (which might somehow fall within the notion of personal availability to attend).
- Insufficient personnel (which might somehow fall within the notion of excessive workload and timing).
- Need to identify the right capacity building opportunity (which might somehow fall within the notion of lack of adequate technical skills/capacity).
- Need to identify capacity building opportunities that issue certificates/diplomas.
- Problems linked to management and governance of the NGOs, such as lack of support to staff to facilitate their professional development, inexistent possibility for national staff to access capacity building, lack of support on the part of the senior management to staff capacity building, not sharing information on existing capacity building options.
- Inexistence of capacity development opportunities in the country of origin.

Responses from key informant interviews¹⁴⁵



Access: in the ECOWAS region this is not an issue, but it is significant in case of travels outside Africa, especially for trainings in Europe or to the Middle East. Indeed, obtention of visas can be an issue for nationals of some countries of this region.

Traveling is also an issue potentially: it is time-consuming and needs considerable funding.

Security concerns have only been mentioned by few informants.

¹⁴⁵ n=29 for this question as 3 key informants have not been asked to respond due to time constraints.

*“Funding is the biggest challenge! For example, staff do not get high salaries”*¹⁴⁶

Funding: if staff (especially, from local NGOs) have to pay part of the training, that could be just the plane ticket or accommodation, funding becomes an issue: even if it is just a payment before-hand, national staff would not have money to advance. Funding is therefore a major issue to professional development, yet there are also free-of-charge courses online, but staff would prefer to go for training abroad. A solution could be facilitators available in country, even if internal movements in some countries in the region are very costly as well. In particular, Governments do not have funding to support partners with training, but rather depend on donors, that are not often willing to accept the integration of a budget line for professional development of staff.

Personal availability to attend: this obstacle has more to do with personal and family engagements. If at a second place after other challenges, it can be a serious issue for women with family and children for example. In parallel though, male mid-level staff are often bread-winners for their families and cannot leave their jobs, which might discourage or impede their participation in long-term capacity development courses. Moreover, in case people had to sacrifice personal holidays to attend courses, not everyone would do it, based on personal commitment.

Another crucial factor linked to personal availability to attend is attitude: for instance, a young person, frontline staff, would most likely welcome any opportunities to attend capacity development courses, not to feel left behind. For mid-level staff instead, they live the transition between being frontline and being based in an office with a high decision-making position. To successfully attend, most have to see a potential career promotion coming.

*“Mid-level staff are difficult to mobilise: they are not in the field anymore, but still not at high level/decision-making level”*¹⁴⁷

Lack of adequate technical skills/capacity: for those who work and live in countries that do not experience emergency, lack of hands-on experience in emergency response is an issue, compared to participants with experience in emergency settings. Moreover, some staff possess a low level of effective capacity, despite the role/title they have been assigned to, and not all staff can find training opportunities that meet their capacity building requirements and profile. Besides, low capacity staff may not even have the competence to understand their own capacity gaps.

Sometimes, the potential participants do not have all the prerequisites requested to attend courses. The selection criteria could seriously undermine the participation of staff (for instance, youth from the *Mouvement Africain des Enfants et Jeunes travailleurs* (MAEJT)) with very valuable practical experience and know how to react before field's constraints, but do not possess the minimum requested academic level to access training opportunities.

Timing and excessive workload: is the second obstacle identified by key informants, applying to all learning modalities but particularly to face-to-face courses. Indeed, organisations may not release staff to participate: it would depend on how the course aligns with the organisation's needs and priorities, and on projects with strict timelines attached. For example, a key informant applied to a professional development programme when in a role as CP officer but got promoted later on to CP Manager: in this higher-level capacity, the organisation struggled more to agree to let the staff attend, and was on the verge to remove the approval. In general, staff have lots of other priorities and heavy workloads, while quality capacity development options are time-consuming, for example can take up to 3-6 months (this is a reason why most staff only receive short-term training, with a limited impact of their skills levels).

¹⁴⁶ KII n.19.

¹⁴⁷ KII n. 20.

In summary, there are conflicts between workload, personal availability and willingness of organisations to allow staff attend learning opportunities.

Key informants also mentioned numerous other obstacles to learning opportunities for staff in this region.

A key element is **language of training**: one of the biggest challenges in this region (*"this sets back francophone Africa a bit"*).¹⁴⁸ Good materials in French are limited because translation in French takes a lot of time and is never a priority. Likewise, most quality/high calibre training options with good facilitators are in English language only. Yet, also English-speaking countries in the region may suffer from inability to access regional initiatives that are in French language only.

There might be several opportunities but not really adapted to the context, just copy-pasted from other places, with an important **lack of quality learning opportunities**. Other times, learning options include several themes, but only touch upon all issues without specialization.

Moreover, trained staff often do not roll-out the training once back; facilitators trained in-country would instead make the acquired capacity remain in the country.

From a legal point of view, there is a gap in the legislative framework in the region, that lacks rules and indications on capacity development rights of workers.

Clientelism/nepotism in choosing participants to courses can severely undermine the transparency of the candidates' selection. For example, the organisation's director may want to participate or want someone close attend (*"Sometimes, they want to attend the training for the desire to go out of the country, for the privilege of travelling, of getting per diems. So, the selected participants are not the most suited"*).¹⁴⁹

Concluding observations on barriers for mid-level CP/CPiE practitioners in the region to participating in professional development opportunities

Overall, key informants and survey respondents have provided quite consistent answers, with the exception of issues related to timing and excessive workload. It is therefore possible to estimate the overall impact of the listed barriers to participation in professional development opportunities as follows:

	Impact of the obstacle by survey respondents			Impact of the obstacle by key informants			Combined impact of the obstacle
	High	Medium	Low	High	Medium	Low	
Access (visa challenges, security, etc)	High				Medium		Medium to High
Funding	High			High			High
Personal availability to attend			Low			Low	Low
Lack of adequate technical skills/capacity		Medium			Medium		Medium
Timing			Low	High			Medium
Excessive workload			Low	High			Medium

Other significant obstacles mentioned by key informants and by survey respondents include:

- Language of training.
- Lack of quality learning opportunities.
- Limited number of capacity development opportunities.
- Inappropriate and/or unjust selection of participants.

¹⁴⁸ KII n. 9.

¹⁴⁹ KII n. 30.

- Lack of knowledge of existing capacity development opportunities.
- Problems linked to management and governance of the NGOs.

5.2 Preferred learning modalities

A list of six learning modalities has been established that includes:

- Face-to-face learning
- Online learning led by an instructor
- Self-directed online learning
- Experiential learning
- Mentoring¹⁵⁰
- Job placements and site visits

Survey respondents and key informants have been asked to appraise the effectiveness of such modalities in terms of providing quality learning.

Responses from survey

Survey Monkey calculated the weighted average for all responses, therefore using this parameter and combining results of the two surveys (in English and in French), learning approaches result ranked as follows:

1. Face-to-face learning
2. Online learning led by an instructor
3. Experiential learning
4. Job placements and site visits
5. Self-directed online learning
6. Mentoring

Responses from key informant interviews

	Effectiveness			Pros	Cons
	High	Medium	Low		
Face-to-face learning				<ul style="list-style-type: none"> • The most effective approach for adult learners. • Presential courses allow participants to share concrete experiences they lived. • Can boost motivation. • Staff from this region appreciate face-to-face sessions. 	<ul style="list-style-type: none"> • If only a theoretical course, it would not work. • Funding may not allow to cover the costs to train all interested participants. • It is difficult to find the best time for each participant to attend.
Online learning led by an instructor				<ul style="list-style-type: none"> • Could be a good approach in case of limited funds or when the course cannot bring all participants in one venue. • Webinars with a good panel are effective because participants can exchange with others. • There is a good offer of short-term theoretical sessions on 	<ul style="list-style-type: none"> • Internet and power supply are serious challenges in this region. • In some countries in the region, internet is only available in the office, that means usually staff cannot take training sessions during working hours. • Because of internet limitations, online training cannot be live

¹⁵⁰ It is to be noted that in this research, the term mentoring has been used as meaning "supporting the technical growth of a practitioner". However, some participants also mentioned the term "coaching" that might acquire a similar meaning, and not be necessarily mutually exclusive with mentoring.

Self-directed online learning				<p>several issues (for example by UNICEF).</p> <ul style="list-style-type: none"> Allow freedom and flexibility to take the course when suited for the individual staff. 	<p>because of the challenges to summon staff all at the same time.</p> <ul style="list-style-type: none"> From the pedagogical point of view, learners must develop in a rapport with the facilitators, that cannot be the case for self-online training. Some staff have difficulty with technology. The person may not put a lot of effort into online learning compared to face-to-face courses. The participant may lose interest and not dare asking questions. Not effective for behavioural change and cultural bias, and stereotypes change. The culture of reading is not strong in this region: people read documents but may not understand the content.
Experiential learning				<ul style="list-style-type: none"> Exposure to practical aspects, hands-on experiences are what learners really need. 	<ul style="list-style-type: none"> Simulations are not like real field experiences that is what staff needs instead.
Mentoring				<ul style="list-style-type: none"> Mentoring is a priority, even more than training <i>per se</i>. Without follow-up after training, implementation becomes very difficult: a mentor can help put the information into practice in staff's daily work and help making the learning gradual. Mentoring in the field would be beneficial in many countries of the region, where people are very open-minded and open to learn. 	<ul style="list-style-type: none"> It requires people who are in the same context. Communication challenges can get in the way. Mentors should be trained to become mentors: not everyone can do it.
Job placements and site visits				<ul style="list-style-type: none"> It is good to learn other contexts, share experiences and make practice. It gives the opportunity to bring new ideas to a context. 	<ul style="list-style-type: none"> Despite the enthusiasm about this option, in reality because of the way staff are structured and funded, their release is a real issue. So, it might not be successful.

Very often if not at unanimity, **key informants concurred that a combined (mixed) approach is the most effective way to successful learning experiences**. In particular, it has been noted over and over how a **theoretical training is not enough**, and that **practical experience is essential**. Successful courses are those that include practical sessions on how to do things (for example practice how to implement FTR, or what to do with a separated or an unaccompanied child, etc).

*"I delivered a child participation training and when I involved children too, it became much more effective than only explaining the subject matter"*¹⁵¹

Exposure to other contexts is also seen as delivering an effective learning curve for staff.

¹⁵¹ KII n.11.

“Practical training is the most effective”¹⁵²

A key informant specified that in their opinion, the approach depends on who is to be trained, so for instance Managers, Programme Coordinators and Technical Advisors require face-to-face and online learning (self-directed and/or with an instructor). For Field Officers and Field Supervisors the combination should entail face-to-face learning, practical experience and an important component of mentoring.

A consideration is that the programme organizers need to firstly take into account that participants are adult learners, learning at different paces and wanting to be acknowledged as professionals with experience.

Moreover, a major challenge in capacity development programmes is to **get learners read pre-training materials and do some homework before or during the training**. For this reason, staff are to be tested to ensure that they have read pre-reading materials.

Regarding **online learning**, responses have been quite mixed. Truth being told, a key informant affirmed that *“most times, for adult learners it is not to be recommended”*,¹⁵³ and in **general informants find it less effective than face-to-face learning**. Indeed, there are topics that can be learned online, but many of the training aspects deserve to be put in a situation to be learned (for example, how to conduct a rapid emergency assessment), or there are subjects that require face-to-face teaching (such as case management for example). Someone noted that online learning should not be done as a stand-alone option, but be part of a longer-term process, or be a small part in a course.

It has been pointed out that the success of online learning depends on the seriousness and commitment of the trainee; that is, in the words of an informant *“only a few probably would do an independent training”*.¹⁵⁴ Another informant openly said that *“concerning online training there is a risk: people might only want to obtain the certificate, without following the course. Maybe, other people help them take tests and exercises”*.¹⁵⁵

Personal will to commit is not the only main factor upon which online learning depends nonetheless, because it has been noted that not many learners are accustomed to online training, and that success depends a lot on the starting level of the learner.

An important component to online learning options is to verify that participants listened to the lessons: testing, questioning and recording of participants' tests. The **inclusion of what can be called an ‘accountability system’ is therefore paramount to improve the effectiveness of the online learning experience**: give marks to participants, request for submission of papers, include oral discussions, etc.

Finally, to make learning online more effective, it has been recognised that **an instructor is the best option**.

“The key is ‘right mentee for the right mentor’!”¹⁵⁶

A very praised learning approach, also indicated as being a real need yet most of the time unavailable to staff, is mentoring. If done properly, with very dedicated persons, mentoring is seen to be very effective. And this is also because mentoring is not only about transferring technical skills but also build a rapport: *“the interaction you have with your mentor drives your motivation, you know someone is there for you, to listen”*.¹⁵⁷ For this reason, key to effective mentoring is getting people who are really willing to act as mentors with motivation and passion.

¹⁵² KII n. 11.

¹⁵³ KII n. 2.

¹⁵⁴ KII n. 11.

¹⁵⁵ KII n. 30.

¹⁵⁶ KII n. 2.

¹⁵⁷ KII n. 2.

“National staff know the theory, but putting knowledge into practice is where the greatest difficulty is encountered”¹⁵⁸

More than one key informant mentioned the **need for follow-up after training to ensure effectiveness** (*“a 4/5-day training, one-off kind, literature says is not enough: follow-up is needed instead”*).¹⁵⁹

The approach entailing job placements and site visits has been quite debated by key informants. For someone, learners would rather need longer-term exposure. Somebody else noted that a job placement is different from a site visit and works better. Moreover, job placements can be an effective way of improving skills for a large range of staff. As an informant pointed out: *“not only social workers, but also high-level Managers should take part in work placements, to make a real change in the organisations happen”*.¹⁶⁰

This approach also requires time to prepare things well for the visiting staff.

An important factor mentioned by a key informant is to ensure that in the course application process it is made clear that staff will need to be released for the job placement (the risk being that organisations refuse to let staff take the needed time instead).

Experiential learning (simulations and practice, including case studies) for many informants represents an excellent learning modality, as *“simulations, theatre, role-plays putting one in the shoes of a vulnerable African child: this is how you restart building child protection capacities!”*.¹⁶¹ More than one informant highlighted that *“after field simulation, it is necessary to hold a debriefing”*.¹⁶²

Finally, someone noted how long-term, in-depth training (3-6 months, or even 1 year) would be very effective, if understandably not a suitable option for NGOs.

Concluding observations on preferred learning modalities for mid-level CP/CPiE practitioners in the region

Both survey respondents and key informants highly value the effectiveness of face-to-face learning options that unquestionably results as the most preferred modality.

Following, for both groups of participants experiential learning and job placements and site visits appear as effective and appreciated learning modalities. As said above, key informants clarified how all forms of practical learning are to be coupled with face-to-face learning and vice-versa to make a comprehensively effective course.

Instead, while survey respondents highly value online learning led by an instructor (that ranks second in their opinion), key informants are much more sceptical regarding this modality.

The two groups of participants return to agree on the low effectiveness, hence low desirability, of learning online in a self-study modality.

It is finally quite surprising to note the staggering difference in the appreciation of mentoring. While as described above key informants have profusely praised the value, effectiveness and importance for staff of being accompanied by a mentor/coach, for survey respondents this modality is the least desirable. Why such a divergence of opinion is unknown.

In summary, the order of preference and effectiveness of the suggested learning modalities is as follows:

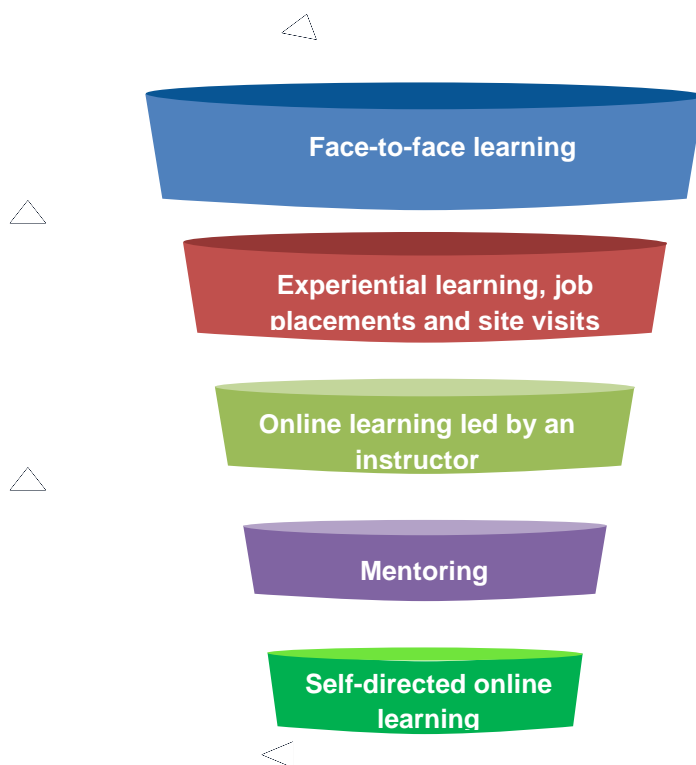
¹⁵⁸ KII n.11.

¹⁵⁹ KII n.14.

¹⁶⁰ KII n. 29.

¹⁶¹ KII n. 24.

¹⁶² For instance, KII n. 23.



5.3 Factors to consider and mistakes to avoid in Save the Children's CPIE PDP

Factors for success and mistakes to avoid when establishing a professional development programme for mid-level CPIE national practitioners in the region have been identified as the same, regardless of the respondent's context, resulting in a list of best practices to improve chances for success, and a list of bad practices that would undermine the effectiveness and impact of a professional development programme.

Factors for success	Mistakes to avoid
Conduct a capacity needs assessment prior to planning the course.	
Ensure a careful and neutral selection of the right participants, who should be mid-level staff with experience in the field.	Clientelism/nepotism in participants' selection. Inappropriate/wrong targeting of participants.
Base the content on country-specific CP(iE) issues and make it tailor-made to participants' needs.	"Standard" programme, not adapted to regional peculiarities, that is the result of a copy-paste from other courses/regions.
Start from the basics of CPIE programming.	
Adopt the appropriate language, such as French for this region.	Too long-lasting course.
Include a rigorous monitoring and evaluation system.	
Adopt a mixed approach that combines face-to-face training, practical sessions and experiential learning, and if possible, provide options for job placements/site visits	Prioritising an online modality instead of face-to-face courses.
Engage highly trained social workers, psychologists and facilitators capable to consider and apply cultural aspects.	Engaging facilitators with religious, cultural, ethnic bias.
Ensure follow-up post-training, including via mentoring.	Not recognizing achievement and individuals' experience.
Involve local networks or local NGOs.	Too expensive costs of training.

Value sharing of knowledge and of practical experiences of the learners’.	One-off training without refresher or follow-up sessions.
Foster commitment of the participants.	Disregard gender and disability issues.
Guarantee good timing of the course.	

During interviews, informants elaborated more suggestions and factors to ensure the success of a CPiE capacity development programme in the region.

As already mentioned above, the vast majority of key informants stressed how the **content of the course should be adapted to the regional context**. For instance:

- give case studies based on the West and Central African realities at field level;
- use the African Chart on the Rights of the Child as the international legislative framework (instead of only mention the UN Convention on the Rights of the Child);
- identify taboos and endogenous practices, that vary by country and might be strong allies for CPiE work at field and community level.

Additionally, the **length of the course** is to be carefully planned, so as to be enriching, but not to have repercussions on staff’s jobs (*“It should not be too long nor too short. There are lots of training courses that last one week, and this is not useful at all. If possible, plan to give two residential sessions in a year”*).¹⁶³

On the **careful selection of participants**, most key informants mentioned the need to choose them from remote/rural areas, more than from the capital/cities (*“Do not do a training for the élites”*).¹⁶⁴ On the other hand, key informants showed different views on who are to be the primary beneficiaries of capacity development programmes, a part from mid-level CP(iE) staff working at field level. Some informants acknowledged that involving representatives from government institutions could be an asset to build in-country capacity. Other informants pointed out that *“a main gap in the overall training land-scape is that it focuses on managers level, not the social-workers implementing CP actions. Courses in the region are trying to build the CP champions at senior and Government level to support the overall CP agenda at the country level. The gap is that people in charge of children are the next generation for CPiE specialists”*.¹⁶⁵ Another informant said that *“community-based organisations and grass-rooted groups should have the priority, as in most of the emergencies, INGOs leave after a while, while local organisations stay”*.¹⁶⁶

In any case, in the selection of the future participants, it is necessary to set clear objectives and manage the expectations. **Working with a heterogenous group of participants, with different profiles**, constitutes a major challenge, as beyond the pre-defined bracket of 3-5-year experience for Save the Children’s CPiE PDP, a social worker with 3 years of experience is not the same as a field officer with similar 3 years of experience. Therefore, the different needs and expectations based on the varying profiles of the participants represent a major challenge for a successful capacity development programme. But the suggestion made by a key informant to *“diversify training content by profile and do not cramp all kind of participants in a one-size-fits all course”*¹⁶⁷ might be too complicated to put in practice.

Furthermore, **trainees should come from the region**, a group sharing similar backgrounds, experience and concerns (*“they would have some sort of ‘communication code’ to use”*).¹⁶⁸ Likewise, some informants highlighted the importance of engaging **facilitators from the region**, so they perfectly understand the context. This would also make the participants to connect more with the training facilitators.

¹⁶³ KII n. 21.

¹⁶⁴ KII n. 29.

¹⁶⁵ KII n. 6.

¹⁶⁶ KII n. 1 and KII n.23.

¹⁶⁷ KII n. 1.

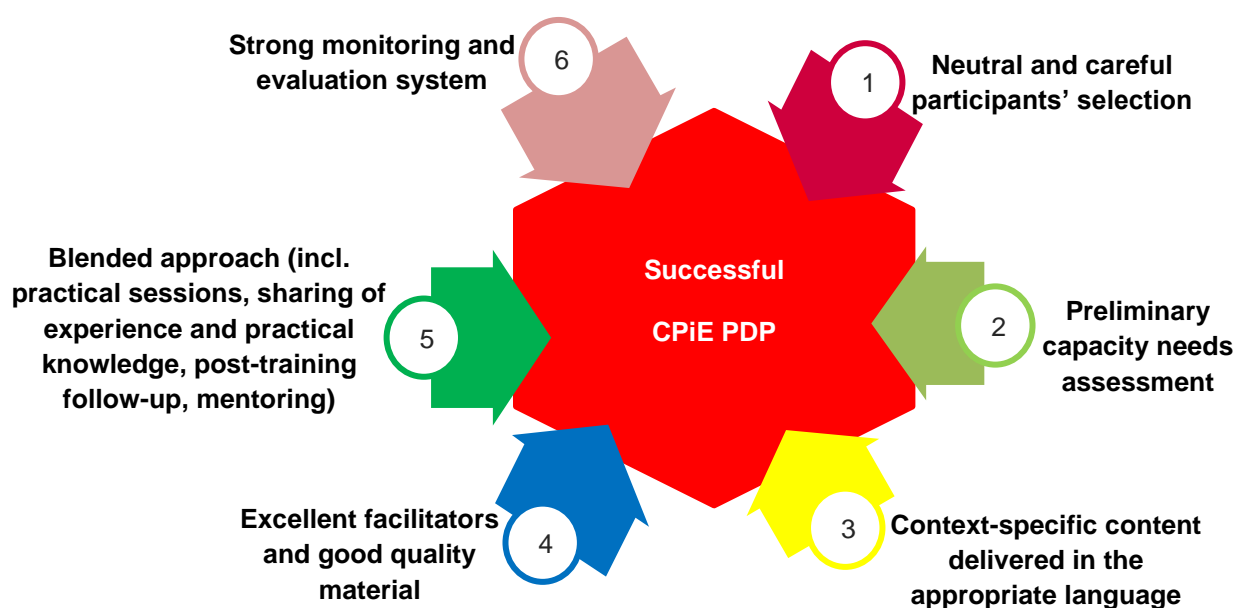
¹⁶⁸ KII n. 6.

In terms of **language**, facilitators have to use a simple and not technical language.

All in all, what participants want is to be engaged in learning experiences that challenge them and offer something interesting, for instance an exchange among countries, as well as support and follow-up via mentoring. The aim being to create a complex but stimulating experiences. Mid-level career CPiE staff want capacity building that helps them in their professional development, to reach the next carrier step.

In summary, it emerges that the main factors to ensure when establishing a successful professional development programme for mid-level CPiE national practitioners in this region are:

- ⇒ Human factor: participants' selection and commitment, together with a pool of excellent qualified facilitators, capable of overcoming any bias.
- ⇒ Informed and specific content: based on a preliminary need assessment, the course content must be adapted to the regional context, including using the preferred language of the participants.
- ⇒ A blended approach: combine learning modalities and foster practical sessions, value sharing of individuals' experience and practical knowledge. Post-training follow-up, including through mentoring is needed.
- ⇒ A strong monitoring and evaluation system: proper measurement of commitment, progress and achievements of participants.

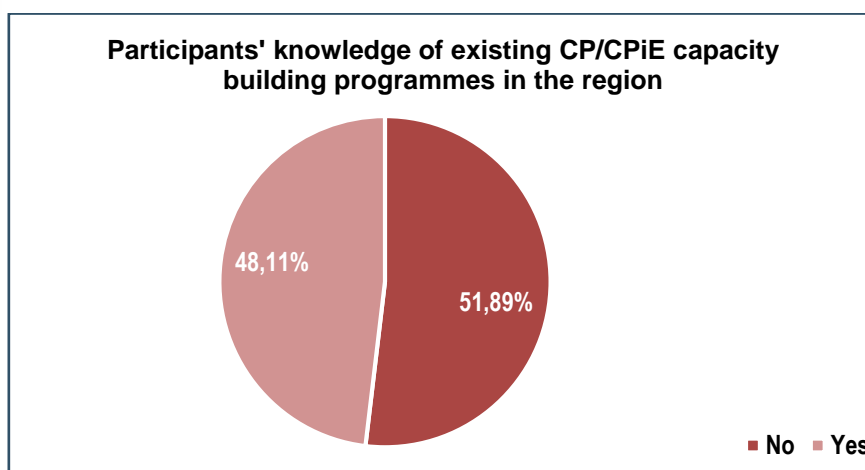


5.4 Other identified existing CP/CPiE capacity building initiatives

The vast majority of respondents to the survey is not aware of any CP/CPiE capacity building programme/initiative in this region; this is particularly the case for anglophone respondents (only 3 out of 21 respondents responded in the affirmative).¹⁶⁹ In contrast, almost 77% of the key informants is aware of capacity building/training initiatives and has provided concrete examples.

Combining all participants together, it results that approximately half knows of some existing CP/CPiE capacity building opportunity in the region:

¹⁶⁹ Of the 28 affirmative responses to this question in the survey, only 13 (of which only 1 in the English survey) provide useful information on the kind of CP/CPiE capacity building programme/initiative the respondent is referring to. The other responses do not provide any information (e.g., the respondents answered with only a "yes/oui" to the question) or are inconclusive (irrelevant or unclear information has been provided that cannot be used for analysis).



The gathered information¹⁷⁰ identifies the following CP/CPiE capacity building programmes/initiatives in the region (in random order):

- Bioforce CP Manager training programme in Dakar: it is the best-known professional development programme (mentioned by 22 participants, e.g. 7 survey respondents and 15 key informants). During this CGA the consultants interviewed a Bioforce trainee, the Bioforce Programme Director and the Bioforce Responsible of the Dakar centre, who provided useful information (presented in the box below).
- CPMS training sessions (mentioned by 7 participants, e.g. 2 survey respondents and 5 key informants).
- Training sessions delivered by the CP AoR (mentioned by 2 key informants): training offer depends on requests from the countries and is organized at regional level at least once a year. Sometimes training sessions are also held at country level (for instance, Burkina Faso and Niger have been directly supported on how to conduct rapid evaluations, according to needs identified by the country offices).
- UNICEF training on MRM (mentioned by 2 participants, of which 1 survey respondent).
- Course titled “Certificat de formation continue en protection et droits de l'enfant” at Université Cheikh Anta Diop in Dakar by the Institut des droits de l'enfant¹⁷¹ (mentioned by 2 respondents to the survey).
- CVJR in Mali (mentioned by 1 respondent to the survey).¹⁷²
- Interaction training of CP practitioners on 'results-based programming' in Maiduguri, Nigeria (conducted in November 2019, mentioned by 1 respondent to the survey).
- CP courses may be offered by the Institut Panafricain pour le Développement¹⁷³ and at the Bureau International des Droits des Enfants¹⁷⁴ (mentioned each by 1 key informant).
- DG ECHO organized a training session on CPiE in June 2019 in Mauritania, for personnel at field level to learn about CPiE and EU priorities (mentioned by 1 key informant).
- Initiative CASI (Child Adolescent Survival Initiative), promoted by UNICEF and UNPDF, that promotes a championship system, with a pool of trained personnel, who share their knowledge with their colleagues. This initiative is organized at global level, amongst others also in Niger for instance (mentioned by 1 key informant).
- NRC Pro-Cap training (mentioned by 1 key informant).
- ECOWAS capacity building initiative on Children on the Move (mentioned by 1 key informant).

¹⁷⁰ In the survey, 13 respondents have provided information on CP/CPiE capacity development initiatives/programmes used for this analysis. In key informant interviews, 23 informants provided information on CP/CPiE capacity development initiatives/programmes used for this analysis.

¹⁷¹ https://www.ucad.sn/index.php?option=com_content&view=article&id=3155:dhpuacad-certificat-de-formation-continue-en-protection-et-droits-de-lenfant&catid=136:communiqués&Itemid=315

¹⁷² The respondent, from Mali, did not mention what the supposed UNICEF CVJR training is about; a Google search allows to suppose that the acronym CVJR stands for 'Commission, Vérité, Justice et Réconciliation' (see for example: <http://cvjrmali.com/>, consulted on 6 January 2020).

¹⁷³ <http://www.ipd-aos.org>.

¹⁷⁴ <http://www.ibcr.org/en/>.

- Coordination training delivered by the Alliance for Child Protection in Humanitarian Action in this region (mentioned by 1 key informant).
- Plan Academy training offer, if only internally to their own staff (mentioned by 1 key informant).

Box 1

CPiE MANAGER COURSE AT BIOFORCE INSTITUTE – DAKAR¹⁷⁵

“Responsable de Projets Protection de l’Enfance en Situation d’Urgence”¹⁷⁶

Profile of participants

- Over 4/5-year experience staff.
- Staff with expertise in social work in Europe (particularly, France) who want to begin a carrier in CPiE.
- Staff with expertise with children/families in vulnerable situations in psychology, human rights, care of refugees and asylum seekers.
- Staff from the region, with strong CPiE experience, but with not strong theory and conceptualization experience, or with no strong background in project management.
- Representatives from Ministries/Governments from the region.

Modality of the training/learning approaches

- Combination of theory and practice.
- Focus of the content: management responsibilities and CP technical expertise. Bioforce wants to train staff in a capacity as CPiE Programme Managers.
- Initial theoretical phase: residential in Dakar for a 3-month duration (which includes a 1-week simulation).
- Practice at field level: 6-month duration. During field experience, Bioforce ensures follow-up of each participant.
- The final diploma is issued at the end of the practical phase and upon completion of the 6-month placement, after the submission of a final report by the participant (participants receive a certificate at the end the theoretical phase).

Identified best practices

- Provision of scholarships by UNICEF (10 scholarships/year).
- Appropriate class-size of approximately 20 participants.
- Modular training: 3 modules during the residential phase (one being focused on technical CP issues), that participants can choose when to take, including spreading them across multiple years.
- Strong experiential component, with simulations in the field during the residential sessions: conducted with other Bioforce courses (logistics, coordination, etc) for a good contextualization with all different types of humanitarian roles/sectors.
- Experienced pool of trainers in the field and able to share and adapt the theoretical curriculum with real-life case studies.

¹⁷⁵ KIs with 3 Bioforce's staff; comments on Bioforce course shared by other interlocutors; leaflet Bioforce «Responsable de Projets Protection de l’Enfance en Situation d’Urgence».

¹⁷⁶ <https://humanitaire.institutbioforce.fr/fr/metiers/responsable-de-projets-protection-de-lenfance-en-situation-durgence-profil-exp%C3%A9riment%C3%A9>.

Points for improvement

- Expensive,¹⁷⁷ not accessible to many participants (even if Bioforce contributes 50% of the cost for African and Haitian nationals).
- The CP technical module should be given more time.
- Challenge to find external CPiE trainers with strong expertise.
- Gender unbalance of participants: in 2019-2020, in all Bioforce trainings, the share has been 70% men vs only 30% women. This depends on societal and structural factors, difficult to change.
- Commitment from organizations to facilitate the integration of learners during the 6-month practice phase.

Potential synergy with Save the Children's CPiE PDP:

- Save the Children's CPiE PDP is better focused on CPiE technical aspects, while Bioforce focuses on different aspects of the CPiE practitioners' work: funding, logistics, management, human resources.

¹⁷⁷ 2,970,000 FCFA (2019).

CHAPTER 6: Conclusions and recommendations

6.1 Conclusions

The West and Central Africa region (including Mauritania) characterises for its contextual heterogeneity and complexity. The region, where both English-speaking and French-speaking countries coexist, is ridden by conflicts that affect several sub-regions, such as the Lake Chad basin, DRC, CAR, Mali, Burkina Faso and most recently Cameroon. Some of such conflicts have historically been present, if fluid in their changing dynamics; others are more recent and have brought new dimensions, namely the proliferation of terrorist groups. Subject to the effects of climate change, the region, and in particular the sub-Saharan countries of the Sahel area, is also prone to natural disasters, from flooding to droughts, that further compound the complexity of people's livelihoods and movements. Lastly, several countries have experienced in recent years and continue to experience a serious Ebola epidemic.

People in the West and Central Africa region (including Mauritania) are on the move: the combination of conflict/natural disasters/epidemics is a major driver of displacement. Refugees, internally displaced children and children on the move are present by the thousands in mixed migration flows within and from the region. Unaccompanied and separated children, due to family separation in high frequency displacement and migration, are commonplace, a condition that exposes them to further vulnerabilities and risks of abuse. Emergency situations therefore further exacerbate risks and increase the incidence of violence of all sorts to children. But, like in all contexts, cultural and religious influence shapes people's beliefs and parental attitudes: this region, more than others, sees high risks associated to harmful practices that compromise children's integrity and their rights: child marriage, some forms of *confiage*¹⁷⁸ (for example the sometimes critically dangerous entrustment of young and very young boys to *marabouts* to become *talibé* students,¹⁷⁹ or that of young and very young girls to wealthy families to work as domestic aids), female genital mutilation, witchcraft. Entry into work is also happening at very young ages for many west and central African children, with serious risks of ending up in worst forms of child labour or other forms of abuse and exploitation.

Access to basic services is limited in the region, and of course becomes even further compromised during crisis. Governmental personnel often lack competence and CP services are usually underfunded, and this already in time of peace. For this region, the numerous emergencies affecting the region lead to the activation of international humanitarian responses, however in their turn often compromised by lack of coordination and of financial sustainability. Several contexts also see the presence and fast emergence of plenty of local organisations, sometimes the most abundant participants in CP coordination groups, that however may pose questions on their technical CP and institutional capacity.

All this, combined with the typical attitude of humanitarian responses to focus on quick turn-around delivery of (temporary) assistance, is one of the reasons why local capacities are not strengthened enough and preparedness and prevention work lag behind.

Indeed, this CPiE CGA has revealed quite clearly that the prevailing opinion of child protection specialists is that CP and in particular CPiE competence in the region is low, and certainly insufficient to address the sheer size of the needs. The average level of a mid-career CPiE staff from the region seems to lack a solid education background. Besides, as mentioned the general attitude in the humanitarian sector is rarely that of building local capacities for better resilience and capacity to respond to ongoing and future shocks. Furthermore, volatility of job security in the sector, staff mobility and turn-over, governance issues within the NGOs and non-prioritisation of staff capacity development make building CPiE skills very difficult. This is however a very myopic behaviour, because the CP sector not only is by definition human resources-heavy, but most importantly because the very

¹⁷⁸ No intention is expressed in this line to denigrate the *per se* culturally appropriate and healthy practice of *confiage*, but rather bring focus on its aberration, that may be the result of increasing family disintegration and lack of means to support child wellbeing.

¹⁷⁹ This line is not intending to criticize the practice of confiding young boys to become *talibé* *per se* but only such cases of child trafficking and exploitation perpetrated by criminal *marabouts* with or without families' abetment.

success of any CP action, e.g. the quality of the assistance delivered to much needy children, is very dependent on the human factor.

Despite some divergence of opinion between interviewed key informants and respondents to the online survey, this analysis has identified a long list of CPiE topics that, unsurprisingly, need strengthening. From a technical point of view, in spite of their prevalence, neither assistance (and prevention) to CAAFAG nor to survivors of SGBV are fully mastered by staff. Psychosocial support, very much needed due to the effects of crisis on children and families, also needs to be improved. Practically all cross-cutting issues, from disability to gender and accountability just to name a few, are to be much better integrated and made factual in CPiE programmes. Not even child safeguarding and age-appropriate programming are issues that CPiE staff can guarantee as needed, because of lack of understanding and capacity. Much more work is required at the community level and to improve parental skills, as well as to bridge the gap between the humanitarian sector and development. Indeed, the application of the system approach is still very much struggling in this region, also due to weak governmental social and child services. In this regard, case management has emerged as an approach with an accrued lack of skills in the sector.

The average CPiE staff in the region further needs to be strengthened also in non-thematic capacities, such as programme design, M&E, data management, assessments and situation analysis.

In summary, this CGA reveals an accrued need for CPiE capacity development on all fronts, a need very much felt and vocally expressed by the participants, conscious of their limits, yet apparently willing to commit to improve. Unfortunately, though, access to capacity development opportunities is an issue for staff from this region: unavailability of quality training options, no funding, workload and time constraint are all barriers to facilitate staff professional development. Indeed, the region characterises for a spotty offer of CP/CPiE learning opportunities, mostly at country level, sporadic or monothematic, with the only significant CP training option being Bioforce's CP Manager course in Dakar. This course is certainly offering an excellent training yet insufficient to cater to the large capacity building needs, because it requires a significant time commitment and funds, and mostly focuses on building programme management skills of CPiE managers, rather than technical CPiE competence. For this reason, Save the Children's CPiE PDP in French language could definitely be a valuable match to Bioforce's diploma in terms of creating synergy and complementarity, but also offer a much needed further CPiE learning option. In parallel though, the already existing Save the Children's CPiE PDP in English for the South and East Africa region should consider expanding its reach to reserve places to West Africans from English-speaking countries, unable to access French-based learning initiatives.

In the next section, suggestions have been provided, some of which have been expressed by respondents, for Save the Children's CPiE PDP consideration in terms of trainees' inclusion and strategic partnerships, course content, modalities and accountability system.

In conclusion, in this vast region ridden by so many emergencies that affect millions of vulnerable children amidst a recognised limited level of technical professional capacity of CPiE practitioners, Save the Children's CPiE PDP in French language would represent a much-needed opportunity for regional staff. Findings from this CGA show that capacity gaps are substantial, unlike options for national staff to improve on the lacking skills, therefore calling for the international community to take steps and commit to build regional CPiE capacities. A solidly designed, well-planned and effective CPiE PDP stands the chance to become a referral point for NGOs, UN and governmental officers from varied countries, and could pave the way to improving professionalism in the child protection sector in humanitarian action.

6.2 Recommendations

TO SAVE THE CHILDREN

About the CPiE PDP targeted participants and partnership building

- Actively ensure the inclusion of participants from governments, local NGOs, community-based organisations and youth organisations.
- Look for partners to establish a scholarship system to support participants from governments, local organizations community-based organisations and youth organisations.
- Consider the CPiE PDP as a way of working within ECOWAS' CP strategic framework thus establishing a partnership with ECOWAS.
- Based on the very positive results of the ongoing CPiE PDP globally, partner with other child-focused organizations at the international level to persuade donors to approve funds for staff capacity development (training, follow-up, mentoring, refreshers, etc).
- Identify some promising local NGOs and take charge of ensuring capacity building of their CPiE staff, including quality improvement of their CPiE programme, as a form of peer-support INGO-LNGO.

About the CPiE PDP teaching modalities

- Adopt a "combined approach" to teaching: avoid a too theoretical face-to-face training course, include practical sessions on how to do things and experiential learning (simulations and practice, including case studies).
- Provide concrete examples, case studies, role plays, storytelling, arrange visits to projects that show evidence of success: these are participatory methodologies that put the participants "in the situation".
- Hold debriefing sessions after experiential learning and practical sessions.
- Include workshops, during the course, where participants can design tools by themselves, test them at field level during simulations and take them back to use in their daily work after training.
- Promote the possibility for trainees to participate in job placements/site visits during/after the course.
- Identify and train professionals who are really willing to act as mentors, with motivation and passion.
- If an online learning component is included, ensure it is a small part in the course and that it is guided by a coach/instructor (rather than as a self-learning modality).
- Given connectivity issues in the region, if an online learning component is included carefully gauge the feasibility of conducting live sessions vs pre-recorded sessions.
- Adopt a "modular approach", with modules to be selected according to the learners' preferences.
- Create modules in tablet/smartphone format.
- Use videos (because everything that goes through oral works better than text in this region).
- Use short sessions.
- Establish a helpdesk, provided by a coach who responds to individual questions via social media/email, for the duration of the CPiE PDP.
- Organize refreshers (for instance, twice or three times a year).
- Repeat the CPiE PDP French cycle at least 3 times in the years to come.

About the CPiE PDP curriculum

- Include sessions on community-based prevention and response mechanisms, including working with traditional and religious leaders, based on traditional and cultural local beliefs.
- Include sessions on "how to work with children", what activities to organise in group-activities for child's wellbeing (including with children with disabilities), how to actively listen to children and hold a first interview, etc.
- Include sessions on family environment and parenting skills in this region so hugely impacted by family disintegration and separation issues.
- Break down the programme by phase: prevention, preparedness, response, and the nexus humanitarian-development.

- Include sessions on linking the environment and climate change to human rights of children and how effects of such issues impact on children's life and well-being.
- Include sessions on staff's professional and personal attitudes, behaviours and soft skills.
- Include sessions on well-being of staff and partners.
- Ensure a session on "working across sectors" and "CP mainstreaming in other humanitarian sectors", with a specific focus on joint CP-education programmes.
- Create a ToT programme of national facilitators to make them available in country.

Box 2

IDENTIFIED LIST OF POSSIBLE TOPICS FOR A CPiE COURSE

- Responding to all CP(iE) needs of children in displacement, including UASC and children on the move.
- Prevention of recruitment and reintegration of (former-)CAAFAG.
- Prevention and response to all forms of violence, with particular with focus on SGBV.
- MHPSS programming.
- Parental skills building/Family strengthening programming.
- Build capacity in case management and CP systems strengthening, including at cross-border level, and including both the governmental and the community-level circles of the system.
- Work against traditional and cultural harmful practices, that may include amongst others unlawful forms of child labour, child marriage, FGM.
- Community-based approaches, including alternative care solutions.
- Work across all other humanitarian sectors and mainstream CP. In particular, create integrated CP-education programmes¹⁸⁰.
- Integrate disability, gender and accountability, child safeguarding and age-appropriate actions in CPiE programming.
- Prevention and preparedness work at all levels.
- Data and information management.
- Coordination of CPiE responses.
- Child (rapid) needs assessments and CP and context situation analysis.
- Design appropriate CPiE programmes, with special attention to M&E features.
- Knowledge and capacity to respond to natural disasters and other climate change-induced phenomena causing CP concerns.
- Responding to diseases outbreaks.
- Child participation.
- Conflict sensitive programming.
- Best interest determination procedures (BID/BIP).
- Localization.

Monitoring, evaluation and follow-up system of the CPiE PDP

- Include quizzes to check comprehension.
- Create a mentoring system for a period of time that goes beyond the course duration; for example, the mentor could be available once/twice a month for sessions with the staff. Staff are to be held accountable during the mentoring phase.
- Success stories of former participants: document what the impact of the training has been and the staff's professional situation has improved after the course.
- The created group of national ToT could complete the training to the participants in-country, close to their respective field realities, and provide mentoring in order to ensure post-training follow-up.
- Establish a network for exchanges, a mutual capacity building of competences.
- Create a roster of vetted regional CPiE specialists from the CPiE PDP.
- Establish a post-course staff's follow-up/monitoring system with their NGO (see below).

¹⁸⁰ For instance, 3000 schools are closed in Mali, Burkina Faso, Niger (source: KII n. 17), therefore reinforcing the linkages CP-Education is essential: train teachers in identification and referral of cases, find alternative CP and education solutions when schools are closed. Besides CFS, there is a significant need for working in pre-schools.

TO NGOS AND UN AGENCIES IN THE REGION

To make learning outcomes more durable

- NGOs and UN Agencies should commit themselves, support and send their staff to Save the Children's CPiE PDP if appropriate for their role and position, allow staff time to study and be flexible for the length of the programme.
- Ensure post-training follow-up of the staff who participated to Save the Children's CPiE PDP: measure changed practices and progress, make trained staff accountable (report on training, performance evaluation and indicators, level of commitment, etc), request trained staff to train at least a small group of other personnel of the organization, etc. Report back to Save the Children in order to document the effectiveness of the delivered training and learn lessons to improve the CPiE PDP going forward.
- Support, including financially, partner governments, local NGOs, community-based organizations to develop their staff CPiE capacity.

Bibliographic list

1. Association Burkinabe pour la Survie de l'Enfance (ABSE), ECPAT International, ECPAT France, ECPAT Luxembourg, *Submission on Sexual Exploitation of Children in the Burkina Faso for the Universal Periodic Review of the human rights situation in Burkina Faso to the Human Rights Council*, 4 October 2017
2. Bureau of International Labour Affairs, *Findings on the worst forms of child labour - Mauritania*, 2018
3. Child Protection Sub-sector Nigeria, *Capacity Needs and Gaps Survey Report*, June 2019
4. Child Protection Working Group, *Addressing capacity gaps in Child Protection in Emergencies (CPIE). A Scoping Exercise on Child Protection in Emergencies staff capacity with Career Development Programme options for mid-level CPIE Specialist*, 2010
5. Committee on the Rights of the Child, *Combined third to fifth periodic reports submitted by Mauritania under article 44 of the Convention due in 2013*, 10 January 2017
6. CPAoR, *Risks and Needs for Child Protection in Cameroon – North West and South West Crisis - Secondary data review*, April 2019
7. CPAoR, *Child Protection risks and needs in Mali - Secondary data review*, 2018
8. CPAoR, *Guidance for Producing Localisation Dashboard for child protection coordination groups*, n.d.
9. ECPAT, *Global monitoring - the Gambia*, 2015
10. Global Protection Cluster, *Advancing the localisation agenda in protection coordination groups*, n.d.
11. Global Protection Cluster/Save the Children, *Mapping and market analysis*, 2015
12. Human Rights Watch, *I still see the Talibés begging*, 2017
13. Human Rights Watch, *There is enormous suffering - Serious Abuses Against Talibé Children in Senegal, 2017-2018*, 2019
14. Humanitarian Policy Group, *Localisation in Humanitarian Practice*, n.d.
15. Iman Hashim, Dorte Thorsen, *Child Migration in Africa*, The Nordic Africa Institute, 2011
16. Institut national d'études démographiques, *Mutilations génitales et féminines*, 2016
17. Inter-agency Initiative of the Child Protection Working Group, *Child Protection in Emergencies Competency Framework*, 2010
18. L2GP, *Localisation and Locally-led Crisis Response: A Literature Review*, May 2016
19. Mauritanie, *Enquête par grappe à indicateurs multiples (MICS) 2015 - Rapport des résultats clé*, Septembre 2016
20. Ministère du Plan et du Développement, *Enquête à indicateurs multiples 2016 (MICS 2016) - La situation des femmes et des enfants en Côte d'Ivoire*, 2016
21. MINUSCA, *Rapport mensuel Mai 2018 Centrafrique*, 2018
22. Mixed Migration Center/Save the Children, *Young and on the move in West Africa*, February 2018
23. Mouvement des Survivant.e.s de Viols et Violences Sexuelles en RDC, Fondation Dr Denis Mukwege, Fondation Panzi, The Right Livelihood Award Foundation, *Rapport Conjoint en vue de l'Examen Périodique Universel du Conseil des Droits de l'Homme, République Démocratique du Congo*, Octobre 2018
24. National Bureau of Statistics (NBS) and United Nations Children's Fund (UNICEF), *Multiple Indicator Cluster Survey 2016-2017 - Survey findings report*, February 2018
25. OCHA, *Humanitarian Response plan 2018 update*, December 2017
26. OFPRA, *Les MSF en Sierra Leone*, 2018

27. Plan, *Family, honour and shattered dreams: girl brides in Mali, Niger and Senegal*, 2017
28. Plan WARO, Enda Jeunesse Action, AMWCY, ILO, Terre des Hommes foundation, IOM, Save the Children Suède, UNICEF WCARO *Project of Joint Regional Study on the Mobility of Children and Youths in West Africa. Which Protection for Children Involved in Mobility in West Africa*, 2011
29. Save the Children, *CPiE Capacity gaps and analysis East and Southern Africa*, 2018
30. Save the Children, *CPiE Capacity gaps and analysis East and Southern Africa - Methodology and Annexes*, 2018
31. Save the Children, *CPiE Capacity gaps and analysis Middle East and Eastern Europe*, 2018
32. Save the Children, *CPiE Capacity gaps and analysis Middle East and Eastern Europe Annexes*, 2018
33. Save the Children, *CPiE Capacity gaps and analysis South East and East Asia*, 2016
34. Save the Children, *CPiE Capacity gaps and analysis South East and East Asia Annexes + Methodology*, n.d.
35. Search for Common Ground, *The worst forms of violence against children and youth in Sierra Leone*, March 2015
36. Statistics Sierra Leone, *Sierra Leone Multiple Indicator Cluster Survey 2017 - Snapshots of key findings*, 2018
37. The Alliance, *Child Protection in Humanitarian Action Competency Framework - Testing version*, 2019
38. The Alliance, *Minimum Standards for Child Protection in Humanitarian Action*, 2019
39. The World Bank/GFDRR, *Report on the status of Disaster Risk Reduction in Sub-Saharan Africa*, 2010
40. Umar Abdullahi Maina, Daniel Machuor and Anthony Nolan, *Exclusion of local actors from coordination leadership in child protection*, 2018
41. UN General Assembly, *Children and armed conflict*, 2019
42. UN Security council open debate on children and armed conflict, *Children and Armed Conflict Special update*, August 2019
43. UN Security Council, *Report of the Secretary-General on children and armed conflict in Nigeria* 10 April 2017
44. UNHCR, *A framework for the protection of children*, 2012
45. UNHCR, *At a glance - Regional update June 2019 Democratic Republic of the Congo*, June 2019
46. UNHCR, *Burkina Faso, Country Operation Update*, November-December 2019
47. UNHCR, *Factsheet Democratic Republic of the Congo*, Update 30 November 2019
48. UNHCR, *Nigeria Refugee Response Plan 2019-2020*, 2019
49. UNHCR, *Operational update Democratic Republic of the Congo 1-31 October 2019*, October 2019
50. UNHCR, *République Centrafricaine - Statistiques Mensuelles des Réfugiés, Demandeurs d'asile et Rapatriés*, Novembre 2019
51. Unicef Child Alert, *Crisis in the Central Africa Republic*, November 2018
52. Unicef, *Children and Transitional Justice*, 2010
53. Unicef Côte d'Ivoire, *CPD 2017 – 2020: Strategic Note Child Protection*, n.d.
54. Unicef, *Country Office Annual Report 2018 Sierra Leone*, 2018
55. Unicef, *Data snapshot of migrant and displaced children in Africa*, 2018
56. Unicef, *Moving from a child protection strategy and plan to real change for children and families in Senegal*, November 2015
57. Unicef, *Violence against children in Nigeria*, 2016

58. Unicef, *Uprooted: The Growing Crisis for Refugee and Migrant Children*, 2016
59. Unicef WCARO, *Annual Report 2017*, 2017
60. UNODC/Unicef, *L'assistance juridique adaptée aux enfants en Afrique*, 2011
61. <http://cvjrmali.com/>
62. <http://www.ipd-aos.org>
63. <http://reporting.unhcr.org/sites/default/files/UNHCR%20DRC%20Situation%20Regional%20Update%20at%20a%20Glance%20-%20June%202019.pdf>
64. https://www.ucad.sn/index.php?option=com_content&view=article&id=3155:indhucad-certificat-de-formation-continue-en-protection-et-droitsdelenfant&catid=136:communiqués&Itemid=315
65. <https://data2.unhcr.org/en/countries/>
66. <https://data2.unhcr.org/fr/documents/download/73146>
67. <https://data2.unhcr.org/fr/situations/car>
68. <https://humanitaire.institutbioforce.fr/fr/metiers/responsable-de-projets-protection-de-lenfance-en-situation-durgence-profil-exp%C3%A9riment%C3%A9>
69. <https://www.cdc.gov/vhf/ebola/history/2014-2016-outbreak/index.html>
70. <https://www.ecdc.europa.eu/en/ebola-virus-disease-outbreak-democratic-republic-congo-ongoing>
71. <https://www.girlsnotbrides.org/where-does-it-happen/atlas>
72. <https://www.girlsnotbrides.org/themes/health/>
73. https://www.researchgate.net/publication/232532891_Rape_as_a_Weapon_of_War_in_the_Democratic_Republic_of_the_Congo
74. https://www.unicef.org/gambia/activities_8342.html
75. <https://www.unicef.org/liberia/child-protection>
76. <https://www.unicef.org/niger/child-protection>
77. <https://www.unicef.org/nigeria/child-protection>
78. <https://www.who.int/csr/disease/yellowfev/westafrica/en/>
79. <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>
80. <https://www.28toomany.org/continent/africa/>