



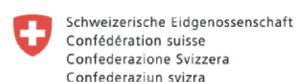
Training of Trainers Kit  
for actors involved in  
the protection of  
**CHILDREN AND YOUTH  
ON THE MOVE**



Novembre 2022



# Training of Trainers Kit for actors involved in the protection of **CHILDREN AND YOUTH ON THE MOVE**



Direction du développement et de la coopération DDC  
Secrétariat d'État aux migrations SEM

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# module 1

Training of trainers

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# module 2

Children and youth on the move and actors involved in their protection

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# module 3

Case management

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Well-being and psychosocial resilience of CYM

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# FOREWORD

Mobility of children in West Africa is driven by multiple factors: economic reasons, education, social context, family and domestic violence, conflict and insecurity, climate change or food insecurity are the main ones. During their migration journey, children and youth find themselves in a non-protective environment that puts them at high risk of serious violations of their rights, particularly unaccompanied children and youth whose vulnerabilities are increased and who face multiple protection risks.<sup>1</sup>

The project «Improving the protection of children and youth on the move on the main migration routes in West Africa (PROTEJEM) », funded by the European Union through the Emergency Trust Fund for Africa for a period of 36 months (2020-2023) and implemented by the consortium made up of Save the Children and Terre des hommes, has as its main objective to contribute to the creation of a protective environment for children and youth on the move in Côte d'Ivoire, Guinea, Senegal and The Gambia.

One of the strategic axes of this project was to strengthen the capacities of state and community actors on child protection, with a specific focus on mobility and the specific vulnerability of this category of children and youth. Thanks to PROTEJEM, more than 1000 state and community actors in child protection have already been trained thanks to the creation of the first Regional Pool, composed of 24 trainers specialized in the field and from four countries of intervention.

This training manual addresses in four modules priority topics identified in the framework of PROTEJEM, namely, training of trainers, children and youth on the move and their protection actors, case management and support for the well-being and resilience of children and youth on the move.

The “PROTEJEM” consortium wishes to make available to other actors all the resources produced and the knowledge developed, in order to make the maximum benefit of people and to increase the impact on the protection of children and youth on the move in the ECOWAS area.

We hope that this resource will enable future trainers in the sub-region to take ownership of key concepts related to the protection of children and youth on the move in order to train the actors on the ground contributing to improving the quality of care and a protective environment for children and youth on the move in West Africa.

We wish you an excellent use!

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1 Young and on the Move in West Africa. Save the Children & Mixed Migration Centre. Février 2018



# Why this manual?

The training of trainers' manual is designed to facilitate self-replication of a complete training path on:

- training of trainers,
- children and youth on the move and actors involved in their protection,
- case management,
- and well-being and psychosocial resilience of CYM.

Thus, it enables to contribute to the strengthening of many good practices for the protection of children and youth on the move (CYM).

## Our vision of child and youth mobility

The vision of the Save the Children - Terre des Hommes Foundation consortium is aligned with the vision of children on the move presented in ECOWAS Strategic Framework for Strengthening National Child Protection Systems to prevent and respond to Violence, Abuse and Exploitation against Children in West Africa.

The concept of «child mobility» encompasses many forms, including regular and irregular migration, child trafficking, detachment, seasonal mobility, refugees, or children displaced within or between countries. .

### Children on the move

- For several reasons, this concept refers to voluntary or involuntary children on the move, within or between countries, with or without parents or other caregivers, and whose mobility may put them at risk (or at increased risk) of inadequate care, economic exploitation, abuse, neglect, and violence.
- The concept of migrant children is an umbrella term that brings together a range of categories of children to highlight their common need for protection including, for example: children who have been trafficked; migrant children seeking better opportunities, work, education, or fleeing situations of abuse, family exploitation or other protection needs, children displaced by conflict and natural disasters, children living and working on the streets.
- In West Africa a Migrant Child is defined as a child who leaves his or her normal life, undergoing a transformation of identity and living conditions. The term is neutral, as movement can be both a positive and negative experience and entails both risks and opportunities for children.



Children on the move represent an innovative and broader category that includes three other profiles of children whose living conditions and fate are closely linked to mobility. This definition enables not only to consider the mobility of the child as a real process of mobility, but also as a future/hypothetical project, or a past experience involving the countries of origin, transit and destination through a global and comprehensive perspective.

- Potential children on the move in areas highly influenced by child mobility in general and whose lives, although sedentary, are permeated by the culture of mobility.
- Children who have themselves experienced mobility at some point and whose lives, growth, and integration are determined or more or less influenced in the long run by the mobility episode they have undergone. In West Africa, child mobility usually occurs in cycles with alternating periods of mobility and non-mobility. This situation extends throughout their youth.
- Children whose parents are on the move (parents, siblings, caregivers) and who are themselves influenced by the successful migration of their relatives or by their departure/absence.

*« Child mobility is not always forced or negative and often occurs voluntarily.*

*Many children decide on their own (or are motivated by their families) to seek better living conditions and opportunities better living conditions and opportunities. Thus, the fight against trafficking needs to continue, but all actors need to be aware that not all migrant children are victims of trafficking.*

*Child mobility does not only entail risks but also opportunities and chances for personal development.*

*The movement of children and youth is neither good nor bad, the problem is not child mobility of the per se; however, the vulnerability of the child must be assessed and addressed properly».*

## Our vision for the training

Through each training intervention, we aim to build the capacity of both internal and external actors, to stimulate sustainable changes in favorable practices, skills and behaviors, serving the vulnerable groups we serve.

The training path that we design and/or make available aim to facilitate the commitment and autonomy of the participants, to optimize their practical implementation and the desire to learn continuously.

To do this, we favor “Active Andragogy” approaches, the objective of which is to **“make each participant an actor of his training”**.

### The principle :

You learn by doing, unlike traditional and classical pedagogy, which starts from theory to practice. It focuses on situations where:

- we learn better through practical experience (emotions, investigation, training, freedom...): we talk about experiential learning;
- we learn better with others, by sharing experiences: cooperative or collaborative learning;
- we learn better thanks to a difficulty encountered (anchoring, memorization): we talk about learning by resolution;
- we learn better when we are involved and committed to a particular project (motivation, meaning): we talk about project-based learning.

To make our trainings meaningful and develop participants' commitment, we:

- focus on problem-oriented learning objectives and challenges that participants need to solve and overcome in their professional practices;
- offer training schemes that develop both learning through acquisition, learning: through investigation/research, collaboration, discussion, practice/production, and learning in transfer/replication situations;
- experiment and measure the performance of our training courses in order to improve them and make them accessible to a maximum number of actors (large-scale replication).

When the conditions are met, we deploy or make available our training paths, with a cascade strategy.

Cascade training is a way for us to effectively train large numbers of people in large programs. A pool of trainers of trainers is trained on a topic, then they train smaller groups on the same topic, and so on, until all targeted actors have been trained.

Transfer of learning depends on well-planned trainings, skilled trainers (thematic and adult education) ready to provide support and monitor with feedback mechanisms to check and correct the performance of trainers and participants. Cascade training can be a cost-effective way to reach and

train large numbers of people.

However, if it is poorly carried out, it will be a waste of time, resources and inefficiency. The quality of cascade training often decreases as the training reaches the lowest level of implementation (final participants in the process).

Unfortunately, this is often where training needs to have the greatest impact on performance. Key best practices can minimize risks to quality and effectiveness.

Based on the lessons learned and our experience of setting up a pool of 24 trainers in West Africa, as part of the project “Improving the protection of children and youth on the move on the main migratory routes in West Africa”, and implemented by the consortium Save the Children and Terre des hommes, we have designed a Practical Trainer of Trainer Kit for the Protection of Children and Youth on the Move which we hope will be used by the maximum number of actors in the domain.

## For whom?

This manual will be made available to ECOWAS and the Directors of Child Protection of the 15 countries + Mauritania. Of course, we encourage all actors involved in the protection of CYM or planning to intervene in support of these groups, to use and promote it to strengthen the skills of trainers who will accompany the key actors in implementing the protection of CYM at national and regional level.

## How was the manual designed?

In 2020, the PROTEJEM project, with its objective of contributing to the creation of a protective environment for children and youth on the move (CYM) in Côte d'Ivoire, Guinea, Gambia and Senegal, created the first pool of trainers of trainers composed of 24 institutional and community actors from 4 countries. It is a unique pool of trainers on all topics covered in connection with CYM, available in West Africa. The pool members were trained and then accompanied for 2 years in order to develop a true “ownership”, their abilities to adapt and replicate the training path in the different contexts of interventions and with protection actors having different profiles. Four new modules have been created and adapted in four different countries, mobilizing the expertise of SCI, SCE, Tdh and national actors.

The Kit is the result of a process that has been enriched over the past 2 years by the feedback of trainers who have used it

## How to use the manual?

The Kit follows the complete step-by-step training of trainers' path on the protection of child and youth on the move. It includes:

- The course of the entire training path over time;
- 4 modules comprising 16 sessions, including 1 in-depth session;
- 3 evaluation sessions;

- 1 individual application session;
- 2 bonuses (1. How to ensure accountability as a trainer? - 2. The fundamentals of digital training);
- 1 access all PowerPoint presentation sessions by clicking on the following links:

<https://caritas-promisa.ch> (type the guide name into search) or on the Save the Children Resource Center: <https://resourcecentre.savethechildren.net/>

- 1 toolkit with all the resources used and recommended in the training path..

### Each module presents :

- The objective, the prerequisites of the people to be trained and their number;
- The sessions, their operational/learning objectives, the knowledge/skills to be transmitted/acquired, good practices and things to avoid, etc.);
- The precise course (timings, instructions, tools or presentation aids to be used, etc.);
- The documents to be printed, required materials, resources (glossary, fact sheets, tools, case studies, etc.);
- The suggestions for assessing participants' acquired knowledge/skills per module;
- The direct accessibility of each resource, simply by **clicking on its title** with the digitized version or in an appendix for the printed version.



The course is a useful material to estimate the «weight» of the different sessions, the logic and the balance to be found between them, etc. It can be adapted to your context and to the level of knowledge of your future participants to be trained.

# OVERALL TRAINING PATH

<p><b>Module 1</b></p> <p>“Being able to prepare a quality training path for trainers”</p>	<p><b>Séquence 1</b></p> <p>Are you ready to train?</p>	<p><b>Séquence 2</b></p> <p>How to prepare the training path</p>	<p><b>Séquence 3</b></p> <p>Organize the evaluation of the training path</p>	<p><b>Evaluation du module 1</b></p>	<p><b>Session application :</b></p> <p>Individual plan for improving trainer of trainers' skills</p> <p>Review session: exploratory session for M1</p>
<p><b>Module 2</b></p> <p>Training on children and youth on the move and actors involved in their protection</p>	<p><b>Session 1</b></p> <p>Child and child protection</p>	<p><b>Session 2</b></p> <p>Children and youth on the move</p>	<p><b>Session 3</b></p> <p>Actors involved in the protection of CYM</p>	<p><b>Session 4</b></p> <p>Applying protection principles to CYM</p>	<p>Application and evaluation of module 2</p>
<p><b>Module 3</b></p> <p>Training on case management fundamentals</p>	<p><b>Session 1</b></p> <p>Case management and psychosocial well-being</p>	<p><b>Session 2 :</b></p> <p>Guiding principles</p>	<p><b>Session 3</b></p> <p>Step by step case management process</p>	<p><b>Session 4</b></p> <p>Mapping of case management actors</p>	<p>Evaluation of module 3</p>
<p><b>Module4</b></p> <p>Training on well-being and psychosocial resilience of CYM</p>	<p><b>Session 1</b></p> <p>Well-being and psychosocial resilience of CYM</p>	<p><b>Session 2</b></p> <p>Gathering information on the psychosocial support (PSS) needs of CYM</p>	<p><b>Session 3</b></p> <p>Psychosocial support and risks mitigation</p>	<p><b>Session 4</b></p> <p>Preparing to replicate the psychosocial support training for CYM</p>	

# module 1

## Training of trainers

### **Specific objective of Module 1:**

Being able to prepare a quality training path for trainers involved in the protection of CYM.

### **Number of participants:**

6 to 12 maximum.

### **Prerequisites for participants before starting this session:**

Actors involved in the protection of CYM with proven operational experience and with a training project on the protection of CYM.

# Module 1

## Training of trainers



**Duration of  
the session:  
6 h**

### Session 1:

Are you ready to train?

### Objective:

To know how to conduct an inventory of one's training practices.

### Knowledge and skills to be transmitted/ acquired:

- a) The trainer describes his/her strengths and limitations on :
  - His/her skills and competencies as a trainer;
  - His/her skills and competencies in the areas of protection of children and youth on the move, case management and psychosocial support.
- b) The trainer shall define his/her progress objectives (knowledge and skills to be acquired or strengthened) with his/her coherent action plan for improvement before leading the training path.

### Preparation

Print out all the self-assessment materials for this session for each participant and/or send them by e-mail as the session course if internet connection and computers for the participants are available ([bicycle exercise](#), [improvement plan](#), etc.).



### Good practices/Things to avoid

- The preparation phase is crucial for the success of the training path; it is recommended to devote time to preparation. This phase should start at least 4 weeks before the activity starts.
- Overestimate or underestimate yourself, with the risk of finding yourself in difficulty when dealing with relevant



questions from participants and/or training participants with expertise superior to yours.

- Be objective with your strengths and limitations, each knowledge and skill considered acquired must be able to be illustrated with concrete examples from your past practices/ experiences. Be careful not to be in the position of “having the knowledge”, that is to say “I think I know”.

## Roll-out, instructions and tools

### Open the training.

**Duration :**  
**5 minutes**

Every morning, invite participants to take individual time to write in their notebooks what challenges they will face when they train on this module and how the training might help them address them.

These notes are theirs and you will never ask them to reveal them. They will be able to rely on these notes when debriefing each session.

Then start with a presentation activity with the Chinese portrait.



**Duration :**  
**60 minutes**

### The Chinese portrait.

Objective: introduce themselves to the group/use their imagination/know the other members of the group.

- Ask participants to take a paper and indicate on it the answers to the question: «If I were a child or youth on the move, I would be (e.g. motivation, gender, age, origin of, departure/transit/arrival status, daily activities, with what abilities and vulnerabilities, etc.)».
- Collect the completed sheets, pick one at random and read the answers.
- The group must guess as quickly as possible who is the one.
- Once the author is discovered, ask him/her to explain his choices, if he/she agrees.
- Continue picking until finished.
- Continue with the formalization of the group agreements.

**Duration :**  
**20 minutes**

### Group agreements

Objective: to establish a framework that provides comfort and security for everyone during the training.

- Identify a place to write down the agreements that will remain visible throughout the training.
- Ask the group what agreements you could put in place to make everyone feel comfortable during the training. (e.g., listening to each other, being free to move...).
- Check the group's adherence for the various proposals.
- Write down the validated proposals on your document.
- Propose the agreements that you might need as a trainer.
- Suggest that everyone should support compliance with these agreements during the training, by reporting any discrepancies with the same sensitivity that they would like to be pointed out to them if they had forgotten an agreement.

Getting prepared to train.

**Duration :**  
**10 minutes**

**Key message :** as we all know, it is important to be well prepared before conducting and evaluating a training session. However, we spend little time on this and we prioritize our ownership of the content and tools, to the detriment of the facilitation.

The lack of preparation in training engineering, including attention to facilitation and evaluation, limits our ability to be an effective trainer in the training of adults and professionals.

We invite you first to take stock of yourself:

What conditions influence your abilities, the state of your knowledge and skills as a trainer and on the themes of the training path: protection of children and youth on the move?»

Steps :

- Conduct a self-positioning.
- Make a self-assessment of one's training posture.
- Carry out a diagnosis of one's experiences as a trainer.
- Design an improvement plan.

### Exercise 1 : Self-positioning

Objective: to know the facilitating and limiting conditions that influence or could influence your posture as a trainer in the training path regarding protection of children and youth on the move.

This exercise allows participants to discover what helps or limits them in their role as a trainer (existing or future) as regards protection of children and youth on the move. It provides information on the key aspects to be considered when preparing the training path (knowledge and skills to be developed and/or strengthened, blocks to be removed, activities to be promoted, etc.).

- Ask each participant to complete the following drawing by answering the question: in my role as a trainer on the protection of CYM, what makes me...

**Duration :**  
**40 minutes**

Version to be completed:



- Invite them to use the results of their positioning exercise to begin identifying the types of key actions they will need to consider when developing their improvement plan.
- To help them do this, present them with the table below.

In my role as a trainer on the protection of CYM, what:	Actions
Guides me	To be valued
Supports me	To be mobilized
Endorses me	To be mobilized
Is useful as background	To be developed/strengthened and integrated into your personal improvement plan

In my role as a trainer on the protection of CYM, what:	Actions
Moves me forward	To be developed/strengthened and integrated into your personal improvement plan
Holds me back	To be eliminated or reduced in impact and integrated into your personal improvement plan.

- Then, ask them to evaluate themselves.



**Duration :**  
**20 minutes**

### Exercise 2: Self-assessment of one's trainer posture

What approaches do you frequently use in your training?

N	My practices	Yes	No
1	I start with program and stick to it even if the participants have difficulty following it.		
2	I consider the group of participants as a resource (visions, knowledge, experiences, etc.).		
3	The content of my training is standardized, regardless of the participants' profiles.		
4	I work with a global pedagogical course and there is a part of navigation according to the needs of the participants.		
5	I do a summative evaluation.		
6	I make sure I know the differences in level within the group, I value them so that the participants enrich each other's visions.		
7	I plan my interventions, content, pace and duration very carefully		

8	I adapt my program, the content and its progress are highly individualized.		
<b>N</b>	<b>My practices</b>	<b>Yes</b>	<b>No</b>
9	I make sure that the group of participants is homogeneous, because the differences in level are painful because you have to deliver very specific content.		
10	I frequently conduct interactive sessions (50% of the time is devoted to practice: role-playing, scenarios, practical work).		
11	I avoid asking too much of the participants.		
12	I a formative evaluation and I practice remediation.		
13	I am the expert and I have to pass on my knowledge to the participants.		
14	I accompany the participants on their operational objectives.		
15	I have a program that serves as a common thread, but I start from the needs and practices of the participants.		

Explain :

- If you get a majority of «yes» votes for all sentences with an odd number (1,3 5, etc.): your approach is more pedagogical (means directing or educating children).
- If you get a majority of “yes” for all sentences with an even number (2, 4, 6): your approach is rather andragogical.

The word «andragogy» comes from a combination of Greek words and means «the art and science of helping adults learn,» as opposed to pedagogy aimed at children’s learning.

It is a term that gradually appeared in French-speaking countries in the 1970s, based on the work of an American - Malcolm Knowles - on the adult learner.

**Duration :**  
**30 minutes**

**Key message/Input:** Teaching/educating adults is therefore a science in its own.

Knowles formalized six principles that question the relationship between the trainer and the learner, between the learners themselves and how we can support learning.

**1. Need and motivation:** Adults need to be convinced that the information they receive will serve them in their professional activity → Take into account the achievements, the interest of the participants, their questions on the subjects of the training path.

**2. Active participation:** Adults need to actively participate and know where they stand at all times. → Give them the opportunity to make choices/propose their challenge (s).

**3. Lived Experience:** Adult needs to see the relationship between what they already know and what they are learning, what they have already done and what they are learning to do.

**4. Problem solving :** Adults need to understand how what they are learning will help them solve problems → Use problem-solving strategies.

**5. Immediate application:** Adults need to use the newly acquired knowledge and skills right away → encourage practice systematically after theoretical input with exercises (quizzes, role-playing/simulation/rehearsal of learning work situations, case studies, etc.).

**6. Feed-back :** Adults needs to receive feedback as soon as possible after the application → favor frequent mini-evaluations with corrective or additional inputs if required rather than a final evaluation of the entire training path.

Invite participants to take stock of their experiences as a trainer on children and youth on the move, case management, well-being and resilience of CYM.



**Duration :**  
**30 minutes**

Diagnose one's experiences as a trainer

**Instructions:** We invite you to answer as objectively as possible. A yes must be illustrated by your actual practices and experiences. Don't worry, you will be the only one to see your results and of course the goal is for them to guide you in identifying actions that you could implement to progress quickly.

Questions to ask yourself	Yes	No
1. I have already successfully trained or coached several participants in the training of trainers.		
2. I have already successfully trained or coached several participants on child and youth migration training.		
3. I have already successfully trained or coached several participants in case management.		
4. I have already successfully trained or coached several participants on "Supporting the well-being and resilience children and youth on the move.		
5. I have a method for setting learning objectives.		
6. I apply at least 4 principles of andragogy in my training.		
7. I know how to adapt to the different profiles of the participants.		
8. I use tools to evaluate participants objectively (accurately).		
9. I master active listening techniques.		
10. I take specific actions when I encounter delicate or tense situations during training.		
11. I carry out written/formal learning assessments with the participants.		
12. I provide a summary of the training performance and process with the learning reviews.		
13. I carry out at least one monitoring activity to measure the implementation of the participants' achievements in their working situations.		



**Results of your self-diagnosis and recommendations:**

- Less than 3 times «yes» be assured, this manual gives you everything you need! Use it in your role as a trainer and as soon as you prepare for the training path you have scheduled. We recommend that you co-facilitate your first training with an experienced trainer on this training path.
- Between 3 and 7 «yes», consult the summary of this manual and identify what and how you can still progress.
- More than 8 times “yes», you are able to train trainers as soon as possible by following this manual and enriching it with your own toolkit.

Regardless of their results, invite them to prepare their personal improvement plan (knowledge and skills) to perform as a trainer based on the competency framework for this training path.



**Duration :  
45 minutes**

**Exercise (to get started): Designing your personal improvement plan**

- Provide each participant with the following sample improvement plan.

Knowledge/ Skills	To be rein- forced	How	Deadline	How would I know if I was successful?



**Key message:** this is to start the individual process of designing the “indoor” information plan. However, each participant will have to continue this activity over personal working time and finalize it during session 4 of this module. Invite them to send you their improvement plans so they can receive your feedback and advice, and so you can refer to these deliverables produced to document this session in your report and use the data for your evaluation.

- Invite each of them to complete it in order to prepare the next training path that they will lead, considering: :
  - The results of their various self-assessments (pay attention to the consistency between the identified strengths and limitations and the actions and timing).
  - The objective for each of them to perform the best training.

**Duration :  
30 minutes**

**Discussion: La posture du formateur de formateur : les 20 commandements**

- Present the 20 commandments in plenary.
- Ask participants to identify 5 easy commandments to respect, 5 difficult commandments to respect and to explain why.
- Ask participants for practical advice to facilitate the implementation of the commandments considered difficult.
- 

**Key message**

The trainer for trainers’ posture is oriented towards increasing the participants’ skills and not immediately on their performance.

### Taking an interest in one's participants

1. *I respect my participants.*
2. *I ask them questions.*
3. *I really listen to the answers.*
4. *I stay open to dialogue.*

### Being simple and accessible

5. *I use plain, everyday language.*
6. *I forget jargon and complicated words.*
7. *I rephrase in different ways to be understood.*
8. *I help in event of blockage or gap.*

### Trust a priori...

9. *I reassure.*
10. *I encourage trial and accept mistakes.*
11. *I involve, reflect.*
12. *I encourage initiative, I don't control everything.*

### Evaluate accurately, recognize and value

13. *I start by emphasizing successes.*
14. *I make people find their mistakes.*
15. *I evaluate fairly and sincerely.*
16. *I always end with encouragement.*

### Being positive, even in difficulties!

17. *I take a step back.*
18. *I give constructive criticism.*
19. *I encourage perseverance.*
20. *I end on a positive note.*

## Duration : 10 minutes

### (Introduction) Evaluation activity

The proposed evaluation method for this session is based on each participant producing the following deliverable: their personal improvement plan.

You should provide them with the improvement plan template before the end of this session so that each participant can complete it.

You will invite each participant to complete his or her improvement plan after having finalized, if necessary, their positioning exercise, their self-diagnosis of knowledge, skills, posture and their experiences with the themes, and throughout Module 1.

Each participant will have to hand in their completed report on day 5 (last day of the module) for individual review and feedback.

Your evaluation criteria will be based on:

- The formulation of their progress objectives (see Module 1, Session 2 «Differentiating between an objective and a training activity»).
- The consistency of the progress objectives set with the proposed actions.

### Key messages

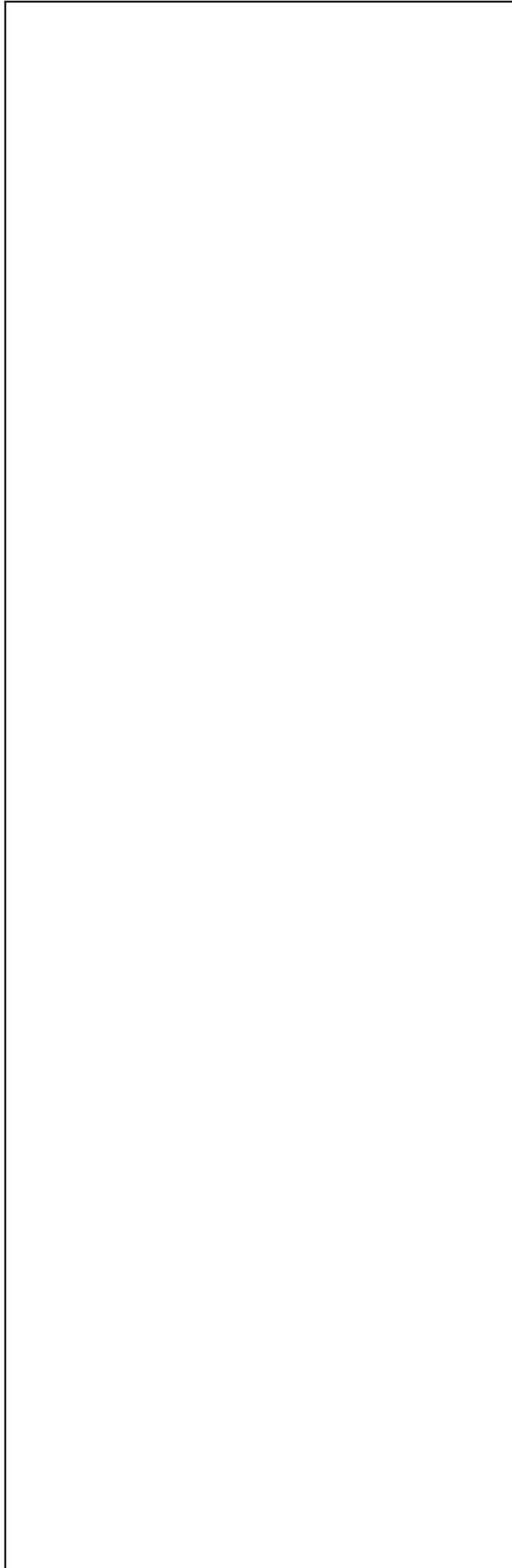
The improvement plans with your constructive feedback will constitute training and evaluation evidence that you can attach to your training report (in the appendix).

The improvement plans if executed by the participants and the progress monitored by the trainer will contribute to the transition to practice after the end of the training.

### Close the session

Invite participants to take a moment to review where they are regarding their expectations at the beginning of the session.

- Invite those who wish to share their questions and thoughts.
- Close the session.



# Module 1

## Training of trainers



**Duration of  
the session:**  
6,5 h

### Session 2 :

*How to prepare the training path?*

### Objective :

Know how to simply define a quality training path.

### Knowledge and skills to be transmitted/ acquired:

- Design and adapt a training program/path and its planning.
- Develop a dynamic facilitation system.

### Good practices/Things to avoid:

- Request and study the CVs of potential participants.
- Conduct an interview prior to the positioning (collect contacts beforehand).
- Conduct an online survey (self-assessment on Google Forms) to find out the skills and limitations of potential participants (collect emails beforehand).
- Use the best of andragogical techniques to boost learning retention (see Module 1, session 3: Estimate the performance of your training before you implement it!).
- Use games in the training.

### Preparation

- Obtain the list of potential participants with at least their

contacts (email and telephone) one month to two weeks before the start of the training.

- Print out the template for the self-positioning grid to be completed by the participants (group work) to compensate for the lack of computers among the participants.
- Prepare the materials for the exercises during the session (on a USB pen drive, sent by e-mail).
- Get different colors post-its.
- Prepare the copies of the anonymous CVs for the exercise on the competency framework.

## Open the session

**Duration :**  
**5 minutes**

Every morning, invite participants to take individual time to write in their notebooks what challenges they will face when they train on this module and how the training might help them address them.

These notes are theirs and you will never ask them to reveal them. They will be able to relay on these notes when debriefing each session.

These notes are theirs and you will never ask them to reveal them. They will be able to rely on these notes when debriefing each session.

## Roll-out, instructions and tools

**Duration :**  
**20 minutes**

**Input:** Define what the participants have learned.

Before starting the training path, analyze the profile of your participants in order to adapt to them. Here are some key participant profiles and some key tactics you can use to encourage their participation, regardless of their profile.

Profile	Features	Trainer's tactics
The real beginner	For him/her everything is new: business, tools, equipment, process, contacts, site, etc.	Pair him/her with a competent or expert profile for exercises, group work, etc.  Provide regular updates throughout the training path.
The fake beginner	Has skills already, but has used them elsewhere: other projects, other region, other department/association/NGO, etc.	Create and monitor the link with the group.  Provide regular updates throughout the training path.
The knower	Declares to know (or thinks he/she knows).	Conduct a knowledge and skills test beforehand  Give priority to: <ul style="list-style-type: none"> <li>• Activities that encourage practice (exercises, role-playing, testing, case studies, etc.).</li> <li>• Factual evaluations.</li> </ul>
The competent	Has experience already or has carried out training and actions in the protection of CYM.	Rely on him/her to help others: «pair» him/her with a beginner.
The veteran	Has experience, but may not have mastered some new processes, tools, methods, etc.	To continue learning, he/she will have to question himself/herself, discuss with him/her, and integrate times for sharing practices (new for him/her or difficult to master). Pair them with an expert participant if they agree.
L'expert	Rare, but it happens: someone who is as competent or more competent than you in some areas, but who does not have the full background of the trainer of trainers as regards the training on «protection of the CYM».	Ask him/her to bring additional expertise to the group. Insist on the fact that he/she must still make an effort in the areas he/she is less proficient in.



**Key message :**

- For beginners: explain, show and make them understand.
- For the experienced: train and stimulate them.
- For the proficient: make them look for and discuss solutions.
- For those who are autonomous: encourage them to help other participants.



## How to proceed when not sure of the participants' profiles?

**Duration :**  
**5 minutes**

### Inputs

To enable you to prepare and adapt the training program, it is recommended to anticipate the collection of key information from your future participants, one month to two weeks before the start of the training program:

- Ask for their updated CVs, or contact their managers.
- Ask them to fill out a self-assessment grid beforehand (online with a google docs or send the questionnaire by mail, survey with google Forms, etc.) ideally followed by a positioning interview (but not mandatory).
- Or perform a knowledge test or a first evaluation in a work situation (if the situation allows it).



### Exercise: Competency framework grid and self-positioning

**Duration :**  
**90 minutes**

- Establish 4 groups to address the 4 major competency areas required to deliver the training of trainers on the protection of CYM.
- Assign one competency area per group at the outset: Group 1 «Trainer», Group 2 «Children and Youth on the Move», Group 3 «Case Management», Group 4 «Supporting the well-being and resilience of CYM».
- Invite them to review the CV provided for the exercise and conduct additional research on internet to identify the key competencies required for each theme of the training path.
- (30 minutes) Ask each group to complete the self-positioning grid (below), with the key competencies they identified earlier (see example of trainer's skill wording in the grid) on an Excel file or on the paper support (which you will have printed beforehand).
- (10 minutes) Then ask each group to exchange their grid with their answers with another group that will continue to complete it.

**Duration :**  
**90 minutes**

After (10 minutes), have a new exchange between the groups, who can improve the work done during the following rotations:

- (Then ask each group to present their brief with the initial key competencies they have addressed (5 minutes), Q&A (10 minutes), last improvements (5 minutes) per grid.
- (5 minutes) Compile each group's results into a single self-positioning grid.
- (15 minutes) Ask each participant to self-assess with this completed grid. The forms completed by each participant will be anonymous.
- Collect the results of the self-assessment from each participant and keep them for future work on the andragogical training path.



Date of completion: "to be completed"		Self-positioning: my skills in relation to my role as (for example: trainer)			
Activities	Competencies/ skills	I do not know how to do it / I have never had the opportunity to do it.	I have already done it and/ or I want to improve my skills.	I can do it / I have already done it.	I can do it / I have already done it?
<p>Example</p> <p>1. Identify the learning needs with regard to the participant's initial profile and the operational requirements of the function and/or the <b>expected</b> developments expected developments.</p>	1.1 Identify the key tasks and sensitive skills of the function. Take into account the new requirements of the job with regard to regulatory and/ or organizational and/or procedural and/or technical changes.				
	1.2 Design a base of key skills				
	1.3 Develop a positioning grid with regard to key skills.				
	1.4 Distinguish, with regard to the competencies to be acquired by the learners, the training needs and their relevant learning methods such as: theoretical contributions, case studies, training and simulation, co-development.				

Date of completion: "to be completed"		Self-positioning: my skills in relation to my role as (for example: trainer)			
2. Design a training program.	2.1				
	2.3				
	2.4				
	2.5				



**Key message :**

The positioning grid can be perfectly adapted for a knowledge test or an evaluation/observation grid in a working situation.

In these 2 cases, the evaluation will be made by the trainer with marks, a scale (do not mastered, moderately mastered, totally mastered). The evaluation must be objective (refer to Module 1, Session 3: How to remain objective in the evaluation of a participant).



## How to present the training path /course and its schedule?

**Duration :  
5 minutes**

**Inputs:** A training path can be likened to a learning path. It is organized with a progressive level of difficulty. It groups together different units: modules, sessions with different operational objectives, but linked by the same general objective. It may give rise to the submission of a testimonial or certificate.

The division into “modules and sessions” makes it easy to organize adaptations in the training path. These adaptations are guided by the results of the positioning tests, or knowledge test.

The trainer is thus able to determine the priority key skills to be developed (new, to be reinforced, to be corrected) in order to achieve all the andragogical objectives.

The important thing is therefore to design a path that will be tailored to the participants and the priority skills. Based on the ob-

jective, the knowledge of the target(s), the subject you already have, would shape the ideal, progressive, attractive and rewarding path for the participant.

**Duration :**  
**10 minutes**

**Discussion :** Conduct a small survey of participants on the average preparation time they usually observe before completing a training course. Identify 2 completely opposite durations among the responses and ask the participants concerned why they agree to this time limit.



Present a relevant and consistent andragogical scroll (scenario)

**Duration :**  
**40 minutes**

### Input

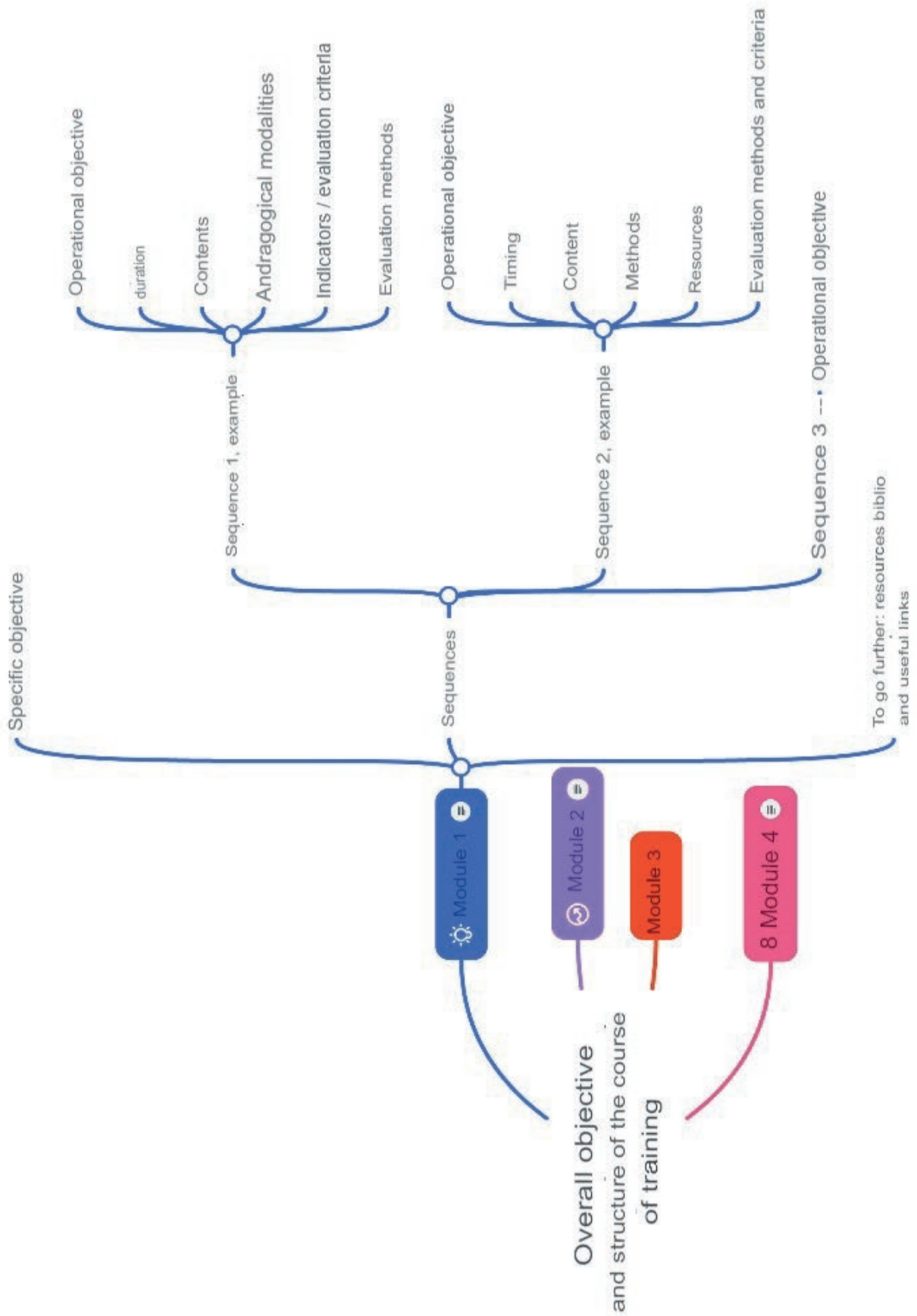
The andragogical path consists of several units that are consistent with the overall objective of the path, for example in the context of the training of trainers' path on the "protection of the CYM", it includes :

- 1 general objective;
- 4 modules with specific objectives that are articulated around 4 Sessions per module (i.e. 16 sessions) with each of the operational objectives;
- for each session, the timing, content, methods, resources, modalities and evaluation criteria shall be specified.

The advantage of this division is that it facilitates adaptations at the unit level without disrupting the logic of the entire training path according to the results of the evaluation of the knowledge acquired by the different groups that you will have to train.

Here is an example of a training path, presented in two different formats (mind map and table format) that you can use as a basis for your training and evaluation of participants' knowledge.

Presentation of the overall structure of a training course with mind mapping



## Presentation of a training course in Word or Excel format

Training path	Modules	Title of the session	Duration	Operational objectives	Contents	Methods	Re-sources	Evaluation criteria and procedures
General objective.	Module 1  <i>Being able to prepare a quality training path for trainers on the protection of CYM, case management and psychosocial support.</i>	Getting prepared to train.	6 h.	Knowing one's strengths and limitations and designing one's self-competency improvement plan.	<i>The conditions that influence one's abilities, the state of knowledge and skills as a trainer and the themes of the training path.</i>  <i>Your training practices.</i>  <i>Knowles' principles.</i>  <i>The trainer posture.</i>	Inputs.	Grille de positionnement «vélo»,  Autodiagnostic	Production of a relevant and consistent individual improvement plan, reviewed by the trainer with feedback.
		Training course	6 h	Knowing how to design a relevant training scenario.				
		Dynamic facilitation	6 h	Being able to make the participants involved in their training.		Self-evaluation.	Positioning grid «bicycle».	
		Assess knowledge of participants	6 h	Démontrer les progrès des participants « à chaud »				

**Key messages :** To populate the information in their training journey, invite participants to:

- Take up the results of participants self-positioning (anonymized), and synthesize the knowledge and skills to be reinforced.
- Remember that it is important not to confuse a training objective with a training activity. Setting a specific training (or learning) objective helps to motivate participants, especially if achieving this objective helps them to solve a problem in their professional practices.

A training objective should be SMART:

Specific to the participants.

Measurable (or observable).

Ambitious (pulling the participants up).

Realistic (achievable).

Time-bound (with a deadline. Example: in 1 month, you must apply case management according to quality standards).

Here are 2 rules to follow when formulating quality training objectives:

**«The objective should not explain what you are going to do, but define what the participants should achieve»..**

Example : «At the end of the course, participants will be able to train new trainers on the protection of CYM with agility<sup>2</sup> and effectiveness.»

Use an action verb in the infinitive, prefer to apply the term know and understand when the progress sought by the training is directed at practices. Most vocational trainers follow Bloom's taxonomy to choose the appropriate learning objectives verbs.

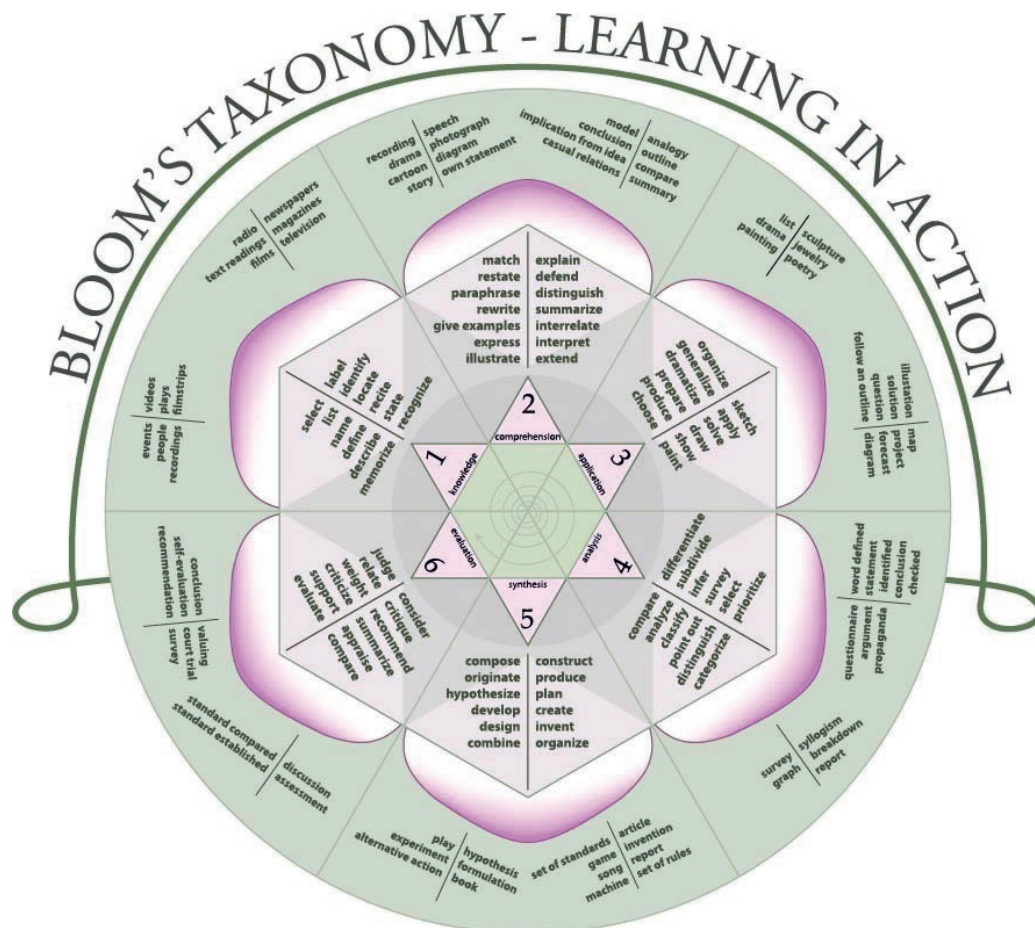
A tip for formulating andragogical (or learning) objectives like a professional trainer: use Bloom's taxonomy.

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<sup>2</sup> For an "agile manifesto" of humanitarian aid and development cooperation projects URD Group. The 4 values: People and their interactions more than standards, processes, procedures and tools. A concrete and relevant product or service more than comprehensive project documentation and reporting. Collaboration with different stakeholders more than contract negotiation. Adapting to change more than following a plan. At regular intervals, the trainer (or pool of trainers) considers ways to improve, and adjusts the intervention accordingly.



The advantage of a taxonomy is that it allows the identification of the nature of the capabilities required by a training objective and its degree of complexity. Bloom identifies 6 types of activities, from the simplest to the most complex, each comprising one or more sub-domains: Knowledge, Comprehension, Application, Analysis, Synthesis, and Evaluation.



**Duration:**  
**30 minutes**

### Exercise

- Invite participants to write on a post-it a key competency of their choice.
- Collect the post-it and ask each participant to randomly pick one of the post-it.
- Each participant must propose an operational objective consistent with their post-it (competency).
- Invite each participant to stick their «competency» post-it and the operational objectives post-it on the wall or board.
- Ask the group to assess (peer review) the relevance of the proposed operational objectives to the key competencies and make suggestions for improvement if required.



#### Key Message :

After meeting the challenge of formulating operational objectives correctly, detailing the headings: content, methods and resources (tools, materials) do not present difficulties as long as the objective is SMART. For the «evaluation criteria and procedures» section, session 3 will help you understand how to complete it.

**Duration :**  
**30 minutes**

## Identify the facilitation mechanism

**Input** The training path is an essential element for any trainer, as it allows the learning path to be mapped through the planning of training units, their objectives, sequencing, content and methods.

Beyond the methods related to the key competencies of each module and session, the facilitation that will be provided by the trainer will be essential in the success of the training path. Participant engagement techniques are needed to ensure that the Knowles principles (motivation, active participation, lived experience, problem solving, immediate application) seen in the M1 session S1 are taken into account.

By carefully preparing your facilitation strategy, you will:

- Facilitate a training session with ease.
- Create a positive group dynamic.
- Engage and maintain the interest of participants.
- Enable comprehension and memorization.
- Strengthen participant engagement with collaborative tools (e.g., digital tools).
- Use pedagogical techniques adapted to today's world.
- Evaluate your achievements and be able to regulate your intervention.

## The key principles of an engaging facilitation

To design a dynamic facilitation that allows the participant to own knowledge, know-how and interpersonal skills, to be able to reuse what he or she has learned and to transpose it into his or her professional practices autonomously, it is recommended to facilitate a session in 5 steps:

1. **Reflection:** Allow a few minutes for participants to reflect, individually, on the initial question or the problem presented.
2. **Sharing:** Invite your participants to share the results of their individual reflections with each other
3. **Synthesis:** Ask your participants to get together in teams to synthesize and summarize the results of their interactions.
4. **Dissemination:** Bring each team to the front of the stage to share the results with the entire group.
5. **Transposition:** Provide time for participants to transpose what they have just learned into their daily practices.

This simple and effective approach is recommended for trainers who are just starting out.

For more experienced trainers, the facilitation techniques are numerous and can be multiplied endlessly by varying:

- *Organization: large group or individual or subgroup work.*
- *Timing: from relatively flexible to timed.*
- *Materials and tools: paper, specific digital tools...*

The choice of the implementation will often be guided by the constraints:

- *Comfort and material of your audience.*
- *Time to dedicate to the session.*



### Key Message :

But basically, it is the intention that counts: the objective of the moment will make you choose the way you have to facilitate the session and therefore the facilitation technique you will adapt.

We have summarized for you some ideas for facilitation adapted to the objectives/intentions you will set for your training path.

Intention/Objective	Facilitation ideas
<b>Validate the rules</b>	<ul style="list-style-type: none"> <li>• Riddle game</li> </ul>
<b>Introduce yourself</b>	<ul style="list-style-type: none"> <li>• Chinese portrait.</li> <li>• Top Chrono.</li> <li>• Your strengths.</li> <li>• Photo.</li> <li>• Survey.</li> <li>• Your background ...?</li> <li>• Where are you from ?</li> </ul>
<b>Gather objectives/questions/issues</b>	<ul style="list-style-type: none"> <li>• Post-it wall.</li> </ul>
<b>Create the group</b>	<ul style="list-style-type: none"> <li>• Present a picture of your hobby.</li> <li>• Photo language.</li> </ul>
<b>Create sub-groups</b>	<ul style="list-style-type: none"> <li>• Produce a crest/team.</li> <li>• Find your team name, your totem.</li> </ul>
<b>Ask questions about the subject</b>	<ul style="list-style-type: none"> <li>• Show an image.</li> <li>• Question a short shock video.</li> <li>• Storytelling.</li> <li>• Make a word cloud.</li> </ul>
<b>Give meaning</b>	<ul style="list-style-type: none"> <li>• Use their context, current events ...</li> </ul>
<b>Evaluate the level to adapt</b>	<ul style="list-style-type: none"> <li>• Survey.</li> </ul>
<b>Focus on the essential</b>	<ul style="list-style-type: none"> <li>• Quiz at the rhythm of the participant with a question by topic to be addressed.</li> </ul>
<b>Question: - You don't know! - I will surprise you!</b>	<ul style="list-style-type: none"> <li>• Short MCQ with surprisingly good answers.</li> </ul>
<b>Challenger</b>	<ul style="list-style-type: none"> <li>• Team quiz.</li> <li>• One challenge per team in limited time.</li> </ul>
<b>Make people practice</b>	<ul style="list-style-type: none"> <li>• Individual manipulation.</li> <li>• Case study in sub-groups.</li> <li>• Simulation in pairs.</li> </ul>

<b>Give feedback</b>	<ul style="list-style-type: none"> <li>• Individual manipulation.</li> <li>• Case study in sub-groups.</li> <li>• Simulation in pairs.</li> </ul>
<b>Explain a concept</b>	<ul style="list-style-type: none"> <li>• Quiz.</li> <li>• Help in sub-group.</li> </ul>
<b>Check for understanding</b>	<ul style="list-style-type: none"> <li>• Diagram to be made live.</li> <li>• Animated slide.</li> </ul>
<b>Educational wake-up call</b>	<ul style="list-style-type: none"> <li>• Quiz.</li> <li>• Drawing.</li> <li>• Open question.</li> </ul>
<b>Educational wake-up call</b>	<ul style="list-style-type: none"> <li>• Bingo grid.</li> <li>• Quiz.</li> <li>• Drawing is winning.</li> <li>• Best of key messages.</li> </ul>
<b>Synthesize</b>	<ul style="list-style-type: none"> <li>• Keyword cloud.</li> <li>• Key messages.</li> </ul>
<b>Helping to structure</b>	<ul style="list-style-type: none"> <li>• Participative mind mapping.</li> </ul>
<b>Help with the transposition</b>	<ul style="list-style-type: none"> <li>• Personal work + sharing.</li> </ul>
<b>Validate the acquired knowledge</b>	<ul style="list-style-type: none"> <li>• Quiz</li> </ul>

**Duration:  
45 minutes**

**Exercise :**

- Form discussion groups, with a maximum of 4 people per group.
- Ask each group to prepare a list with answers to the following 4 questions:

For participants with previous trainer experience: :

- ✓ What are your 3 best facilitation techniques/in what situations have you used them?
- ✓ What are the 3 worst facilitation techniques you have experienced/in what situations have you used them?

For participants with little or no training experience:

- ✓ As a participant in trainings: what 3 facilitation techniques did you particularly like?
  - ✓ As a participant in trainings: what are the 3 facilitation techniques you disliked?
- Ask each group to prepare a poster to present their results in plenary.
  - Hold a vote to determine the best and worst facilitation techniques.

**Duration:  
20 minutes**

**Key message**

**Using games in training**

Games are a good way to accelerate learning!

The greatest specialists in neuroscience recognize that being an actor in a training session increases the concepts retained ten-fold. Aristotle said «Play and you will become serious» and Albert Einstein said «Play is the highest form of research». They knew the power of games!

**Duration :**  
**20 minutes**

**When played in teams, games allow experience sharing and collaboration.**

Before giving an answer, the team members consult each other, compare their methods or knowledge and come to an agreement. Collaboration is emphasized. The team game brings the emotional dimension essential to effective learning. Group cohesion is strengthened..

**The game allows for risk-taking, without endangering. The player has the right to make mistakes.**

By being bold and express themselves and make mistakes, they also bring out skills that are sometimes hidden

**Carried away by the taste for challenge, the subjects discussed remain better anchored in the memory.**

The individual or collective challenge favors the achievement of objectives and the implementation of learning.

**One of the challenges of the 21st century is to win and keep the attention of learners.**

Games give rhythm to the training, the notion of time is shaken up and the players learn without seeing the time pass (generations x and z together).

**Players enjoy learning.**

You just have to watch yourself play to understand! Game bring us back to our childhood soul and to special moments.

**Duration :**  
**45 minutes**

**Exercise: Reactivate content, restart dynamically**

- Invite each participant to take 5 papers and write 5 questions related to the content discussed earlier (e.g., training engineering, children and youth on the move, case management, supporting well-being and resilience of CYM).
- Ask participants to get together in teams of (3-7) and share the questions.

**Duration:  
45 minutes**

- Ask each team to select the 5 most complex/interesting questions.
- Pick randomly to determine which team will start.
- participant from this team reads the 1st question to the other teams.
- Of the other teams, the participant who raises his or her arm (or hits the table) first wins the right to answer.
- The team that asked the question validates the answer.
- If the answer is correct, the participant's team wins a candy and takes over.
- If the answer is incorrect, the question is repeated to the other groups.
- The team that wins, is the one that has finished all its questions first.

### Existing resources for integrating games into your training

#### Apport

Sites :

<https://www.mieux-apprendre.com/lapproche-du-mieux-apprendre/les-outils/les-jeux-cadres/>

<https://ressources.mieux-apprendre.com/presentation-des-jeux/>

<https://latelierduformateur.fr/>

Videos :

[https://www.google.com/search?q=jeu+en+formation&rlz=1C1CHBF\\_frFR843FR843&sxsrf=ALiCzsZx58sm19tM7xP\\_jukzGaJht7t0gw:1664854868925&source=lnms&tbm=vid&sa=X&ved=2ahUKEwjFgcLY08X6AhUIUsAKHdhNA1sQ\\_AUoA-noECAEQBA&biw=1920&bih=937&dpr=1](https://www.google.com/search?q=jeu+en+formation&rlz=1C1CHBF_frFR843FR843&sxsrf=ALiCzsZx58sm19tM7xP_jukzGaJht7t0gw:1664854868925&source=lnms&tbm=vid&sa=X&ved=2ahUKEwjFgcLY08X6AhUIUsAKHdhNA1sQ_AUoA-noECAEQBA&biw=1920&bih=937&dpr=1)

Useful applications (free):

- Kahoot! Slogan: « Making Learning Awesome, « gamify your workouts with Kahoot. Content creation and interactive tool.
- Jamboard in addition to being Google's interactive (physical) whiteboard is also a web application in the collabo-

**Duration :  
10 minutes**



**Duration :**  
**10 minutes**

native whiteboard category.

- Miro The collaborative online whiteboard to bring teams together, anytime and anywhere, <https://miro.com/fr/>
- Quizizz is a free service that makes it very easy to create quizzes and then offer them to your students live or recorded, <https://quizizz.com/>
- Other links to create tests and quizzes : <https://evalbox.fr/>, <https://quiz.net/>

**Duration :**  
**20 minutes**

#### Close the session

At the end of the session, invite the participants to take a moment to see where they are in relation to the expectations they expressed in the morning.

- Invite those who wish to share their thoughts.
- Close the session.

# Module 1

## Training of trainers



**Duration of  
the session:  
6 h**

### **Session 3 :**

Organize the evaluation of the training path.

### **Objective :**

To create a system to evaluate the performance of the training provided.

### **Knowledge and skills to be transmitted/ac- quired:**

The evaluation criteria and procedures proposed by the participants, allow them to check whether the objectives have been achieved at the end of the training they will be conducting.

### **Good practices/things to avoid:**

- Do not use the participant satisfaction evaluation (level 1) to report on the performance of your trainings or the trainer.
- Design your evaluation system as early as the development phase of the andragogical training course (module 1 session 2).
- Increase the retention rate and consequently the performance of the training by focusing on activities that promote learning retention.
- Integrate «games» into your evaluations.
- Encourage peer evaluations.
- Incorporate at least one evaluation on the spot and one de-layed evaluation for each training.

**Durée :**  
**5 minutes**

## Preparation

- Print one copy per participant, of the learning retention slide or chart (hand it out only after the exercise).
- Print the results of the group work from Session 2 - Exercise: [Competency framework](#).



## Activity: Open the session

Every morning, invite participants to take individual time to write in their notebooks what challenges they will face when they train on this module and how the training might help them address them. These notes are theirs and you will never ask them to reveal them. They will be able to rely on these notes when debriefing each session.

## Roll-out, instructions and tools

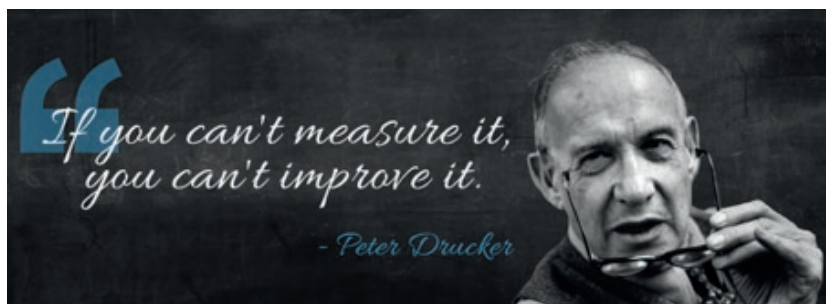
Estimate the potential performance of your training from the design phase!

« What gets measured gets improved!<sup>3</sup> »



### Key Message :

If you want to facilitate and obtain progress, in other words, develop the performance of your trainings, then you must integrate this component into the preparation phase of the training (andragogical engineering). The procedures, criteria or performance indicators will be included in the andragogical training path (session 2).



<sup>3</sup> Peter Ferdinand Drucker was an American professor, business management consultant, author and theorist. He is the originator of many concepts used in the business world, such as entrepreneurship and systematic innovation

**Duration :**  
**40 minutes**

**Exercise: Did you know?**

Did you know? We can estimate the performance of your training before you implement it!

We are going to demonstrate this with the test that you will perform below:

**Indicate in front of each practice the corresponding percentages of application of your usual training practices**



**Key Message :**

Formulate precisely the operational objectives, knowledge and skills to be transmitted/acquired before defining the methods and materials, learning and evaluation procedures and tools.

To check your results, see in the Module 1 toolkit or click on the link: [Estimate your training performance](#), results (digital version).



**Duration :**  
**90 minutes**

Input : Evaluate the quality of a training course in a simple and relevant way.

- It is recommended that an evaluation be done at the beginning and at the end of the training of what the participants have acquired (in order to be able to demonstrate progress through the training).
- The objectives and expected results (knowledge and skills) to be formulated should be SMART<sup>4</sup>. The progress to be measured through training is the acquisition of new knowledge, skills - skills-abilities-behaviors and practices.

**« The objective should not explain what you are going to do, but define what the participants should achieve.»**

Example: «At the end of Session 3 of Module 1, participants propose an objective evaluation methodology that captures the progress of participants who have completed their training».

The best known model of training evaluation is the Kirkpatrick model.

Most professionals refer to levels 1 and 2 of the Kirkpatrick model as a “on the spot” evaluation. The “delayed” evaluation for model levels 3 and 4.



<sup>4</sup> Specific, measurable, achievable, realistic, time-bound.

## The 4 levels of evaluation in Kirkpatrick's model

### Level 1: Evaluation of participants' reactions

Measuring participant satisfaction is the most common assessment in training. It often takes the form of a satisfaction questionnaire at the end of the course and allows participants to give their opinion on the relevance of the training as a whole and their level of involvement.

It allows us to improve the training according to the feedback and to rate the trainer's performance on the training action.

However, this first evaluation does not provide relevant information on the real effectiveness of the training for the participants.

The evaluation of the training by the participant results in important ways.

- **Way n° 1:** Permanent evaluation invites the learner to position himself/herself as a «spectator of his/her training».
- **Way n° 2:** On the trainer's side, permanent evaluation invites him/her to engage in a process of seduction.
- **Way n° 3:** Finally, on the side of the sponsor (institutional, civil society organization, NGO and IO) or the funder, evaluation by the learner is an «easy solution».

Here are some examples of questions to use and adapt, for Level 1:

Note that this questionnaire can be obtainable in a «Google form» format to facilitate data processing.

- Were you satisfied with the overall training?
- Has the training been an effective use of your time?
- Was it disruptive or did it work in tandem with your professional activities?
- Did the modules sufficiently cover the topic/objective?
- Were they appropriate for your skill level, or were they too easy/too advanced?
- Has the training met the needs of your professional function?
- Did the training style work for you?
- Did the training motivate you to apply what you learned? If so, please give examples.
- Would you recommend this type of training to others?

## Level 2: Evaluation of the learning

Participant satisfaction does not guarantee effective learning.

So that's what the second level of the Kirkpatrick model is all about: evaluation of the learning. It thus makes it possible to measure the level of knowledge, skills and behavioral attitudes acquired in practice during training.

For this, it is common to test the participants live. This may also take the form of examinations or knowledge quizzes at the end of the training.

Evaluations can be continued afterwards in the form of delayed quizzes or knowledge refresher modules to keep the memory anchored.

The learning evaluation according to the objectives, knowledge and skills to be transmitted/acquired with the training can be carried out using various methods:

- Test, QCM, Quiz<sup>5</sup>
- Case study
- Simulation
- Scenario
- Examination
- Post-it (often used for mid-term evaluations)
- Recap warm-up sessions<sup>6</sup>.

The additional questions listed below can provide useful information for analyzing the effectiveness of the training for participants:

- Are there topics in the training that you still do not understand?
- Do you feel that you can apply what you learned in the training?
- What big change would you like to implement in your work with these new skills?
- Is there anything that has significantly impeded or fostered your ability to learn/understand during training?
- Are there any topics you would like to continue learning about?

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<sup>5</sup> The recap warm-up session is used to facilitate a start-up phase, in the morning after lunch, after a break, when participants lack energy, are sleepy, etc. It allows trainees to get back into a learning situation from the second day of training

<sup>6</sup> The recap warm-up session is used to facilitate a start-up phase, in the morning after lunch, after a break, when participants lack energy, are sleepy, etc. It allows trainees to get back into a learning situation from the second day of training. It can also be a real session of the training. It allows the participants to synthesize the key points worked on during the previous days. Here the effectiveness of this session is reinforced if the trainer makes the participants actors and puts them in a situation to formalize, summarize and anchor their knowledge; in this last case, it allows the trainer to evaluate the acquired knowledge. A distinction should be made between a fun recap warm-up session to relieve stress and monotony and a recap warm-up session to validate the knowledge acquired.

### Level 3: Evaluation of the behaviors

The third level helps to gauge changes in behavior - practices - post-training.

To what extent does the training allow the learner to use the new knowledge in a real situation?

The participant can be evaluated in a real-life situation on the job to ensure that the training is appropriate. For example, if the participant has been trained to integrate case management, it is important to assess how he or she applies it in a real situation.

**« To know it is not enough,  
you have to know-how and how to behave in a situation ».**

**Exemples de questions à utiliser et adapter lors des suivis post-formation :**

- Are you using what you learned in training in your daily work?
- Are there any noticeable changes in your performance after the training?
- Are there any barriers or bottlenecks that prevent you from using your new skills effectively?
- Did you feel supported and motivated to use the new skills you learned?
- Is there something you need in your work environment to help you use what you've learned?

### Level 4: Evaluation of the results

The performance of a training course is measured in terms of expected results and actual benefits. It is therefore essential to define the training objectives precisely beforehand. The evaluation of results is based on key indicators or criteria expressing effectiveness.

In the context of the training path related to the protection of CYM, the evaluation of results will be based on the trainer's practices and the progress of the participants who have attended his or her training.

Evaluation is of paramount importance, especially when training issues are important.

Therefore, it must also take into account all external factors that may have a positive or negative impact on the results. **This fourth level is the most relevant for evaluating training** but difficult to grasp as the results may depend on other factors unrelated to the training.





#### Key Message :

There are many different tools you can use to help you apply the model and ask these questions, but it is important to collect your feedback data in a way that will inform your training decisions.

#### Sample questions to use and adapt:

- Do you think the trainer has performed better since taking the training of trainer course? Explain, why? What areas have improved the most?
- Has the quality of facilitation practices and evaluation of what participants have acquired, improved? Give specific examples.
- What were the direct benefits to participants?
- To what extent did the training help participants achieve their goals? Look at the results of participant evaluations.
- These sample questions should give you some guidance on how to use the Kirkpatrick model to determine training effectiveness.

Ces exemples de questions devraient vous donner des indications sur la façon d'utiliser le modèle Kirkpatrick pour déterminer l'efficacité de la formation.

**Duration :**  
**45 minutes**

Inputs: 7 key practices in training evaluation [Level 3 and 4] of professional trainers.

1. **Practice n° 1** : Knowledge test in the form of an oral quiz, knowledge questionnaire, guided interview, oral rephrasing by the participant, etc.
2. **Practice n° 2** : Practice 2: Simulation, to verify that the participant is ready to take action. Testing of new equipment/application/software/tool, role-playing, exercises, case studies, etc.
3. **Practice n° 3** : Real-life testing is useful for assessing know-how skills. The aim is to carry out a real professional activity under the supervision of the professional most qualified in the field. The assessor completes an evaluation grid with its levels (e.g.: acquired, in progress, not acquired] to remain factual and objective. In the case of the evaluation of the newly trained trainer, this evaluation should be organized and conducted by the trainer during the first facilitation of the training.
4. **Practice n° 4** : The participant is invited to write a brief or a report to ensure that he/she understands the job,

**Duration :**  
**45 minutes**

the issues, a quality criterion, etc. The trainer of trainers consults the report or brief written by the participant on the subject that he has to master.

5. **Practice n° 5 :** Analysis of professional practice helps identify the level of the learner to step back. :

Entretien avec le formateur - coach ou le participant analyse sa pratique professionnelle. La méthode FAST est particulièrement recommandée pour guider l'analyse des pratiques :

- Facts: «Describe what you did, step by step».
- Analysis: «What worked well, what didn't work so well?»
- Solution: «And if you had to do it again, how would you go about it?»
- Transfer: What lessons did you learn in general?



6. **Practice n° 6 :** To trace learning, after the initial training, the participant continues the learning by applying it in his/her work situation. There are several ways to encourage them to «trace» their learning so that they can remember it when they follow up with their trainer, for example: the logbook, the participant's notebook.

7. **Practice n° 7 :** What to do when you have no evaluation tool or material?

- a) Let the participants build their own self-evaluation grids.
- b) Based on their job description and ask them to indicate with concrete examples what they have mastered and what they need to strengthen.

**Duration :**  
**120 minutes**

#### Exercise: Testing

- Invite participants to split into 7 groups.
- Write down the number of each evaluation practice (1 to 7) on a small piece of paper, fold and mix in a container. Each group will have to draw at least one practice.
- Ask each group to illustrate how they would apply the 7 assessment practices mentioned above, choosing a key competency (refer to the results of the group work in Session 2, Exercise: Competency Framework) that the group would like to assess.
- Au bout de 30 minutes, demander à chaque groupe de présenter les résultats de leurs travaux (10 minutes par présentation) et (20 minutes) de discussion entre pairs sur les pratiques qu'ils aimeraient appliquer et dans quelles conditions.

#### Close the session

Invite participants to take a moment to review where they are regarding their expectations at the beginning of the session.

- Invite those who wish to share their questions and thoughts.
- Close the session.

**Duration :**  
**20 minutes**

## Evaluation of Module 1

- Invite participants to form 3 groups.
- Ask each group to identify 4 knowledge and skills to be evaluated:

Group 1: Evaluation of session 1

Group 2: Evaluation of session 2

Group 3: Evaluation of session 3.

- Ask each group to present its proposals (10 minutes per group).
- Invite other groups to make improvements (10 minutes per group).
- Have each group validate the questions that will finally be retained as the most relevant (20 minutes).
- Collect in the form below, the 12 key knowledge/skills validated by the majority of participants (10 minutes).

N°	Knowledge/ key skills	I have mastered and can demonstrate with an example	I have not mastered, give an example
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

- Break for 10 minutes.
- Then share the form to each participant for self-assessment on the 12 key knowledge/skills (30 minutes).
- Collect all completed forms and identify common and specific knowledge/skills to be reinforced, in preparation for your final session (D5) of this module, which will allow participants to review and practice the areas in which they need reinforcement.
- Don't forget to rely on the participants who have mastered these points to help those having difficulties.

# module 2

## Children and youth on the move and the actors involved in their protection

### Specific objectives of Module 2:

At the end of this module, the participant will be able to:

- Facilitate a common understanding of children and youth on the move.
- Present the child protection system and the role that the different key actors play in the protection of children and youth on the move.
- Convey the fundamentals about the issues of CYM.

### Number of participants:

6 to 12 maximum

### Pre-requisites for participants before starting this session, actors involved in the protection of children and youth:

- with proven operational experience and with a training project on the protection of CYM,
- who have been trained in Module 1: Being able to prepare a quality training course for trainers.

# Module 2

## Children and youth on the move and the actors involved in their protection



**Duration of the session:**  
**6 h**

### **Session 1:**

Child and Child protection.

At the end of this module, the participant will be able to:

- Facilitate a common understanding of children and youth on the move.
- Present the child protection system and the role that the different key actors play in the protection of children and youth on the move.
- Convey the fundamentals about the issues of CYM.

### **Objective:**

Know how to present the key components of child protection.

### **Skills and knowledge to be transmitted/ acquired:**

Participants:

- Consider the variety of norms that influence the representation of the child in different contexts: from the legislative, cultural, social, etc. framework.
- Explain why child protection is not the protection of rights.
- Define a training session on child abuse, adapted to different profiles (professionals, families, youth).

## Good practices/Things to avoid:

- Stimulate participation of participants during the inputs to maintain their interest. Before presenting each report, ask their questions on what they already know about this subject, complete and correct (with kindness) if required. Utiliser le jeu en formation.
- Use games in training.

## Preparation

- Open the session with individual reflection time to encourage participants to clarify as the training progresses, the challenges they will need to manage in replication and how each session might help them address them.
- Print out all of the session materials to be completed by the participants (group work) to compensate for the lack of computers among the participants.
- Prepare the materials for the exercises in the session (on a USB pen drive, sent by e-mail).
- Provide you with many post-it and felt pens of different colors.
- Close each session with a collective sharing time on the session with regard to the expectations that have been defined at the beginning of the session.

## Child and Child protection

**Duration :**  
**5 minutes**

### Open the session

Every morning, invite participants to take individual time to write in their notebooks what challenges they will face when they train on this module and how the training might help them address them.

These notes are theirs and you will never ask them to reveal them. They will be able to relay on these notes when debriefing each session. Then start with a presentation activity with the Chinese portrait.



**Duration :**  
**60 minutes**

### *Chinese portrait*

Objective: introduce themselves to the group/use their imagination/know the other members of the group

- Ask participants to take a piece of paper and write on it the answers to the following question: «If I were a cause of the mobility of CYM, I would be .....».
- Collect the completed sheets, pick one at random and read the answers.
- The group must guess as quickly as possible who is the one.
- Once the author is discovered, ask him/her to explain his choices, if he/she agrees.
- Continue picking until finished.
- Continue with the formalization of the group agreements.

### *Group agreements*

Objective: to establish a framework that provides comfort and security for everyone during the training.

- Identify a place to write down the agreements that will remain visible throughout the training.
- Ask the group what agreements you could put in place to make everyone feel comfortable during the training. (e.g., listening to each other, being free to move...).
- Check the group's adherence for the various proposals.
- Write down the validated proposals on your document.
- Propose the agreements that you might need as a trainer.
- Suggest that everyone should support compliance with these agreements during the training, by reporting any discrepancies with the same sensitivity that they would like to be pointed out to them if they had forgotten an agreement.

**Duration :**  
**20 minutes**



**Duration :**  
**30 minutes**

## Roll-out, instructions and tools

### Recap warm-up session

This activity will allow you to identify the participants' perceptions (their perceptions as well as those projected onto other stakeholders) of what a child is in their contexts of intervention, and to stimulate their reflections on the commonalities and divergences in terms of representations and legislation, and the challenges that this entails.

To begin this session, ask participants to form 6 pairs (or subgroups depending on the size of the group).

Invite the 6 pairs (or subgroups) of participants to answer the following questions:

What is a child? What are their rights and duties?	What is a youth? What are their rights and duties?
Group 1: According to you?	Group 1: According to you?
Group 2: According to the children?	Group 2: According to youth?
Group 3: According to the communities and families in your countries?	Group 3: According to the communities and families in your countries?

Invite them to keep their results and ask them to list the key policies, policy frameworks, and other legal instruments that govern the status of children and youth in their country.

*The word child comes from Latin and means « one who does not speak».*



Inputs: The African Charter on the Rights and Welfare of the Child and the African Youth Charter

The African Charter on the Rights and Welfare of the Child sets out the rights and defines the principles governing the status of children. The African Charter on the Rights and Welfare of the Child was adopted at the 26th Conference of Heads of State and Government of the Organization of African Unity in July 1990. It came into force on November 29, 1999.

It is based on the United Nations Convention on the Rights of the Child.





## The African Youth Charter

The African Union has developed several youth development policies and programs, including the [African Youth Charter](#), the Youth Decade Plan of Action, and the Malabo Decision on Youth Empowerment, all of which are being implemented as part of the various programs of Agenda 2063. The [African Youth Charter](#) aims to protect youth from discrimination and guarantees them freedom of movement, speech, association, religion, property, and other human rights, while committing to promoting their participation in society.

Provide a copy of each charter in hard copy or on a USB pen drive. If the connection is available, participants will be able to access charters and other legal instruments related to children and youth, consult the following link:

[https://www.africanchildforum.org/clr/Legal%20Instruments/African\\_Regional\\_Instruments\\_FR.html](https://www.africanchildforum.org/clr/Legal%20Instruments/African_Regional_Instruments_FR.html)

**Duration:**  
**20 minutes**

**Exercise: Crossed perspectives on the child.**

- Then ask each group to identify potential points of convergence and divergence between the key elements of the two charters and the answers they provided during the previous exercise on the perceptions of the child and youth according to the different stakeholders: participants, children, youth, communities and families.
- Invite them to present their findings (5 minutes per group).

## Child protection

In this section, the activities proposed clarify the scope of child protection, the key issues covered, the response system and its actors.

**Duration:**  
**15 minutes**

### *Recap warm-up session*

How would you simply explain the difference between child rights protection and child protection to someone?

**Duration :**  
**45 minutes**

### *Inputs*

*Children's rights are recognized by countries' policy and legislative frameworks, which explain who children are, what their rights are, and what are the responsibilities of governments (i.e., the country's leaders) towards them.*

*A sample list (not exhaustive):*

- The Constitution.
- The Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, is a protocol to the United Nations Convention Against Transnational Organized Crime.
- The Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict.
- The International Labor Organization (ILO) Convention No. 138 on Minimum Age and ILO Convention No. 182 on the Worst Forms of Child Labor.
- The Convention on the Rights of Persons with Disabilities.
- Etc. for more information consult the official websites in your respective countries and/or: [http://www.africanchildforum.org/clr/Status%20Table/CRC\\_and\\_Optional\\_Protocols.html](http://www.africanchildforum.org/clr/Status%20Table/CRC_and_Optional_Protocols.html)



#### **Key message :**

«Child protection is not the protection of children's rights, but refers to a subset of those rights. Child protection aims to prevent and respond to all forms of violence, exploitation, abuse and neglect of children.»

*The main issues of child protection today are:*

- *Violence against children (sexual, physical and emotional).*
- *Child marriage.*
- *Child labor.*
- *Child birth registration.*
- *Children and mobility.*
- *Availability of essential data.*

**Input and quiz:** Violence, exploitation, abuse and neglect of children, what are we talking about?

Violence is... the intentional use of physical force, threats against others or oneself, against a group or community, that results in or has a high likelihood of resulting in trauma, psychological harm, developmental problems or death.»

### Did you know?

- 88% of children are affected by violence,
- 29% of severe corporal punishment
- % of girls are victims of sexual violence<sup>7</sup>

**Key message:** Encourage participants to research key statistics on violence against children in their country/area of intervention to illustrate this section in the training they will be conducting.

### Then read this definition and ask participants what it means:

*«Lack of proper attention, supervision, or guidance and failure to meet a child's basic needs such as food, shelter, and the conditions necessary to be able to live safely.»*

**Answer:** The neglect. This could also include, for example, maternal neglect during pregnancy as a result of drug, alcohol, or other substance abuse that may endanger the health of the child.

### Then ask the participants to define trafficking.

**Answer:** The recruitment, transportation, transfer, harboring of persons by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

Human trafficking includes several forms of exploitation of human beings, the most common being prostitution, slavery and forced labor, but it can also include - among others - organ removal or forced begging.

The term human **traffic** (traffic in French) may be used in the press, but the correct legal term is human **trafficking**.

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<sup>7</sup> ECOWAS Strategic Framework for Strengthening National Child Protection Systems to prevent and respond to Violence, Abuse and Exploitation against Children in West Africa -2017

**Exploitation** includes, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude, or the removal of organs.

**Introduce participants to the definition of sexual exploitation of children and sexual exploitation of children in prostitution.**

**Ask the question: “What is the difference between sexual exploitation of children and exploitation of children in prostitution?”**

### Answer

- **A child is sexually exploited when he or she is forced to engage in sexual activity** in exchange for consideration (such as gain or profit, or the promise of gain or profit) of a pecuniary nature or in the form of a benefit received by a third party, the offender or the child himself or herself.
- Article 27. – 1. *State Parties to the present Charter shall undertake to protect the child from all forms of sexual exploitation and sexual abuse and shall in particular take measures to prevent: (a) the inducement, coercion or encouragement of a child to engage in any sexual activity; (b) the use of children in prostitution or other sexual practices; (c) the use of children in pornographic activities, performances and materials.*<sup>8</sup>
- **Sexual exploitation of children in prostitution refers to the coercion of a child to engage in sexual activities** in exchange for something of value (money, object, food, favor, shelter, etc.). It is not necessarily the child who receives this consideration, but more often a third party. Moreover, it is not necessary that the object of the exchange is actually given, a simple promise is sufficient, even if it is never realized.



#### Key message :

**A child does not choose to engage in prostitution, but is forced into it by circumstances, values, social norms or abusive people.** Talking about «child prostitution» is to put a risk of stigmatization on the child being exploited for prostitution, or even unconsciously legitimizing such practices.

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<sup>8</sup> African Charter on the Rights and Welfare of the Child, adopted in Addis Ababa on 11 July 1990.

### Ask participants to explain what abuse is.

**Answer :** Child abuse (including violent punishment), sometimes referred to as child mistreatment or neglect. This category includes all forms of physical and/or emotional mistreatment, sexual abuse, neglect or negligent treatment, or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity.

**Invite participants to think about and list the risk factors that increase the likelihood of children being exposed to abuse.**

**To initiate this reflection, ask:** Do you think children with disabilities are more affected by violence than children without disabilities?

**Answer: Yes, they are 3.7 times more affected<sup>9</sup>.**

The key risk factors at the individual level <sup>10</sup> are :

- Biological and personal aspects such as gender and age.
- Disability/incapacity or mental health problems.
- Gender identity and gender expression.
- Low level of education.
- Low income.
- Harmful use of alcohol and drugs.
- History of exposure to violence.

### Ask participants: What do you think is the impact of violence on children?

**Answer: the consequences of violence**

1. **Physical:** Internal injuries, head or brain trauma, broken bones, burns, death, cancer, diabetes, chronic lung disease, irritable bowel syndrome, ischemic heart disease, liver disease, reproductive health problems such as: infertility, heart disease, obesity, physical inactivity, smoking...
2. **On sexual and reproductive health:** Fetal death, unwanted teenage pregnancies, pregnancy complications, sexual dysfunction, unsafe sexual practices, multiple partners, sexually transmitted diseases, including HIV/AIDS...

<sup>9</sup> ECOWAS Strategic Framework for Strengthening National Child Protection Systems to prevent and respond to Violence, Abuse and Exploitation against Children in West Africa -2017.

<sup>10</sup> Violence Against Children, WHO 8 June 2020.

3. **On psychological health:** Depression and anxiety, post-traumatic stress disorder, aggression, aggressive and antisocial behaviors in later life, including violent behaviors in adulthood - sometimes targeting intimate partners -, alcohol and drugs, hyperactivity, poor relationships, low academic performance, low self-esteem, psychosomatic disorders, suicidal behavior and self-harm ...
4. **On future generations:** Children exposed to violence and other adverse circumstances are more likely to drop out of school, have difficulty finding and keeping a job, and are at increased risk of being later victims or perpetrators of interpersonal or self-directed violence, a mechanism by which these children can affect the next generation.

**Duration:  
90 minutes**

### *Exercise*

**Application :** How can you effectively train different stakeholders on the basics of child abuse?

Ask them to prepare a training session according to the following structure (see module 1/session 2)

1. *Objective: Knowledge, and key skills to be transmitted/acquired.*
2. *Reflection: Allow a few minutes for participants to reflect individually on the original question or issue presented.*
3. *Sharing: Invite your participants to share their individual reflections with each other.*
4. *Synthesis: Ask participants to get together in teams to synthesize and summarize the results of their interactions.*
5. *Dissemination: Bring each team to the front of the stage to share the result with the whole group.*
6. *Transposition: Allow time for participants to transpose what they have just learned into their daily practices.*



**Duration:  
30 minutes**

- Invite the participants to form 3 sub-groups (group 1: prepare a session for youth aged 13 to 16, group 2 for social workers, group 3 for foster families).
- Organize a presentation by each group (10 minutes) and question and answer session (5 minutes).

**Inputs :** Child protection aims to ensure the right of every child to a life free of violence, abuse, exploitation, and neglect in emergency and non-emergency settings. Children face complex issues that require a multidisciplinary response involving multiple actors at the local, central, and regional levels.

### **How are child protection responses organized at the regional, national, and local levels?**

In Africa, poverty increases the vulnerability of children and the problems they face are significant. A child may face multiple needs, violations, and vulnerabilities of varying severity and duration in stable contexts as well as in emergencies. Therefore, this systems approach aims to avoid a one-dimensional, fragmented response and, instead, aspires to adhere to sustainable, comprehensive and holistic interventions.

This systems approach also aims to address a number of factors that compromise effective child protection. A coherent multi-sectoral policy, a programmatic agenda for child protection, strengthened regional, national and local coordination, increased resources and clearly established responsibilities for child protection are needed, especially in transnational or cross-border contexts.

In this regard, the Economic Community of West African States (ECOWAS) has adopted a **Child Policy and Strategic Action Plan (2019-2030)**<sup>11</sup> that provides a comprehensive conceptual architecture and concrete guidelines for coordinating the efforts of all stakeholders in the ECOWAS region.

*«It takes a community to raise a child» Dr. Siga Fatima Jagne Commissioner, Department of Social and Gender Affairs ECOWAS Commission June 2020.*

This child policy should be read and used in conjunction **with the ECOWAS Strategic Framework for Strengthening National Child Protection Systems to prevent and respond to Violence, Abuse**

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<sup>11</sup> <https://ecowas.int/wp-content/uploads/2022/03/ECOWAS-CHILD-POLICY-FR-CON-Printed.pdf>

and Exploitation against Children in West Africa.

The Strategic Framework builds on existing policy and legal frameworks in the region and was adopted by ECOWAS in 2017 to promote accountability and provide guidance and advice to member states on child protection and **to influence program initiatives at the national level that promote a protective environment for children** in emergency and non-emergency situations.

The ECOWAS Strategic Framework for Strengthening National Child Protection Systems makes recommendations for harmonization, strengthening synergies, and implementation:



## **ECOWAS Strategic Framework for Strengthening National Child Protection Systems to prevent and respond to Violence, Abuse and Exploitation against Children in West Africa**





**Key message:**

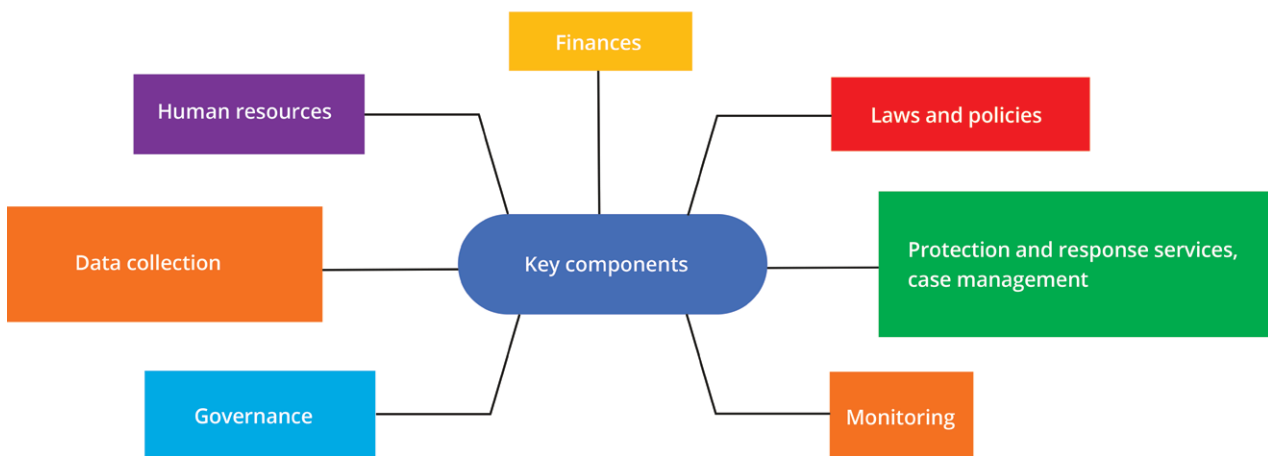
«In an ideal CP system, the different jurisdictions are well coordinated and mutually reinforcing. Active community involvement in child protection is an important part of any national CP system.»

Each national child protection (CP) system includes key components and essential conditions such as:

- Laws and policies.
- Effective coordination between different government ministries and between sectors at different levels.
- Knowledge and availability of data on CP problems and good practices.
- Minimum standards and monitoring mechanisms.
- Prevention and response services.
- Qualified human resources in CP.
- Adequate funding.
- Conditions for children’s freedom of expression and participation.
- An aware and supportive public.

Child protection systems can be local, provincial, municipal, and national. A national CP system should provide the overall framework and coordination of CP systems at lower levels.

### Key components of a child protection system



**Duration :**  
**15 minutes**

**Discussion/peer sharing:** Ask participants what are their most significant inputs to the protection system that have been in their areas of intervention and in what key component(s)? What lessons did they learn?

**Duration :**  
**10 minutes**

**Close the session**

Invite participants to take a moment to review where they are regarding their expectations expressed in the morning.

- Invite those who wish to share their questions and thoughts.
- Close the session.

# Module 2

## Children and youth on the move and the actors involved in their protection



**Duration of the session:**  
**2.5 h**

### **Session 2:**

Children and youth on the move.

### **Objective:**

To develop a common understanding of children and youth on the move

### **Skills and knowledge to be transmitted/ acquired:**

Participants are able to present key information to understand mobility, their different forms, causes, consequences, vulnerabilities and opportunities in relation to the mobility of CYM.

### **Preparation**

- Open the session with a time of individual reflection to encourage participants to clarify, as the training progresses, the challenges they will have to deal with in replication and how each session could help them address them.
- Imprimer les supports à compléter par les participants (travaux de groupe) pour pallier le manque d'ordinateur parmi les participants.
- Prepare the materials for the exercises in the session (on a UBS pen drive, sent by e-mail).
- Provide different colors post-it.
- Close each session with a time of collective sharing on the session with regard to the expectations that were defined at the beginning of the session.

**Duration:**  
**5 minutes**

### *Open the session*

Every morning, invite participants to take individual time to write in their notebooks what challenges they will face when they train on this module and how the training might help them address them.

*These notes are theirs and you will never ask them to reveal them. They will be able to relay on these notes when debriefing each session.*

## **Roll-out, instructions and tools**

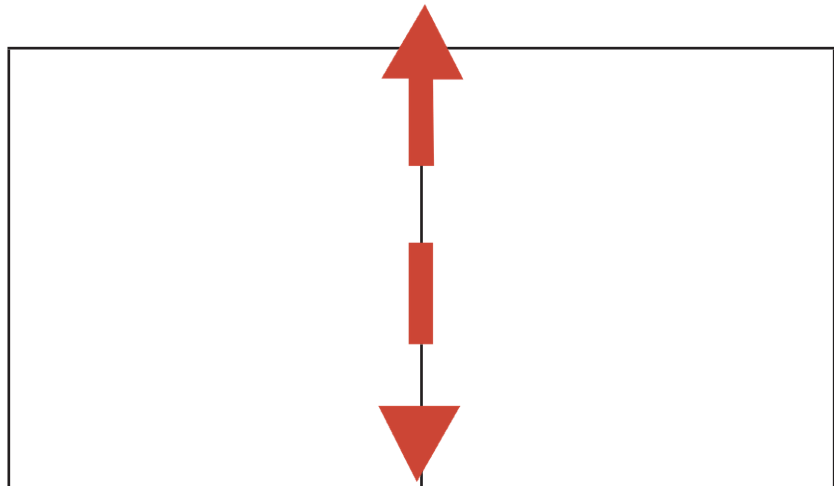
**Duration:**  
**30 minutes**

### Recap warm-up session: What is mobility?

This exercise aims to identify the perceptions of «Mobility of the CYM among the participants», to make them argue about their positions. This exercise has a double advantage in facilitating the memorization of the participants, because it combines both questioning and movement.

Beforehand, you will have identified and prepared a space where the participants can move around safely (including outdoors).

The space must be separated into two parts by an imaginary line or with a wire/rope.



- Ask participants to stand up.
- Invite participants to take a position on the statements listed below.
- Those who agree will go to the right, those who disagree will go to the left.
- If some participants disagree, they will explain why.

*All statements are correct, but you will not mention it until the end of this exercise.*

**Ask them the following question:** Do you agree or disagree with this sentence:

- 1) Children's mobility is not always forced or negative and often occurs voluntarily.
- 2) Many children decide on their own (or are motivated by their families) to move in search of better living conditions and opportunities.
- 3) Not all children on the move are victims of trafficking.
- 4) Mobility of children is as much about risk and vulnerability as it is about opportunity and personal development.
- 5) Mobility of children and youth is neither good nor bad in itself.
- 6) The core of the problem is not mobility per se, but the vulnerability of children engaged in mobility. Mobility of children is linked to:
- 7) Economic migration (internal or international, seasonal or not, regular or not, circular or not).
- 8) Family reunification or traditional placement in families.
- 9) Placement in traditional forms of learning or religious education (including begging).
- 10) Runaways and adventures.
- 11) Rites of passage (social norms).
- 12) Settlement in a street situation.
- 13) Forced displacement (internal or transnational) due to conflict, insecurity, natural disasters, etc.

At the end of this exercise, you will announce that all of these statements are correct, while pointing out that the arguments presented by those who disagreed are useful in preparing to anticipate responses in relation to objections that will inevitably come up in future training sessions.

## Children, youth and mobility

Who are these children? Why do they leave? How do they do it? Where do they go? What are they looking for? What is their experience? <sup>12</sup>

**Duration:  
30 minutes**

### Exercise

Based on the different children's portraits and definitions (below), ask participants to identify the missing words in the definitions (replace with XXX) and the different situations of children and youth on the move.

### Quiz: Questions for Champions

Invite the group to form 3 subgroups to compete, the first group to get the answer right gets 10 points.

Situation	Definition	Answers
<p>Salimata is 15 years old and from Burkina Faso.</p> <p>She works at the market in Segou, Mali.</p> <p>She has been living with a landlord with many properties for a few weeks, while waiting to find a more stable place.</p>	<p>Children, as defined in article 1 of the Convention on the Rights of the Child, who have been separated from both parents and other close family members and are not in the care of an adult vested with that responsibility by law or custom.</p>	<p><b>Unaccompanied Children (UC)</b></p> <p>Xxx: Separated</p>
<p>Lamine is 14 years old and is Malian.</p> <p>Originally from Gao, he has been living in Mopti with his family since his village was burned a few weeks ago. He no longer goes to school.</p>	<p>Internally xxx persons are persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights, or natural or human-made disasters, and who have not crossed an internationally recognized state border.</p>	<p><b>Internally displaced persons</b></p> <p>Xxx : Displaced persons</p>

<sup>12</sup> What protection for children affected by mobility in West Africa? Our positions and recommendations. Regional synthesis report - «Mobility» project, Tdh, 2011 → <https://fr.slideshare.net/Tdhinfrancia/quelle-protection-pour-les-enfants-concerces-par-la-mobilit-en-afrique-de-louest-2011>

<p>Aissatou is 9 years old and comes from Guinea. She lives in Dakar with her mother's cousin, whom she did not know before, but whom she finds nice and caring. She goes to school in her neighborhood and helps with household chores in the afternoons.</p>	<p>Children who have been xxx from both parents or their primary caregiver by law or custom, but not necessarily from other family members. They may therefore be children xxx by other adult family members. <i>The « xxx children in Europe» program defines children as all «children under 18 years of age who are outside their country of origin and are in the care of both parents or their legal or customary primary caregiver.</i></p>	<p><b>Separated children</b></p> <p>Xxx : Separated</p>
<p>Assi left Kolda to work in Saly, a seaside town in Senegal; with tourism, she is more likely to find a job there.</p>	<p>People who have xxx to another region/city/area within their country for more than a year, regardless of the causes (voluntary or involuntary) and the means (regular or irregular) used to migrate.</p>	<p><b>Internally child on the move</b></p> <p>Xxx : Displaced child</p>
<p>Mariana, an Iraqi, fled her country in 1998 with her entire family because of the political crisis. Her husband belonged to the opposition and was persecuted by the ruling party.</p> <p>All her papers are in order.</p>	<p>A person who, owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his or her xxx and is unable or, owing to such fear, is unwilling to avail himself or herself of the xxx of that country; or who, not having a nationality and being outside the country of his or her former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.</p>	<p><b>Refugee child</b></p> <p>xxx :</p> <p><b>Nationality Protection</b></p>
<p>Aida is a 20-year-old girl, who decided to leave her village of birth in Guinea to go work in Italy. The journey was arduous, and she had to face many risks, but now she lives in Rome since 2018. With no fixed job and no documents, she does her best to survive in dignity.</p>	<p>People who have lived in a foreign country for more than one year regardless of the causes (voluntary or involuntary) and the means (regular or irregular) used to xxx.</p> <p>According to this definition, those who travel for short periods as tourists or on business are not considered migrants.</p>	<p><b>Migrant</b></p> <p>xxx</p> <p><b>Migrate</b></p>



<p>Alfred, from Benin, is 15 years old. During his vacations, he crosses the border into Nigeria to work and have some savings to pay for school.</p>	<p>The common use of the term XXX implies certain types of shorter-term XXX, related to seasonal laborers who travel for short periods to work in planting or harvesting agricultural products.</p>	<p><b>Seasonal migrant</b></p> <p>xxx : Migrant Migration</p>
<p>Aida's best friend was also in Italy. However, she could not stand the living conditions and decided to return to Conakry, where she is staying with her older brother.</p>	<p>People who have chosen or have been forced to return to their country of origin or to a country of transit as a result of migration. The term «return» therefore encompasses several categories such as xxx return, repatriation, deportation or expulsion.</p>	<p><b>Person called «returnee»</b></p> <p>Xxx : Voluntary</p>

A glossary of key terms will help you complete your knowledge. It can be consulted in the appendix or by clicking on the following link: [Module2-introduction-Mobilite\Module2-initial\Supports\Glossaire concepts clés complet.pdf](#)



**Duration:**  
**15 minutes**

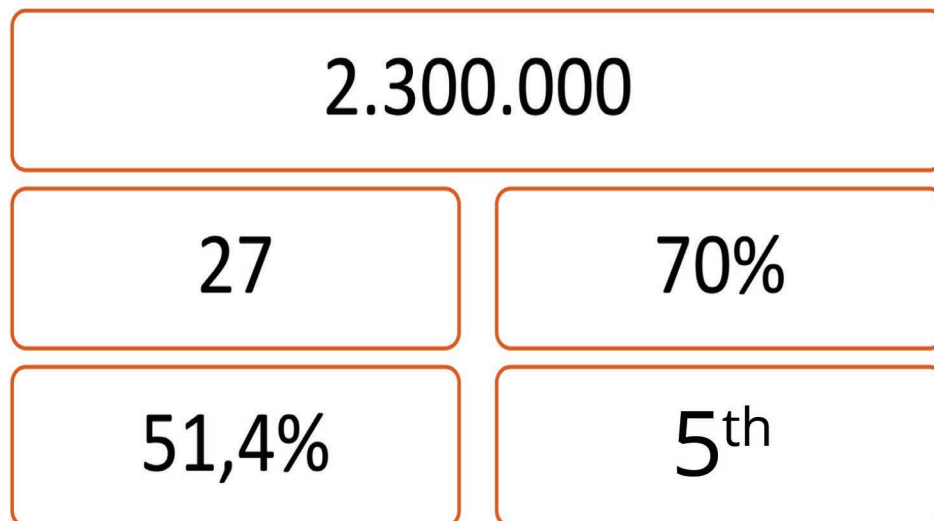
*Input: Children on the move in West Africa*

The children on the move are:

- children currently on the move;
- potential migrant children;
- children who are temporarily or permanently settled and whose lives are determined or at least influenced by their mobility experience;
- children whose families (parents, siblings, other respondents) are on the move, and who are either influenced by the successful migration of their relatives or affected by their absence or departure.

**ECOWAS Strategic Framework for Strengthening National Child Protection Systems to prevent and respond to Violence, Abuse and Exploitation against Children in West Africa 2017.**

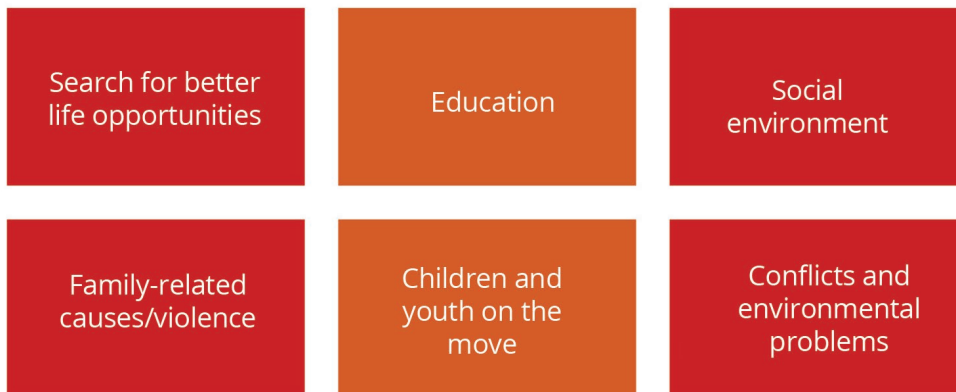
### **Some data on child migration in West Africa**



*Data from ECOWAS Strategic Framework for Strengthening National Child Protection Systems to prevent and respond to Violence, Abuse and Exploitation against Children in West Africa 2017.*

*Key causes of mobility*

## CAUSE OF MOBILITY



*Mobility presents both risks and opportunities for children*

## RISKS OF MOBILITY



## MOBILITY-RELATED OPPROTUNITIES





**Key message :** «Mixed Migration» involves complex population movements consisting of people (economic migrants, refugees, IDPs) who follow the same routes, use the same means of transport, and face a multitude of common problems, but who move for different motives.

### Duration: 40 minutes

**Exercise:** Do a mapping the main mobility routes of children and youth from your country and living in your country.

- Invite participants to form 3 sub-groups.
- Ask them to represent the different routes of children and youth on an A3 sheet of paper.
- Encourage them to create a caption to explain what they wanted to represent.
- After 20 minutes, each group should present and comment on their map in plenary (5 minutes per group and 5 minutes Q&A).

### Duration: 5 minutes

**Inputs :** The intersecting routes of these populations make it necessary to develop a global strategy at the regional, national and local levels, taking into account the complexity of these contexts, but the distinctions in terms of status and motives for displacement remain important in terms of rights-based approaches and intervention procedures.

This is why national protection system actors cooperate within their territory, but also in a transnational approach in line with the ECOWAS Strategic Framework for Strengthening National Child Protection Systems to Prevent and Respond to Violence, Abuse and Exploitation of Children in West Africa.

### *Close the session*

Invite participants to take a moment to review where they are regarding their expectations expressed in the morning.

- Invite those who wish to share their questions and thoughts.
- Close the session.

### Duration: 10 minutes



# Module 2

## Children and youth on the move and the actors involved in their protection



**Duration of the session:**  
**3 h**

### **Session 3:**

Principles of protection for CYM.

### **Objective :**

Apply the principles of protection to CYM.

### **Skills and knowledge to be transmitted/ acquired:**

Participants explain how to identify the key trajectories of children and youth in mobility and identify the key actors in the protection of children and youth.

### **Good practices/Things to avoid:**

Stimulate the participation of participants during the inputs to maintain their interest.

- Before presenting each input, ask them questions about what they already know about the topic, complete and correct (with kindness) if necessary.
- Encourage participants to do the mapping of routes and key actors to stimulate kinesics and spatial learning.

### **Preparation:**

- Open the session with individual reflection time to encourage participants to clarify, as the training progresses, the challenges they will need to manage in replication and how each session might help them address them.
- Print the materials to be completed by the participants (group work) to compensate for the lack of computers among the participants.
- Prepare the materials for the exercises in the session (on

- a USB pen drive, sent by e-mail).
- Provide different colors post-it and felt pens.
- Close each session with a time of collective sharing on the session with regard to the expectations that were defined at the beginning of the session.

**Duration:  
5 minutes**

### *Open the session*

Every morning, invite participants to take individual time to write in their notebooks what challenges they will face when they train on this module and how the training might help them address them. *These notes are theirs and you will never ask them to reveal them. They will be able to relay on these notes when debriefing each session.*

## Roll-out, instructions and tools



**Key message:** Always encourage your participants to share what they already know and the questions they have before beginning the input on each topic.

**Duration :  
20 minutes**

*Recap warm-up session:* With which key actors in the child protection system and child and youth on the move have you already collaborated? Under what circumstances?

**Duration:  
30 minutes**

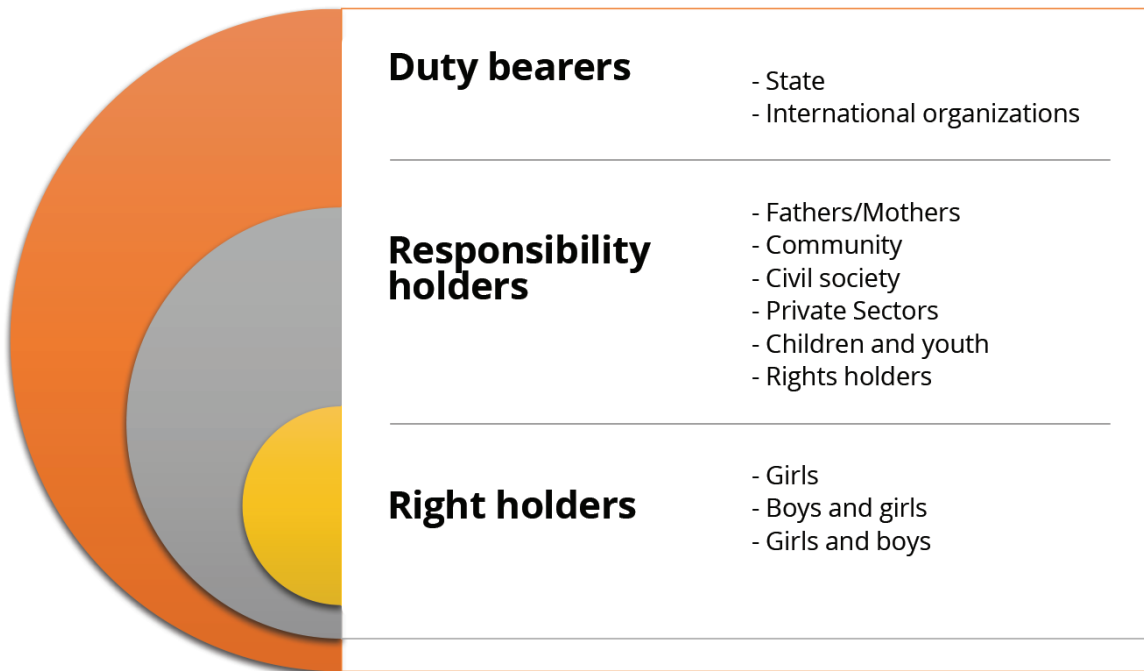
### *Inputs: Key actors from regional to local*

ECOWAS Strategic Framework for Strengthening National Child Protection Systems to prevent and respond to Violence, Abuse and Exploitation against Children in West Africa, in its Goal 3: CHILD PROTECTION, and Objective 1, aims for each member state to adopt appropriate laws and policies and establish institutions to support prevention and response actions to protect children in the region from violence, abuse and exploitation, in accordance with international and regional legal instruments.

Mobility of children and youth is particularly addressed in the implementation strategy 6:

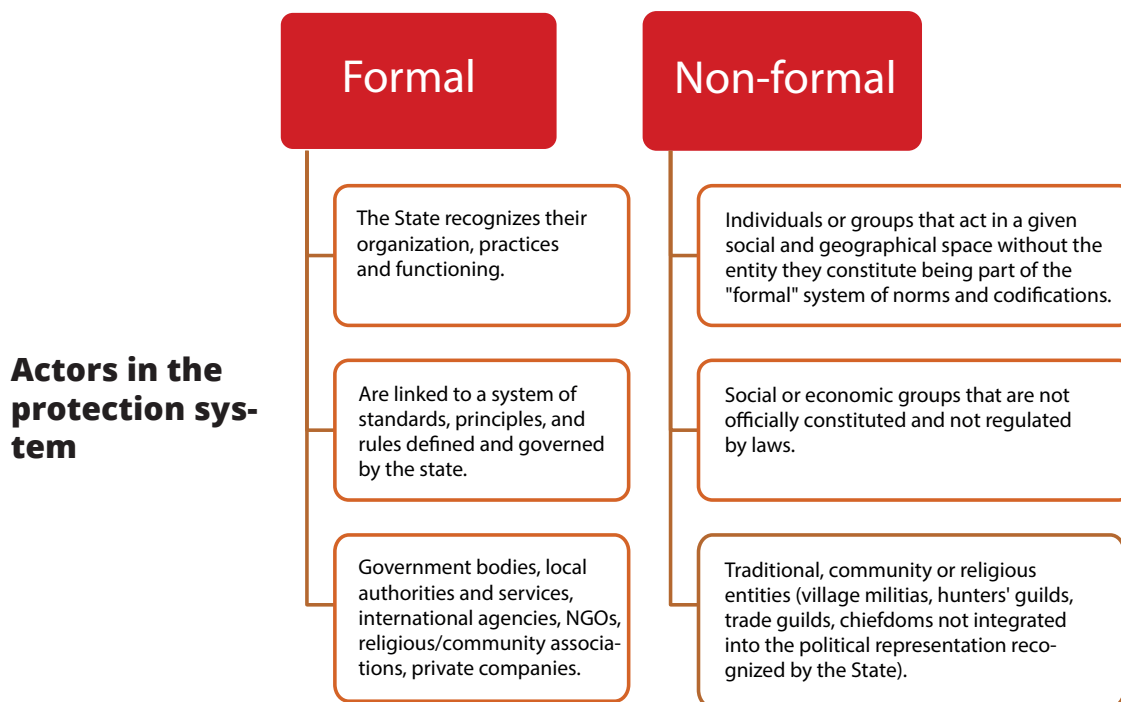
*«Implement ECOWAS support procedures for the protection of children on the move and young migrants. Establish, support, and strengthen child protection law enforcement agencies or institutions, including the establishment of child protection units within law enforcement institutions; and functional coordination systems (institutions, working groups, and committees) at all levels: national, sub-national, local/community».*

Actors from each national protection system contribute within their territories (national, local) and within the regional mechanism. The key actors in the protection of children and youth in formal and informal mobility are integral parts of the child protection systems and have rights, responsibilities or obligations.





Key benchmarks for distinguishing between formal and informal actors in child protection systems.



### Regional child protection players



The West Africa Network (WAN) is a transnational mechanism for coordination and collaboration between different actors in different countries for the referral, care and protection of vulnerable children in mobility in West Africa.

Their mission through WAN is to mobilize and strengthen the capacities of countries in West Africa to care for and protect mobile children/youth in vulnerable situations, ensuring their sustainable socio-professional reintegration.

WAN has 800 members throughout the ECOWAS region and Mauritania.

The standards developed by WAN have been validated by member states and adopted by ECOWAS: ECOWAS Support Procedures and Standards for the Protection and Reintegration of Vulnerable Children on the Move and Young Migrants (2016).

To access the full document, click on the following link: [https://www.ssi-suisse.org/sites/default/files/2017-06/04001\\_ecowas\\_content\\_FR\\_03\\_7\\_0.pdf](https://www.ssi-suisse.org/sites/default/files/2017-06/04001_ecowas_content_FR_03_7_0.pdf)

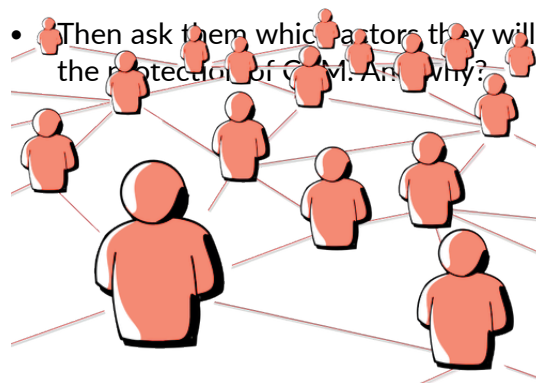
**Duration:**  
**90 minutes**

[https://www.ssi-suisse.org/sites/default/files/2017-06/04001\\_ecowas\\_content\\_FR\\_03\\_7\\_0.pdf](https://www.ssi-suisse.org/sites/default/files/2017-06/04001_ecowas_content_FR_03_7_0.pdf)

*Exercise: Do the mapping of the actors involved in the protection of CYM*

- Invite the participants of the 3 sub-groups formed for the previous exercise to go back to their mapping of the main mobility routes of children and youth from and living in their country.
- Ask them to identify the key actors in the protection system at the local, national, and regional levels by following the migration flows they represented earlier.
- Encourage them to create a caption to explain what they wanted to represent.
- After 15 minutes, each group will present and comment their map in plenary (5 minutes per group and 10 minutes Q&A and follow-up).

- Then ask them which actors they will have to train regarding the protection of CYM. Ask why?



**Duration:**  
**20 minutes**

*Close the session*

Invite participants to take a moment to review where they are regarding their expectations expressed in the morning.

- Invite those who wish to share their questions and



# Module 2

## Children and youth on the move and actors involved in their protection



**Duration of the session:**  
**3 h**

### **Session 4:**

Principles of protection for CYM.

### **Objectif :**

Apply the principles of protection to CYM.

### **Skills and knowledge to be transmitted/ acquired:**

Participants will analyze the situations of CYM and know how to identify their different vulnerabilities.

### **Good practices/Things to avoid:**

- Stimulate learners' participation during the inputs to maintain their interest. Before presenting each input, ask them questions about what they already know about the topic, complete and correct (with kindness) if necessary.
- Encourage participants to do the mapping of routes and key actors to stimulate kinesics and spatial learning.

### **Preparation**

- Open the session with individual reflection time to encourage participants to clarify, as the training progresses, the challenges they will need to manage in replication and how each session might help them address them.
- Print the materials to be completed by the participants (group work) to compensate for the lack of computers among the participants.
- Prepare the materials for the exercises in the session (on a UBS pen drive, sent by e-mail).
- Provide different colors post-it and felt pens.
- Close each session with a time of collective sharing on the session with regard to the expectations that were defined at the beginning of the session.

**Duration:**  
**5 minutes**

### Open the session

Invite participants to take individual time to write in their notebooks what challenges they will face when they train on this module and how the training might help them address them. *These notes are theirs and you will never ask them to reveal them. They will be able to relay on these notes when debriefing each session*

## Roll-out, instructions and tools



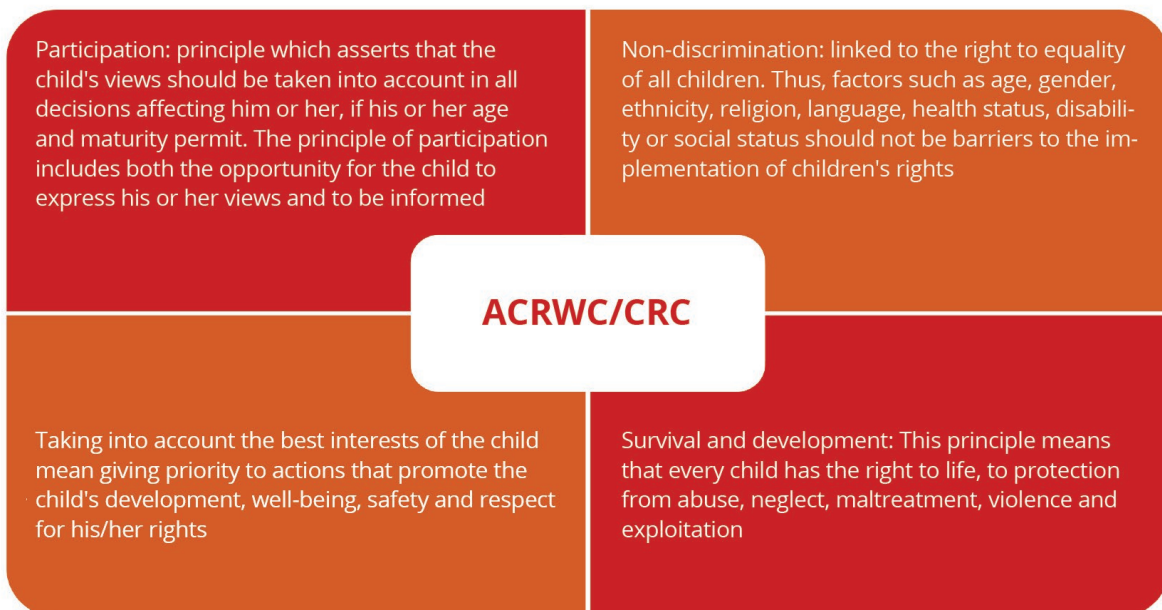
**Key message:** Always encourage your participants to share what they already know and the questions they have before beginning the input on each topic.

**Duration:**  
**15 minutes**

### Recap warm-up session

Ask participants what the key principles of the International Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child are.

Present them with the following diagram as a reminder:



**Duration:  
90 minutes**

### **Exercise: CYM and vulnerabilities**

Introduce the case studies and for each one ask them what vulnerabilities to consider.

*Issa is 10 years old and grew up in Mali. Because of the conflict, his parents gave him to a man to take him in Mauritania to be safe. The man took his papers and drove him to a gold mining site where he worked 12 hours a day. One day, men at the gold mining site insulted him about his poor appearance and told him he didn't look like a man, then beat and raped him.*

*Amadou is Abdoul's older brother and is also from Guinea. He met a man who offered to send him to Europe for \$6,000 and he accepted.*

*Anissa is 13 years old. She comes from the north of Mauritania. Because of a severe drought, her parents sent her to her aunt's house in southern Mauritania to study. Her aunt decided to marry her off to an elderly man for 300,000 ouguiyas. He often insults her and threatens to abandon her.*

*Ines was born in Mauritania. At the age of 15, she was recruited by a fake fashion agency and sent to Saudi Arabia to work as a servant. She was regularly raped. With the help of the police and the government, she was found and recently returned to Mauritania.*





**Key message:**

In addition to other vulnerabilities that girls and boys may face, some children in mobility situations are particularly vulnerable because of their circumstances. The learner must be able to fully assess the child's situation, but not label the child.

- (40 minutes) Then invite participants to form 3 subgroups and ask them to brainstorm 5 stories of children or youth on the move that highlight the situation of vulnerability, including mobility (25 minutes).
- Ask each group to share their stories and explain why they chose them to reflect the vulnerabilities of CYM. (15 minutes).

**Duration:  
20 minutes**

*Close the session*

Invite participants to take a moment to review where they are regarding their expectations expressed in the morning.

- Invite those who wish to share their questions and thoughts.
- Close the session.

## Application and evaluation of Module 2:

This session will have the advantage of allowing the participants to put into practice what was discussed during the session, the trainer to evaluate the participants' achievements (at the collective level) and to make key recommendations to the participants to move forward.

**Duration:**  
**2.5 heures**

### Preparation

- Invite participants to form 3 subgroups.
- Ask the 3 groups to propose 4 key criteria/indicators and procedures for evaluating the relevance and quality of a training session on CYM.

After 15 minutes, each group will present their proposals (5 minutes per group).

- Then ask them to select from all their proposals 7 key criteria-indicators and their procedures, which they feel are most appropriate. These criteria should be posted for all to see.
- Ask each group to prepare a training session on CYM, following the instructional session seen in Module 1 in session 2.

Group 1: the session will target a youth audience of children and youth aged 13 to 16.

Group 2: The session will target an audience of beginning professionals: social workers.

Group 3: The session will target foster families.

### Presentation of results, evaluation and constructive feedback



Each group must present the andragogical [learning path](#) (see Module 1, session 2) and:

- Group 1 will evaluate the presentation of Group 2 according to the validated key criteria grid, and will propose operational improvements (applicable),
- Group 2 will evaluate the presentation of group 3 according to the same procedures and will propose operational improvements (applicable),
- Group 3 will evaluate the presentation of Group 1 according to the same procedures and propose operational improvements (applicable).

### Evaluation criteria

- *Is the program consistent? Does it take into account the profile of the target audience?*

*Is the operational/learning objective SMART?*

- *Is the proposed content adapted to the audience and consistent with the learning objective?*
- *Are the proposed methods adapted to the audience and participatory sessions?*
- *Are the resources made available adapted to the audience?*
- *Do the evaluation criteria and procedures seem appropriate for the objective?*



#### Key message for the trainer:

As a trainer, you will also evaluate and provide feedback with key recommendations on the work of the three groups based on the criteria for presenting an andragogical training path.

**Duration:**  
**2.5 heures**



# module 3

## Case management

### **Specific Objective of Module 3:**

At the end of Module 3, the participant is able to train on the fundamentals of case management.

### **Number of participants:**

6 to 12 maximum.

### **Prerequisites for participants before starting this session, actors involved in the protection of CYM:**

- Strong operational experience and with a training project on the protection of CYM.
- Have been trained on Module 1: Being able to prepare a quality training path for trainers.

# Module 3

## Case management



**Duration of  
the session:  
5 h**

### **Session 1:**

Case management and psychosocial well-being.

### **Objective:**

Know how to define case management and explain psychosocial well-being.

### **Skills and knowledge to be transmitted/acquired:**

- Participants define the key principles of case management.
- Participants know how to identify risk and protective factors.

### **Good practices/Things to avoid:**

- Stimulate learner's participation during inputs to maintain interest.
- Before presenting each input, ask them questions about what they already know about the topic, and supplement and correct (with kindness) as needed.
- Use games in training.

## Preparation:

- Open the session with individual reflection time to encourage participants to clarify as the training progresses, the challenges they will need to manage in replication and how each session might help them address them.
- Print the materials to be completed by the participants (group work) to compensate for the lack of computers among the participants.
- Prepare the materials for the exercises in the session (on a UBS pen drive, sent by e-mail).
- Provide different colors post-it and felt pens.
- Close each session with a time of collective sharing on the session with regard to the expectations that were defined at the beginning of the session.

## Psychosocial well-being

**Duration:  
5 minutes**

### Open the session

Every morning, invite participants to take individual time to write in their notebooks what challenges they will face when they train on this module and how the training might help them address them. *These notes are theirs and you will never ask them to reveal them. They will be able to relay on these notes when debriefing each session.*

Then start with a presentation activity with the Chinese portrait.

**Duration:  
60 minutes**

### The Chinese portrait.

Objective: introduce themselves to the group/use their imagination/know the other members of the group

- Ask participants to take a paper and indicate on it the answers to the question: «If I were a protection factor for a CYM, I would be .....».
- Collect the completed sheets, pick one at random and read the answers.
- The group must guess as quickly as possible who is the one.
- Once the author is discovered, ask him/her to explain his choices, if he/she agrees.
- Continue picking until finished.
- Continue with the formalization of the group agreements.

**Duration:  
20 minutes**

### Group agreements

Objective: to establish a framework that provides comfort and security for everyone during the training.

- Identify a place to write down the agreements that will remain visible throughout the training.

Ask the group what agreements you could put in place to make everyone feel comfortable during the training. (e.g., listening to each other, being free to move...).

- Check the group's adherence for the various proposals.
- Write down the validated proposals on your document.
- Propose the agreements that you might need as a trainer.
- Suggest that everyone should support compliance with these agreements during the training, by reporting any discrepancies with the same sensitivity that they would like to be pointed out to them if they had forgotten an agreement.

### Roll-out, instructions and tools

Start by gathering information about participants' knowledge on case management as regards child protection.

**Duration:  
30 minutes**

#### *Recap warm-up session*

- Invite them to form 3 subgroups and answer the following question:
- How would you explain «case management in child protection» to a family member in 2 minutes?
- Tell them that they will have 15 minutes to prepare their 2-minute speeches.
- The person designated for each subgroup will present each result.

**Duration:**  
**10 minutes**

### Inputs

- Then you will complete the answers by explaining the key criteria for case management.

### What is case management?

<ul style="list-style-type: none"><li>• Focuses on the individual needs of the child.</li><li>• Is provided by a case manager.</li><li>• Is provided in accordance with a process that goes through a series of steps.</li><li>• Requires sensitive and careful information management.</li><li>• Involves coordination of services and supports as part of a multi-sector referral network.</li></ul>	<ul style="list-style-type: none"><li>• <b>Appropriate = in line with the child's needs.</b></li><li>• <b>Systematic = in line with the steps of the case management process.</b></li><li>• <b>Timely = respond with the appropriate degree of urgency given the child's situation.</b></li></ul>
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**Duration:**  
**5 minutes**

**Key messages:** Some girls and boys are able to overcome the harmful impact of violence, using their life skills, and with support, either informally from their families and communities, or formally through the education, health, or legal system.

In contrast, children and families with complex needs and/or urgent protection concerns require a range of responses to help them recover and return to normality.

Being referred to multiple systems such as health, education, justice, social welfare, and protection, however, can be confusing and disempowering. In many contexts, the most vulnerable cannot access formal services or community supports.

Then invite discussion about children's risk and vulnerability based on their experiences and contexts of intervention.

**Duration:**  
**60 minutes**

*Exercise*

Form 3 subgroups. Ask each group for 20 minutes to share their experiences and practices in order to provide examples that illustrate the risks, vulnerabilities, needs, and responses to violence specific to children at different ages/developmental stages.

Designate one person per subgroup to report back using the matrix below.

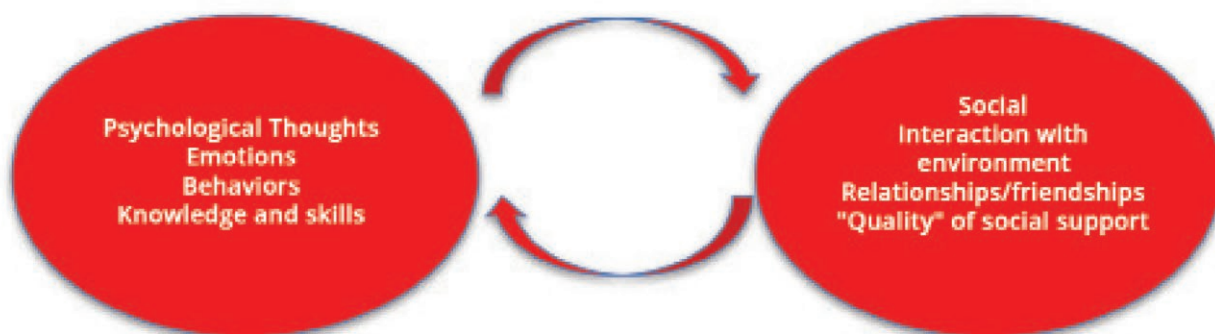
Children	Risks	Vulnerabilities	Needs	Responses to violence
0-6 years				
6-9 years				
9-12 years				
12-18 years				

**Durée :**  
**40 minutes**

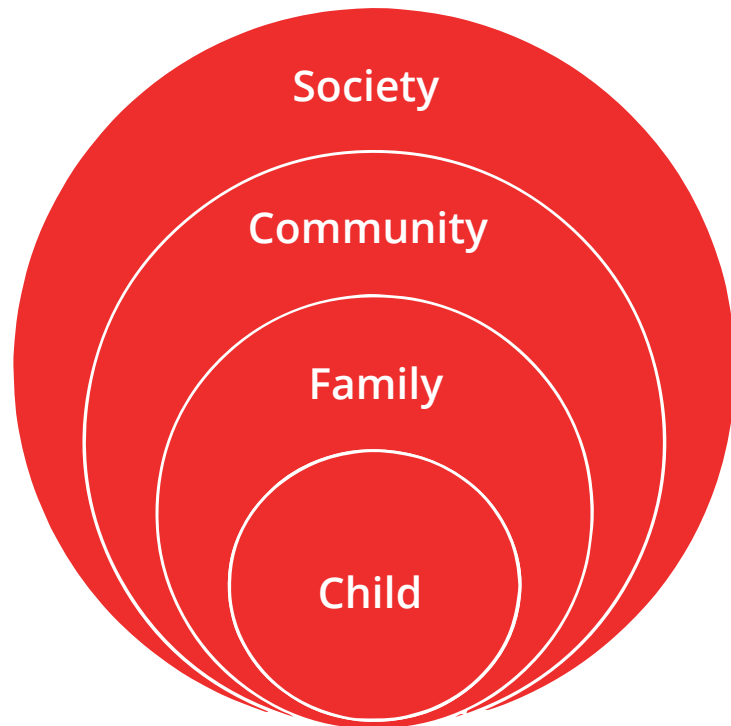
*Input*

Psychosocial well-being is influenced by interactions between:

- psychological factors (child's inner world),
- social factors (external world),
- context and culture in which we live.



## The world in which a child grows



### Key message:

- Every child has protective and risk factors in his or her life - related to his or her own well-being, family, community or society.
- It is important for a child to have his or her protective and risk factors in balance; the more protective factors a child has in his or her life, the better able he or she will be to cope with the risk factors.
- The best support we can give a child is to reinforce protective factors in his life.

### Factors that affect psychosocial well-being include:

- Risk factors are factors in children's lives that negatively influence their development and make them more vulnerable to facing difficulties, challenges, obstacles.
- Protective factors are those factors in children's lives that strengthen their ability to cope with difficulties, challenges, obstacles.

In order to prevent and respond effectively to protective issues, it is important to understand the factors that make children vulnerable to difficulties, challenges, and obstacles:

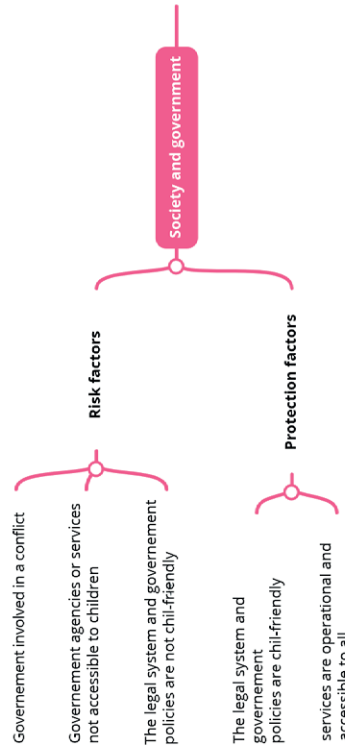
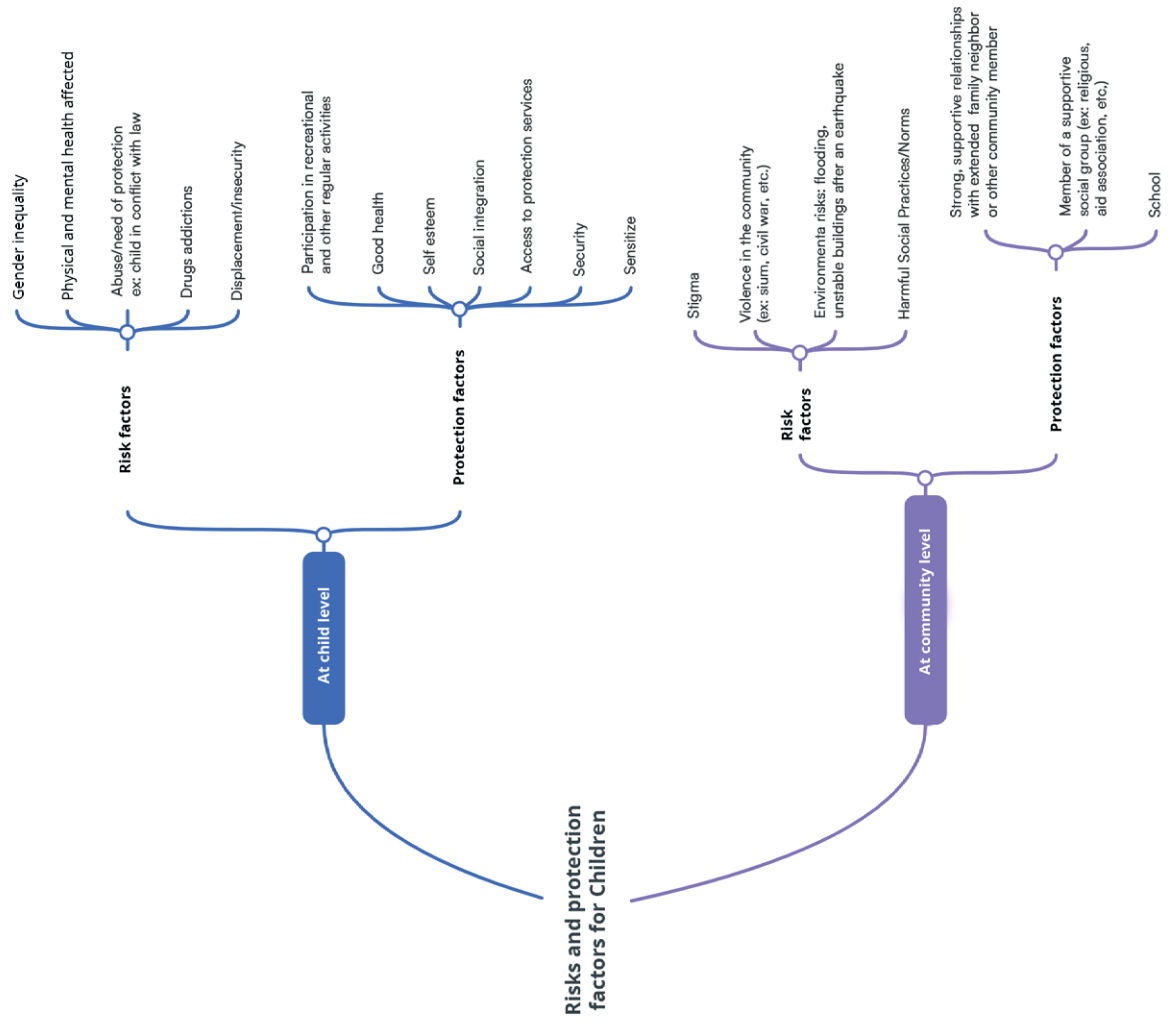
### Anything that puts the child at risk - RISK FACTOR

→ They need to be reduced

### Anything that can help protect the child - PROTECTIVE FACTOR

→ They must be strengthened

# Child protective and risk factors





You gain a good understanding of risk and protective factors through:

- Observation.
- Discussing with people in the child's environment.
- Understanding the child's developmental level, the impact of stress, shock/crisis situations (e.g. humanitarian crisis) on the child.
- Protective factors, strengths and resources that can be identified for each child and their family.

This makes social work more sustainable in the long term.

### Exercise: Identify risk and protective factors in the following case studies

**Duration:  
60 minutes**

- Form 2 subgroups.
- Ask each group for 20 minutes to identify the risk and protective factors for each case study presented (1 study per group).
- Designate one person per subgroup to report the results.
- Invite participants to help improve the work of the other groups if needed.

#### Case Study 1

*Cheickina is ten years old and comes from a Fulani family whose only resource was livestock. Living in the north of Mali, Cheickina's family lost their entire herd following the severe drought that hit the country. He decided to go to Côte d'Ivoire to join his uncle Mamadou, a cocoa farmer in the NAWA region (Soubré). Once in Soubré, Cheickina was employed as a laborer in his uncle's plantation, he worked hard, without rest, he performed all tasks including dangerous and forbidden work. One day, when he was sick, his uncle left him without care, abandoning him to his own fate. On a mission in the village, ANADER agents discovered the sick child and reported him to the social workers.*

## Case Study 2

*Following the death of her two biological parents, little Amie was given to her maternal grandmother. With no financial means to support them, Ami decided to go to the city to work as a househelp. This is how she ended up in Abidjan in Lady Kouao's house. The Kouao family was a large family with seven children. Ami had all the workload at home, she started her work at 4:30 AM and finished at 11:30 PM. She was regularly beaten by Lady Kouao and her children. She was often accused of theft, mocked and stigmatized by all the children in the neighborhood. Returning from the market one day, Ami lost the change she was supposed to give to Lady Kouao without realizing it. When Lady Kouao was informed about the situation, she decided to send Ami back to the street. She lived there for six months, victim of all forms of abuse, she tried to commit suicide but failed. This is how she was brought to the social center by lady Akpa who had caught her in her suicide attempt.*

**Duration:  
20 minutes**

### *Close the session*

At the end of the session, invite the participants to take a moment to see where they are in relation to the expectations they expressed in the morning.

- Invite those who wish to share their questions and thoughts.
- Close the session..



# Module 3

## Case Management



**Duration of  
the session:**  
2 h

### **Session 2:**

Guiding principles.

### **Objective:**

*Apply guiding principles*

### **Skills and knowledge to be transmitted/ acquired:**

Participants present supported arguments to facilitate the application of the guiding principles.

### **Preparation:**

- Open the session with individual reflection time to encourage participants to clarify as the training progresses, the challenges they will need to manage in replication and how each session might help them address them.
- Print the materials to be completed by the participants (group work) to compensate for the lack of computers among the participants.
- Prepare the materials for the exercises in the session (on a UBS pen drive, sent by e-mail).
- Provide different colors post-it and felt pens.
- Close each session with a time of collective sharing on the session with regard to the expectations that were defined at the beginning of the session.

### *Open the session*

*Every morning, invite participants to take individual time to write in their notebooks what challenges they will face when they train on this module and how the training might help them address them. These notes are theirs and you will never ask them to reveal them. They will be able to relay on these notes when debriefing each session.*

**Duration:**  
5 minutes

## Roll-out, instructions and tools

You will begin this session by allowing participants to express their knowledge of the guiding principles that should guide case management.

**Duration:**  
**10 minutes**

### *Recap warm-up session*

Ask: What guiding principles do you think should be consistently applied?

**Input :** Based on the participants' responses, you will complete the list of guiding principles according to the following list:

- *Do no harm.*
- *Put the best interests of the child first.*
- *Facilitate Meaningful Child Participation.*
- *Non-Discrimination.*
- *Provide culturally appropriate processes and services based on a full understanding of child development, rights, and protection.*
- *Supporting the empowerment and strengthening of children and families.*
- *Obtain informed consent/assent.*
- *Respect confidentiality.*

**Duration:**  
**30 minutes**

**Inputs:** Identify the conditions required to apply the guiding principles

Introduce the principles of informed consent and confidentiality

In the process of obtaining consent and agreement, it is necessary to provide information on:

- The services and opportunities available.
- The potential risks/benefits of receiving services.
- The information to be collected and how it will be used.
- Confidentiality and its limits.

### **Informed Consent**

The voluntary agreement of an individual who has the capacity to give consent, and who is exercising free and informed choice.

Consent must always be sought from children and their families/guardians prior to accessing services.

To ensure «Informed Consent», the individual must be able to fully understand what they are consenting to.

### **Informed Assent (Agreement)**

Expressed willingness to participate in services.

«Informed assent» is sought from children: who naturally or by law are too young to give informed consent and old enough to understand and consent to participate in services.

*Explain in a child-friendly manner that encourages the child and family to ask questions to help them make an informed decision. Even young children (e.g., < 5 years) can give informed consent.*

The procedures for obtaining informed consent and informed assent are outlined in the following table.

Age range	Child	Caregiver	There is no caregiver or it is not desirable to involve the caregiver	Method and source of checking
From 0 to 5 years old		Informed consent	Informed consent of caregiver or other trusted adult.	Written consent
From 6 to 11 years old	Informed assent	Informed consent	Informed consent of caregiver or other trusted adult.	Verbal assent and written consent
From 12 to 14 years old	Informed assent	Informed consent	Informed assent of the child or other trusted adult - for a child who is mature enough, his or her assent may be considered.	Verbal assent and written consent
From 15 to 18 years old	Informed consent	Informed consent with permission of the child	Sufficient informed consent and maturity of the child can be considered.	Written consent

### Key messages:

**Obtaining informed consent is not always possible and sometimes it may be denied.** However, sometimes it is appropriate to intervene despite this lack of informed consent to protect the child:

- When consent is not given and when the organizations involved have a legal mandate to take action to protect the child.
- The reasons for this intervention must be explained and the participation of the child/family must be continually encouraged.

**Social workers must have a thorough knowledge of the services that can be provided to children including:**

- Medical care.
- Safety assistance.
- Legal advice and assistance.
- Psychosocial services.
- Etc.

And share this information with the child/caregivers, in order to empower children and help caregivers make informed choices in their best interest. **This is part of the informed consent process.**

## Confidentiality

Protect information and ensure that it is accessible only with the explicit permission of the child and family.

Collectez, conservez et partagez les informations relatives à des cas individuels en toute sécurité conformément aux politiques de protection des données.

Collect, store, and share individual case information securely in accordance with data protection policies.

Do not reveal personal information to anyone not directly involved in the case.

Keep case documents and records safe.

Explain to children and families the limits of confidentiality during the informed consent/ agreement process.

*Exercise: Invite participants to identify the conditions for applying the other guiding principles in their work*

**Duration:  
40 minutes**

Each group should complete the following tasks:

Invite participants to break into 3 subgroups and ask them to:

- **Prepare a presentation to convince their collaborators to adhere to the 2 case management principles** (addressed by the group) and explain how they should be applied concretely in their work.
- **Give 1 or 2 examples** of successes or challenges in applying the 2 case management principles (preferably from your experience).



**Durée :**  
**20 minutes**

**GROUP 1:** The best interests of the child and effective participation.

**GROUP 2:** Working in a non-discriminatory manner and DO NO harm.

**GROUP 3:** Accountability, coordination and collaboration.

*Close the session*

At the end of the session, invite the participants to take a moment to see where they are in relation to the expectations they expressed in the morning.

- Invite those who wish to share their questions and thoughts.
- Close the session.

# Module 3

## Case Management



**Duration of  
the session:**  
**15 h**

### **Session :**

The step-by-step process of case management.

### **Objective :**

Apply the process and best practices in case management.

### **Skills and knowledge to be transmitted/ac- quired:**

Participants identify the steps in case management, the responsibilities of key stakeholders and good practices in case management.

### **Preparation**

- Open the session with individual reflection time to encourage participants to clarify as the training progresses, the challenges they will need to manage in replication and how each session might help them address them.
- Print the materials to be completed by the participants (group work) to compensate for the lack of computers among the participants.
- Prepare the materials for the exercises in the session (on a USB pen drive, sent by e-mail).
- Provide different colors post-it and felt pens.
- Close each session with a time of collective sharing on the session with regard to the expectations that were defined at the beginning of the session.

**Duration:  
5 minutes**

### *Open the session*

Every morning, invite participants to take individual time to write in their notebooks what challenges they will face when they train on this module and how the training might help them address them. *These notes are theirs and you will never ask them to reveal them. They will be able to relay on these notes when debriefing each session.*

## **Roll-out, instructions and tools**

**Duration:  
15 minutes**

### *Recap warm-up session*

Ask the following questions:

- *Who in this room provides case management support to children?*
- *What is your role in this process?*
- *What is case management?*

Then complete the answers if required (step 2).

**Duration:  
10 minutes**

### *Inputs*

Case management is offered throughout the life of a child protection case, from initial investigation to case closure.

Case management involves working with families (guardians, caregivers, adults in charge) to set goals, creating plans to meet goals, providing services to meet needs identified in assessments, monitoring progress toward goals, and closing cases when goals have been met.

## Case management:

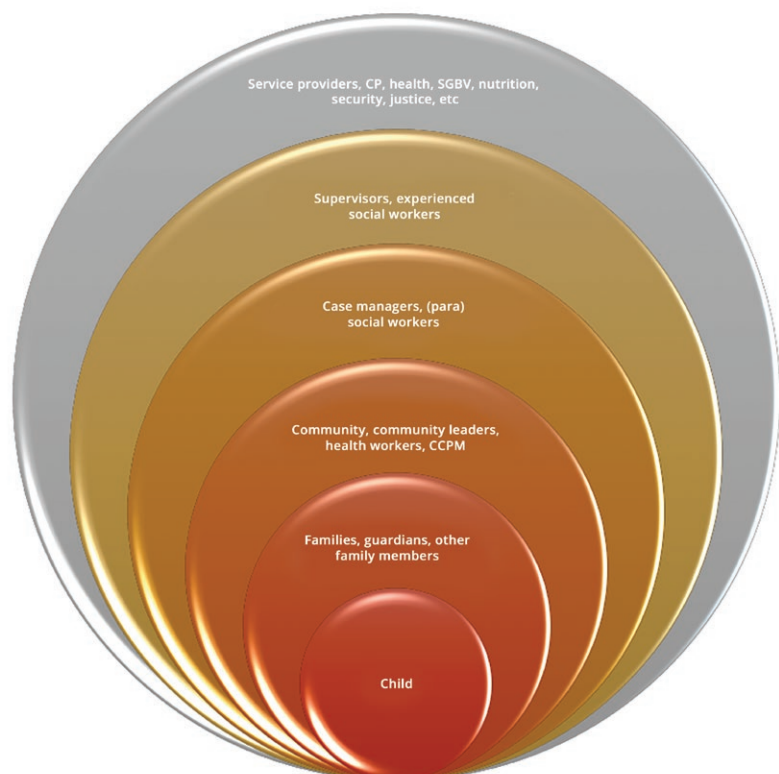
- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Focuses on the individual needs of the child.</li><li>• Is provided by a case manager.</li><li>• Is provided in accordance with a process that goes through a series of steps.</li><li>• Requires sensitive and careful information management.</li><li>• Involves coordination of services and supports as part of a multi-sectoral referral network.</li></ul> | <ul style="list-style-type: none"><li>• Must be appropriate = consistent with the child's needs.</li><li>• Must be systematic with the steps in the case management process.</li><li>• Conducted with diligence = response made with a degree of urgency appropriate to the child's situation.</li></ul> |
|--|--|

**Duration:**  
**20 minutes**

### Exercise

- In groups or in plenary: Ask participants to list the key actors in the child protection case management system.
- Ask them to present their work and complete, if necessary.

Example



**Duration:**  
**20 minutes**

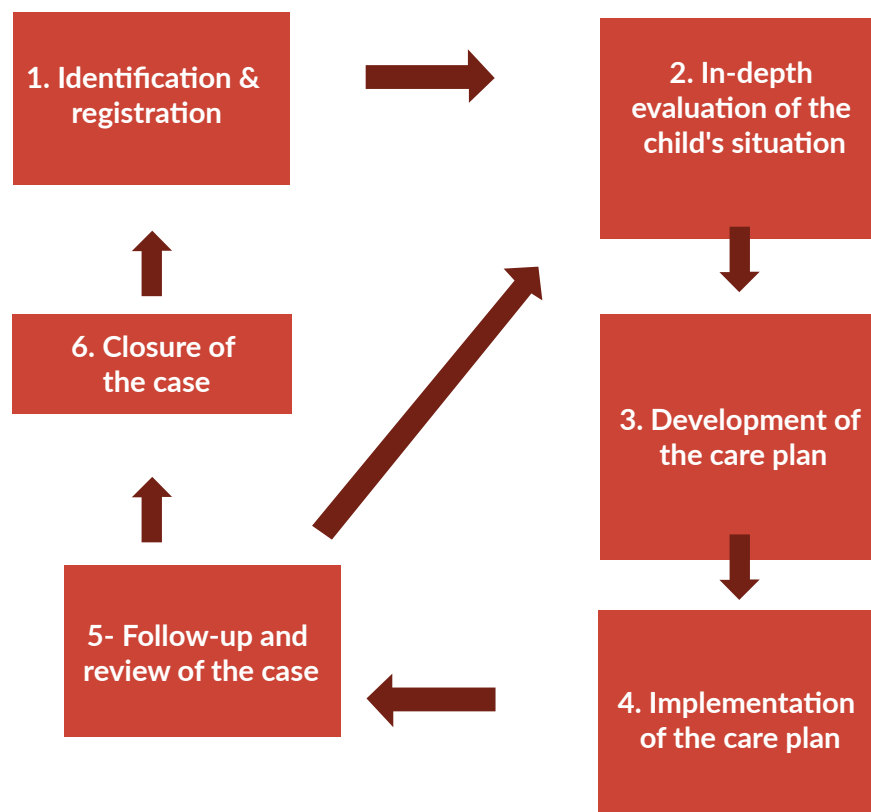
*Exercise*

- As a group, list the steps and tools you are familiar with in the child protection case management process.
- Share the results in plenary.
- Feel free to relate the tools you use at the local/national level to the different steps identified.

**Duration:**  
**10 minutes**

*Input*

Present the phases of emergency case management according to ECOWAS standards.



**The 6 phases in a practical case management process.**

In this section, the different phases will be addressed by the participants using Neema case study as common thread to go through the process step by step.

## Step 1: Identification

**Duration:  
60 minutes**

*(60 minutes) Exercise part 1: Role play «Meeting between Neema and the case manager»/identification.*

*«You are the case manager (CM) at your local health center.*

*Yesterday, during a sensitization session on domestic violence, an 11-year-old boy, Kofi, came to you to tell you that his sister, Neema, a 14-year-old girl, needs help.*

*The boy does not want to explain what is going on because they have only been in the country a few months, but he asks you to come and visit his house. You promise to visit the next morning.*

*When you got to his house, you meet Julie, Kofi's mother. You tell her that Kofi has come to see you because he is worried about his sister, Neema. You ask Julie if you can talk to Neema. The mother is surprised, but calls her daughter for a conversation with you”.*

You have 50 minutes to:

- Identify the key actors who should be involved at this stage and the participants who will play the role for each key actor (5 minutes).
- Prepare the questions that the CM should ask Neema during this initial screening/ feel free to refer to good interviewing practices from your experience (15 minutes).
- Prepare the role play (15 minutes).
- Invite them to present the identification scene with all the actors (10 minutes).
- Ask the spectators of the role-play: to observe, to listen carefully to give constructive feedback (10 minutes) by identifying: what worked well, what did not work so well? And if we had to do it again, how should we go about it? What lessons can we learn from it?

Add information, if necessary, on what the actors could have taken into account in the identification phase.

Children who are victims or at risk of abuse can be identified using various sources:

- the child, other children, his/her guardians or other family members,
- community members, community structures (CP and others),
- school staff,
- health care professionals,
- police, immigration officers,
- Facilitators in safe (reception) spaces.

**Durée :**  
**5 minutes**

*Key Messages:* The purpose of the identification interview is to determine if the child is at risk or a victim of abuse, violence, neglect, and exploitation and if he/she has complex needs and/or urgent protection risks.

Identification includes: a) Introductions, b) Building trust, c) Explaining the purpose of the interview.

It is important to focus the attention of anyone identifying a case related to the responsibilities and precautions to be taken:

- How to refer safely without harm.
- Who to refer to (focal points, telephone numbers).
- Why and how to ensure confidentiality?
- When to make an immediate referral: what are the most urgent cases.
- Any mandatory reporting requirements that apply to them.

### Example of an identification form for CYM



**Duration:**  
**10 minutes**

*Input: Best practices to follow during the identification phase.*

### Identification phase

- Be a role model to all in following key practices (introductions, building trust, explaining the purpose of the interview, making safe referrals without harm, ensuring confidentiality; knowing when to make an immediate referral, mandatory reporting) and draw attention to the fact that you are following them for the children and the community.
- Create a safe place for children where they can tell their stories.
- Explain the principles of confidentiality and information sharing.
- Use communication skills to build trust.
- Explain the principle of participation so that children and families know they will be involved in decision-making.
- The case manager should take into account the child's profile preference (male/female/ethnicity/culture/language).
- Ensure that case managers know where to refer cases with urgent needs (health, protection, safety).
- Document with the initial registration and screening form

## Step 2: Evaluation

**Duration:**  
**30 minutes**

*Exercise Part 2: «Meeting between Neema and the Case Manager»/ evaluation*

*«Neema is 14 years old and lives with her mother Julie (32 years old) and 3 brothers: Bida (6 years old), Isaac (9 years old), Kofi (11 years old)) in XXX city, having moved from her home country just a few months ago.*

*Her father Charles died 5 years ago after a car accident. They live with relatives in their home community. Neema's grandmother, whom she loves very much, lives in a village further away.*

*Several times a week, the brother of the woman who is hosting them, Jean-Claude, visits the house. When Jean-Claude visits Neema always wants to run away from the house, but her mother forces her to stay at home. Neema is very afraid of this man, and she does not feel safe at home when he is there.*



According to Neema's mother, the family's economic situation has deteriorated dramatically since they arrived in XXX city from their country. Neema's mother does not have a steady job. She earns a little money here and there, but it is not really enough to support her 4 children. This situation is very stressful for her, and she often does not sleep at night.»

Group work (part 2): In 3 subgroups, share and then write on a flip chart what evaluation items to consider:

Group 1: urgent risks.

Group 2: physical well-being.

Group 3: emotional well-being.

**Duration:**  
**40 minutes**

**Input :** Then share with the participants the «good and bad practices of the evaluation ».

Recommended	To be avoided
<ul style="list-style-type: none"> <li>▪ The duration of an evaluation is defined locally and for each individual case.</li> <li>▪ In an emergency situation, the evaluation should be completed within one week from registration.</li> <li>▪ In normal situations, within a maximum of one month.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Rushing</b> can lead to missing crucial information.</li> <li>▪ Taking <b>too</b> much time may put the child <b>at risk</b>.</li> </ul>



Recommended	To be avoided
<ul style="list-style-type: none"> <li>▪ The way the social worker <b>prepares</b> for an evaluation influences how the child and family participate.</li> <li>▪ Think about <b>who</b> will participate and <b>how</b> he/she will participate.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Evaluations done without participation can:               <ul style="list-style-type: none"> <li>▪ <b>Miss vital information.</b></li> <li>▪ Lead to <b>inaccurate analysis</b> of the situation.</li> <li>▪ Lead to <b>inappropriate interventions.</b></li> <li>▪ Lead to children rejecting the care plan as a matter of principle!</li> <li>▪ <b>Undermine trust</b> and limit the social worker's ability to help.</li> </ul> </li> </ul>

Recommended
<ul style="list-style-type: none"> <li>▪ <b>Planning:</b> decide how the evaluation should be conducted, where the information should be sought, and who should be involved.</li> <li>▪ <b>Collecting information:</b> what information to collect and how.</li> <li>▪ <b>Checking information:</b> cross-checking when there are differences between information, when information is incomplete or contradictory.</li> <li>▪ <b>Analysis:</b> presenting the information with added value - how it relates to the child's situation, needs and risks.</li> </ul>

Recommended
<ul style="list-style-type: none"> <li>▪ Make it clear that you <b>are interested</b> in the child's and family's opinions, potential and challenges - they may <b>open up more</b>.</li> <li>▪ Evaluations can be <b>therapeutic</b> if done well.</li> <li>▪ <b>Include both</b> parents (if there is more than 1) - they may play different roles in a child's life that deserve to be considered (ecological systems).</li> </ul>

### Recommended

- Make every effort to involve children early in the process.
- Give them **clear information** about what is happening and will happen.
- **Ask**, for example, «what do you think is the best way to know and understand you and your family?» Begin the analysis, e.g., «This is what I have begun to understand about your life. Is that what are you're thinking about or am I wrong?»

### Recommended

The evaluation must consider the influence that the environment may have on the child's protection:

- How well does the social worker understand that the child's lifestyle is likely to influence the relationship they may establish.
- Language/dialect/lifestyles may influence the social worker's ability to establish a relationship with the child and family.
- Use your knowledge of the child development at different stages appropriate to the context to guide the assessment.
- Identify context-specific risk and protective factors.

### Recommandé

- Comprehensive evaluations provide a more in-depth look at the child's situation than the initial evaluation.
- The evaluation is ongoing and can be updated as part of the review.
- A set time frame for completion of the full evaluation should be defined to avoid 'drift'.
- All evaluations should follow the basic steps to ensure that information is accurate and well used:

1. planning, 2. information gathering, 3. information verification, 4. principles of participation and culturally appropriate services are particularly important during the evaluation.

## Good practices to follow in assessing the management of livelihood and care:

- Evaluation of all relationships the child has with parents/ caregivers, siblings, close friends.
- Relationships with family members where there are difficulties that may affect protection and well-being.
- Health and well-being of close relatives if it impacts the child.
- Family history: identify strengths/resources to be mobilized.
- A description of the home.
- If the child is treated differently from other children in the home.

**Duration:  
10 minutes**

### *Key Messages:*

As a case manager, we can influence the needs assessment - Importance of having this in mind.

Examples of factors that can influence us:

- *Who we are.*
- *Where we come from.*
- *The experience we have in life.*
- *The emotional or physical state we are in.*
- *Our beliefs and values.*
- *Our fears and desires projected into reality.*

As a case manager, keep in mind what can influence children's relationship with adults.

*Children who have been treated violently may:*

- *Have mistrust issues with adults.*
- *Try to stay away from adults.*
- *Deliberately provoke to see if the adult will respond.*

*Children who have lost their families may:*

- *«Cling» to adults as if they are afraid of being abandoned.*
- *Rechigner à s'attacher à d'autres personnes.*

The evaluation requires careful listening, but also a keen sense of observation!

**Duration :**  
**10 minutes**

### *Input: Why observation is essential?*

As a case manager, «good» observation is essential to help us assess children's situations, because children cannot express all their feeling:

- They may be too troubled or frightened to know what they are thinking.
- They may not be able to put their feelings into words.
- Observing how they behave helps us **understand** them and their **situation**.
- Even with younger children it is important to observe them when they are with or away from their parents/guardians, as this can provide important information about their **well-being and development**.

### **When to observe?**

By observing children when they are alone and/or in a group, we learn a lot.

#### **Alone (e.g., during interviews):**

- Child's facial expressions, moments when eyes are filled with tears.
- Pauses in conversations - when the child seems hesitant or confused.

#### **During group activities:**

- Child has friends or is the target of bullying.
- Hits others or plays constructively.

### **What we can observe:**

Aggressiveness and destructive behaviors:

- When they are **experiencing strong emotions**.
- Because they **can't put their feelings into words** when they are tense, angry or scared.
- Other children copy aggressive behaviors.
- Feelings of **anger** and **humiliation** and the desire to **take revenge**.

## Step 3: Development of the care plan

*Part 3: «Meeting between Neema and the case manager» / development (Care Plan)*

**Duration :  
15 minutes**

### Input: What is care plan?

It is a written document that:


- Lists the needs identified during the evaluation.
- Identifies what should happen to meet those needs (goal/outcome/objectives).
- Details the actions that need to be taken to meet these needs: short, medium, and long term; including direct support/services or referrals and/or community interventions.
- Indicates who should carry out the actions.
- Specifies frequencies/dates of follow-ups and reviews.
- Serves as a «**bridge**» between assessment and resolution of identified problems.
- Helps **identify** readiness for change, resources needed, and indicators of change.
- Provides a **structure** for all stakeholders to clarify expectations, guide decision-making, and ensure participation.
- **Documents** interventions and progress to assist in the **review**.

### Good practice to follow

- The care plan should be very simple for the child and parents/guardians to understand.
- It should include concrete actions, who is responsible and when they are to be carried out.
- It should be **realistic**.
- It should be updated to reflect changes and be subject to revision.
- It must incorporate **unforeseen events and options** in case the latter cannot be carried out.
- **It should follow a two-part planning process**, allowing for simultaneous (same time) actions to avoid delays.

**Duration :**  
**100 minutes**

**Exercise: Part 3 «Developing a care plan».**

- Instructions: Use the tools you know!
  
- Invite participants to split into 4 subgroups, ask them to:
  1. Read [the evaluation form for Neema](#). 
  2. Invite them to design a care plan based on the key information required and/or with the care plans they know.
  3. Then ask them to note the identified needs to be included in the care plan.
    - Group 1 will work on the immediate risks.
    - Group 2 will work on the risks related to CP at the child level: physical & emotional well-being.
    - Group 3 will work on the risks related to CP at the child level: education & social relationships.
    - Group 4 will work on the risks related to CP at the family & community level.
  
- **For each need:** groups will be asked to identify the appropriate action and 'who' should implement it.
  
- Each group will have 10 minutes to present their findings followed by 5 minutes of questions and answers.

## **Step 4: Implementation of the care plan**

*Part 4: «Meeting between Neema and the case manager»/ implementation of the care plan*

(10 minutes) Invite participants to take 10 minutes to discuss in plenary the following question:

What are the **biggest challenges** the social worker will face in implementing the care plan for Neema and her family?

**Duration:  
10 minutes**

(5 minutes) Input :

Working with the child, her guardians, and other necessary/ consensual stakeholders) to take all of the actions identified in the care plan, will revolve around:

- **Direct supports and services:** provided by the case manager (psychosocial support, regular home visits, information and counseling).
- **Referrals** to community services and supports that are often informal. The referral form should be used for each case and the case manager should follow up on referrals.

## Step 5: Follow-up and review of the case

*Part 5: «Meeting between Neema and the case manager» / Follow-up*

**Duration:  
10 minutes**

(10 minutes) Inputs

The social worker is expected to follow up with the child and family continuously to ensure that implementation is progressing and is effective = ensuring that needs are being met:

- With the child and family.
- With service providers and supports.
- According to the needs identified in the care plan.

The review allows the social worker, child and parents/guardians to reflect on the implementation of the care plan:

- Are the objectives being met?
- Is the plan still relevant?
- If not, how can it be adjusted?



## Step 6: Closure of the case

Part 6: «Meeting between Neema and the case manager»/Follow-up

**Duration:  
20 minutes**

### Exercise: CLOSURE OF THE Neema's CASE

- Invite participants to work individually.
- Ask them to check off the reasons why they would close Neema's case.
- Share the print-out form or via a USB pen drive or email.

*Tick all the reasons why you would close the Neema case:*

	Yes	No
1. The majority of Neema's care objectives have been met.		
2. All of Neema's needs, as included in the care plan, have been met and Neema no longer requires follow-up or support.		
3. Neema and her mother decide that they no longer wish to continue benefiting the care. There is no reason to go against their wishes.		
4. Neema's case has been officially transferred to IRC, which is better able to meet Neema's and her family's needs.		
5. The social worker is unable to reach Neema and her mom. After trying with calls for 2 weeks, they decide to close the case.		
6. Neema and her family have disappeared, no one knows where they are and the family cannot be reached. After 1 week the social worker decides to close the case.		
7. Neema is 20 years old.		
8. Neema and her family moved to another city, where no social worker or agency can follow-up with her.		
9. Neema passed away.		



**Duration:  
5 minutes**

*Key Messages:*

- The closure of the case should involve the child and her/his parents/caregivers and be conducted with the permission of the case manager's line manager.
- The criteria for the closure of a case should be communicated to the child and his/her parents/ caregivers early in the case management process.
- When a case is closed, the child may still need access to services received (participation in a safe space or children's club).
- The decision must be communicated to all persons working with the child and family.
- A minimum of two follow-up visits should be conducted prior to closing a case to ensure that the child's situation is stable.

**Duration:  
20 minutes**

*Close the session*

At the end of the session, invite participants to take a moment to review where they are regarding their expectations expressed in the morning.

- Invite those who wish, to share their thoughts.
- Close the session.



# Module 3

## Case management



**Duration of  
the session:**  
**2 h**

### **Session 4:**

Mapping of case management actors.

### **Objective :**

Identify key case management actors and services in one's context of intervention.

### **Knowledge and skills to be transmitted/ acquired:**

Participants do the mapping of relevant key protection actors.

### **Preparation**

- Open the session with individual reflection time to encourage participants to clarify as the training progresses, the challenges they will need to manage in replication and how each sequence might help address them.
- Print the materials to be completed by the participants (group work) to compensate for the lack of computers among the participants.
- Prepare the materials for the exercises in the session (on a USB pen drive, sent by e-mail)
- Provide different colors post-it and felt pens.
- Close each session with a time of collective sharing on the sequence with regard to the expectations that were defined at the beginning of the session.

**Duration:  
5 minutes**

### *Open the session*

Every morning, invite participants to take individual time to write in their notebooks what challenges they will face when they train on this module and how the training might help them address them. *These notes are theirs and you will never ask them to reveal them. They will be able to relay on these notes when debriefing each session*

## **Roll-out, instructions and tools**


Start by gathering information from participants' knowledge.

**Duration:  
120 minutes**

### *Exercise: Case management with key actors at the national and local levels*

Invite participants to split in 3 subgroups.

- Ask them to repeat the **care plan** developed for Neema in the previous session.
- Invite them to pool together the different needs identified (i.e., the consolidation of the work of the previous 4 groups), the appropriate actions defined, and those responsible for implementation.
- Ask them to go into detail and complete the actors to be mobilized for each action, to share their experiences and practices in order to define what is really feasible and realistic, who can really intervene at any given time.
- Encourage them to discuss available resources, limitations and potential challenges and identify mitigation solutions, «plan Bs», to achieve the plan's objectives.

To support you in this detailed mapping of actors and resources, do not hesitate to use the results of the study conducted as part of the PROTEJEM project in each intervention zone [«Mapping of key protection actors and services»](#). 

Fill in the detailed care plan for each group, then designate one person to present the results of each working group in plenary.

The exercise can last up to **50 minutes**, the presentation at least **40 minutes**.

## Case management with key actors at the regional level.

**Durée :  
90 minutes**

*Inputs: Case management of CYM at the regional level with the West Africa Network (WAN)*

WAN is a transnational mechanism of coordination and collaboration between different actors in different countries for the referral, care and protection of vulnerable children on the move in West Africa.

### The original creation of WAN

The free movement of persons is encouraged by the 1979 ECOWAS protocol; however, protection measures for vulnerable groups on the move, including children, are nonexistent. People, including children, can move freely within the ECOWAS region, but there are no specific transnational measures to protect them from the risks associated with their movement. Children, who for various reasons move as much as adults, are very often victims of this lack of policy.

## The organization of WAN

The highest authority of the West Africa Network is the Steering Committee, composed of directors of ministries in charge of child protection in ECOWAS Member States and Mauritania, as well as the Department of Social and Humanitarian Affairs of the ECOWAS Commission. WAN is a vast network of state and civil society actors that has developed a common methodology for the care of vulnerable children over time.

WAN is supported technically and financially by the International Social Service - West Africa (ISS-WA)<sup>13</sup> with funding from the Swiss Agency for Development and Cooperation and the European Union.



WAN strategy is based on:

- **Principle:** any child and young person identified in a vulnerable situation in a country that is not his or hers and where he or she does not have a family-type relationship will be accompanied with dignity and security in a stable relational context that allows him or her to develop prospects for personal development.
- **1 postulate:** if there are enough competent actors involved in the transnational protection chain, the regional child protection system will be strengthened and children on transnational move situations will be protected.

13 <https://www.ssiao.org/fr/le-reseau-afrique-de-louest-pour-la-protection-des-enfants-rao>



- **1 methodology with 3 pillars:**

- 1. Transnational case management.**

- 2. Family and community support.**

- a. Family support:**

- . Sensitization about children's rights.
- . Capacity building in a specific field of activity.
- . Support an IGA.

- b. Community support.**

- . Economic empowerment of communities through
  - i. an IGA.
- . Establishment of a local protection committee.
- . Follow-up of reintegrated children.
- . Promotion of children's rights through safe parks.

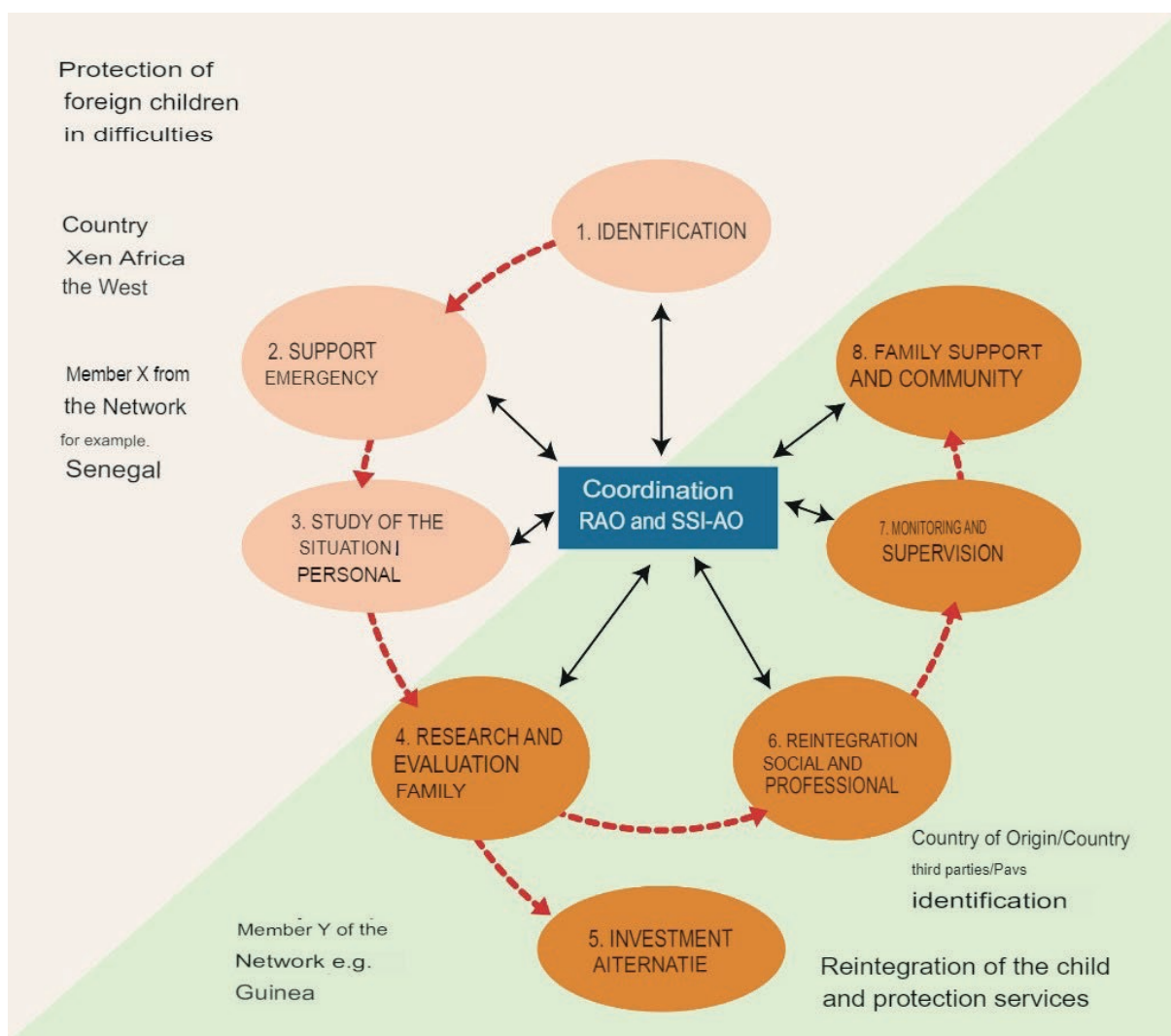
- 3. National/regional advocacy**

**Harmonized tools:**

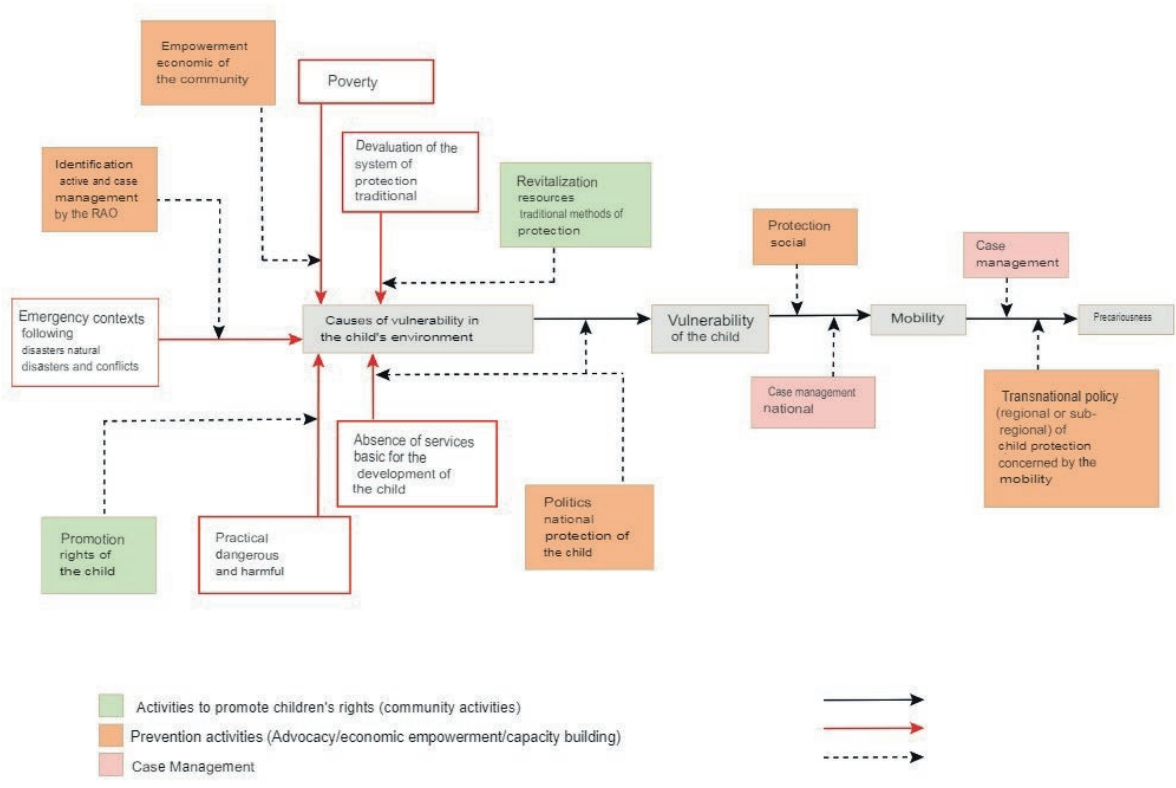
- ECOWAS standards,
- A regional database (Casedata),
- An ECOWAS protection panel for children in vulnerable situations.



- 1 common approach related to care with common procedures based on an 8-step case management.



- 1 model of action focused on vulnerability.



### WAN assets



Schweizerische Eidgenossenschaft  
Confédération suisse  
Confederazione Svizzera  
Confederaziun svizra

**Direction du développement et de la coopération DDC**



Service Social International Afrique de l'Ouest  
Serviço Social Internacional África Ocidental  
International Social Service West Africa



**860 MEMBRES  
(SERVICES ÉTATIQUES,  
OSCS, ABCS, ETC.)**

**COMITÉ DE PILOTAGE**  
- DIRECTEURS DES MINISTÈRES  
CHARGÉS DE LA PROTECTION  
DES ENFANTS  
- LE DÉPARTEMENT DES AFFAIRES  
SOCIALES ET HUMANITAIRES  
(COMMISSION DE LA CEDEAO)

## WAN challenges

The challenges to be taken up are multiple:

- Complete ownership by ECOWAS with greater involvement of the States in the care of children via a protection policy document that takes into account the problem of children on the move.
- Harmonization of practices.
- Pooling of resources.
- Sustainability of the Network.

## Links to WAN Films

- Les frontières de l'enfance (The borders of childhood):

<https://www.youtube.com/watch?v=IHTHd5tzhrY>

- Les ressources de l'enfance (Childhood Resources) :

[https://www.youtube.com/watch?v=P\\_NleFONaFg](https://www.youtube.com/watch?v=P_NleFONaFg)

- Les chemins de l'enfance entre le Sénégal et la Guinée-Bissau (The paths of childhood between Senegal and Guinea-Bissau):

[https://www.youtube.com/watch?v=gF\\_Su6RJS1w](https://www.youtube.com/watch?v=gF_Su6RJS1w)

**Duration:  
20 minutes**

### *Close the session*

At the end of the session, invite the participants to take a moment to see where they are regarding their expectations expressed in the morning.

- Invite those who wish, to Invite those who wish to.
- Close the session.

## Evaluation of Module 3

Duration : 2 hours

**Instructions for participants:** In light of the content and exercises presented during the last 3 days, what would be the 5 «pieces of knowledge»/advices/guidelines/points of attention that you would like to pass on - and for which you would feel comfortable enough to pass on - to the key actors for quality protection case/file management for CYM?

**Present your proposals according to the andragogical learning path**

<i>Title of the session</i>	<i>Duration</i>	<i>Operational objectives</i>	<i>Contents</i>	<i>Methods</i>	<i>Resources</i>	<i>Evaluation criteria Evaluation procedures</i>

**Instructions for the trainer:** criteria and procedures to evaluate participants' work.

- *Is the training path consistent? Does it take into account the profile of the target audience?*
- *Is the operational/learning objective SMART?*

*Is the proposed content adapted to the audience and consistent with the learning objective? Does the content address:*

- *Psychosocial well-being of the child;*
  - *Risk and protective factors for CYM;*
  - *6 steps for case management;*
  - *Definition of case management;*
  - *Eligibility criteria for children subjected to case management/vulnerability/priority criteria;*
  - *Guiding principles for case management;*
  - *ECOWAS/WAN mechanism;*
  - *Local actors mapping with the identification of a referral diagram:*
- 
- *Are the proposed methods appropriate to the audience and participatory sessions?*
  - *Are available resources adapted to the audience?*
  - *Do the evaluation criteria and procedures seem adapted to the learning objective?*



# module 4

## Well-being and psychosocial resilience of CYM

### **Specific objectives of Module 4:**

- Apply techniques to support the well-being and psychosocial resilience of CYM.
- Support the adaptation of the training for new trainers.

### **Number of participants:**

6 to 12 maximum.

### **Prerequisites for participants before starting this session, actors involved in the protection of CYM:**

- Strong operational experience and with a training project on the protection of CYM.
- Have been trained on Module 1: Being able to prepare a quality training path for trainers.

# Module 4

## The well-being and psychosocial resilience of CYM.



**Duration of  
the session:**  
**9 h**

### **Séquence 1 :**

Then begin an introductory activity with the Chinese portrait.

### **Objective :**

Be able to define wellness and psychosocial resilience in MYR.

### **Skills and knowledge to be transmitted/acquired:**

Participants will be able to present:

- The definition of child well-being.
- The elements of the MHPSS framework for selecting the best approach for PSS.
- The capacities related to the 5 pillars of well-being.
- The application of the pillars to the challenges faced by CYM.
- An adapted proposal for replicating the training.

### **Good practices/Things to avoid:**

- Stimulate learners' participation during the input session to maintain their interest. Before presenting each input, ask them questions about what they already know about the topic, complete and correct (with kindness) if necessary.
- Use games in training.

### **Préparation**

- Open the session with individual reflection time to encourage participants to clarify as the training progresses, the challenges they will need to manage in replication and how each session might help them address them.



- Print the materials to be completed by the participants (group work) to compensate for the lack of computers among the participants.
- Prepare the materials for the exercises in the session (on a USB pen drive, sent by e-mail).
- Provide different colors post-it and felt pens.
- Close each session with a time of collective sharing on the session with regard to the expectations that were defined at the beginning of the session.

**Duration:  
5 minutes**

### Open the session

Every morning, invite participants to take individual time to write in their notebooks what challenges they will face when they train on this module and how the training might help them address them. These notes are theirs and you will never ask them to reveal them. They will be able to relay on these notes when debriefing each session. Then start with the Chinese portrait for participants to introduce themselves.

**Duration:  
60 minutes**

### The Chinese portrait

Objective: introduce themselves to the group/use their imagination/know the other members of the group.

- Ask participants to take a paper and indicate on it the answers to the question: «If I were a pillar of well-being, I would be .....».
- Collect the completed sheets, pick one at random and read the answers.
- The group must guess as quickly as possible who is the one.
- Once the author is discovered, ask him/her to explain his choices, if he/she agrees.
- Continue picking until finished.
- Continue with the formalization of the group agreements.

**Duration:**  
**20 minutes**

### Group agreements

Objective: introduce themselves to the group/use their imagination know the other members of the group.

- Identify a place to write down the agreements that will remain visible throughout the training.
- Ask the group what agreements you could put in place to make everyone feel comfortable during the training. (e.g., listening to each other, being free to move...).
- Check the group's adherence for the various proposals.
- Write down the validated proposals on your document.
- Propose the agreements that you might need as a trainer.
- Suggest that everyone should support compliance with these agreements during the training, by reporting any discrepancies with the same sensitivity that they would like to be pointed out to them if they had forgotten an agreement.

**Duration:**  
**30 minutes**

### Roll-out, instructions and tools

*Recap warm-up session: What do we mean by well-being and psychosocial resilience?*

- Ask participants the following question: What does «to be well»-mean?
- And invite them to write their answers on post-it to stick on a wall or board.
- And invite them to write their answers on Post-it notes to stick on a wall or board.
- Then ask them what are the key factors (positive and negative) that influence well-being.

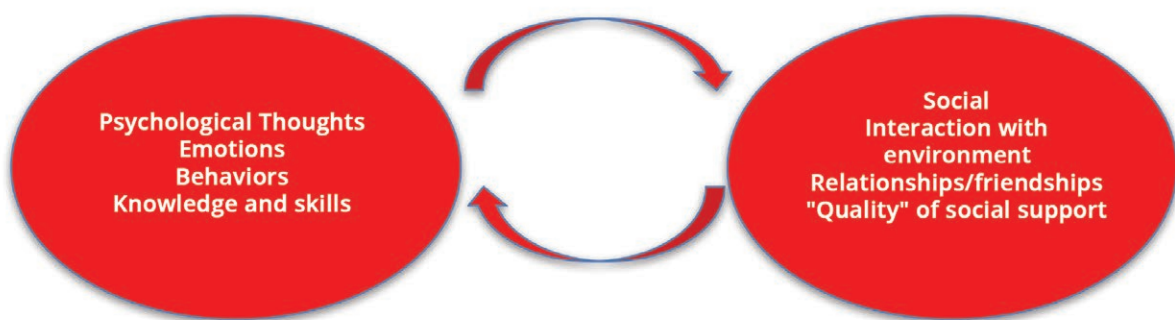


**Duration:**  
**30 minutes**

**Inputs:** Then you will complete the answers with the following information:

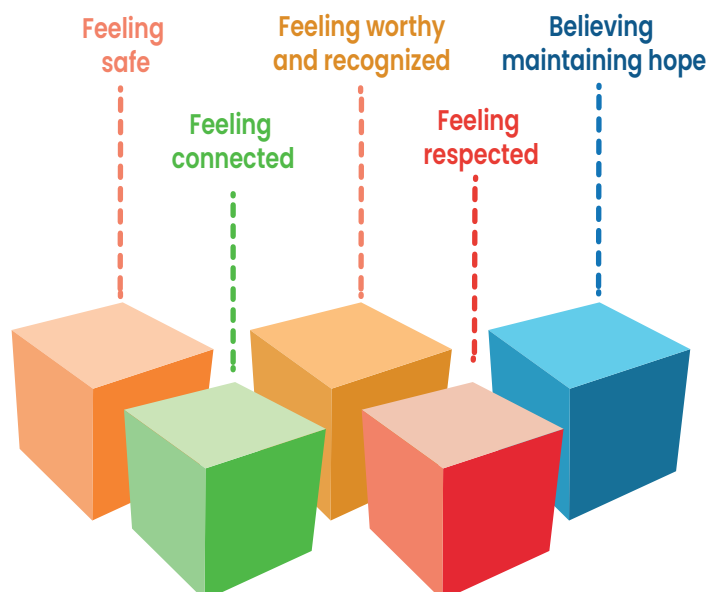
*«Psychosocial well-being is the interaction between psychological factors (child's inner world) and social factors (outer world), it is influenced by the context and culture in which one lives.»*

## Le bien-être psychosocial de l'enfant



## The 5 pillars of well-being

Psychosocial well-being integrates the physical, emotional, social, political, economic, cultural and spiritual dimensions, structured under the 5 pillars, applicable to the individual, family and community spheres.



**Pillar 1 - Safety, security and stability:**

*Feeling physically and emotionally safe.*

**Pillar 2 - Connections, relationships and networks:**

*Feeling connected to supportive connections and networks.*

**Pillar 3 - Roles and identities:**

*Feeling worthy, with recognized roles and identities about who we are, where we come from, and what we do, or would like to do.*

**Pillar 4 - Justice and rights:**

*Feeling respected and able to develop a critical consciousness and the capacity to fight injustice and access rights.*

**Pillar 5 - Hope and meaning of life:**

*Feeling hopeful for the future and maintain or develop a zest for life.*

**Each «pillar of well-being» includes the risks of vulnerability, as well as the internal and external capacities, such as skills, knowledge, opportunities, and resources necessary for positive development. They are the foundation for all interventions aimed at building self-reliance and resilience.**



## The 5 pillars of well-being applied to CYM



<b>Feeling safe</b>	<ul style="list-style-type: none"> <li>• Objectively reduce the vulnerability of CYM in terms of security (risk prevention, case management): accidents, illnesses, pregnancies, abuse, theft, rape, gender-based violence, exploitation, trafficking, etc....</li> <li>• Important primary needs (shelter, food, hygiene, health...).</li> <li>• Access to information before, during and after a migration episode (risk prevention, self-reliance).</li> <li>• Access to sports and art, recreational and educational activities</li> </ul>
<b>Feeling connected</b>	<ul style="list-style-type: none"> <li>• Not to be left alone, not to be lost from sight and without protection/attention, to keep in touch.</li> <li>• Sharing information, acting as a group, being supportive (peers, family, communities, diasporas) (face-to-face/virtual).</li> <li>• Integrate into a transitory or sustainable environment (host and migrant communities).</li> <li>• To be accompanied by professionals, para-professionals and family/community actors.</li> <li>• Support the initiatives of the CYM to make their voices heard and to become actors of their protection/development.</li> </ul>
<b>Feeling worthy and recognized</b>	<ul style="list-style-type: none"> <li>• Promote self-awareness and acceptance, emotional regulation, sense of responsibility, cognitive development, problem solving, social/communication skills.</li> <li>• Ensure access to education, empowerment and socio-economic inclusion.</li> </ul>
<b>Feeling respected</b>	<ul style="list-style-type: none"> <li>• Promote laws/services and local/community initiatives that support children, youth, families and communities on the factors that influence injustice, discrimination and unequal opportunities.</li> <li>• Promote the recognition of children and youth as actors in their protection and development.</li> <li>• Promote the reconciliation of social, national and international norms (formal/non-formal systems).</li> </ul>
<b>Believing in your future, maintaining hope</b>	<ul style="list-style-type: none"> <li>• Mark out spaces of circulation and migration routes with points of hope / listening point / safe space.</li> <li>• Offer alternative opportunities, help the CYM and their entourage to seize/maximize opportunities for (re)integration.</li> </ul>

**Duration :**  
**15 minutes**

### *Discussion/exchange*

Ask participants:

- if they have any questions about the pillars or what has been shared so far,
- if anyone would like to share how the pillars of well-being are integrated into their work?

**Durée :  
20 minutes**

*Exercise: What are some other things to consider when providing psychosocial support?*

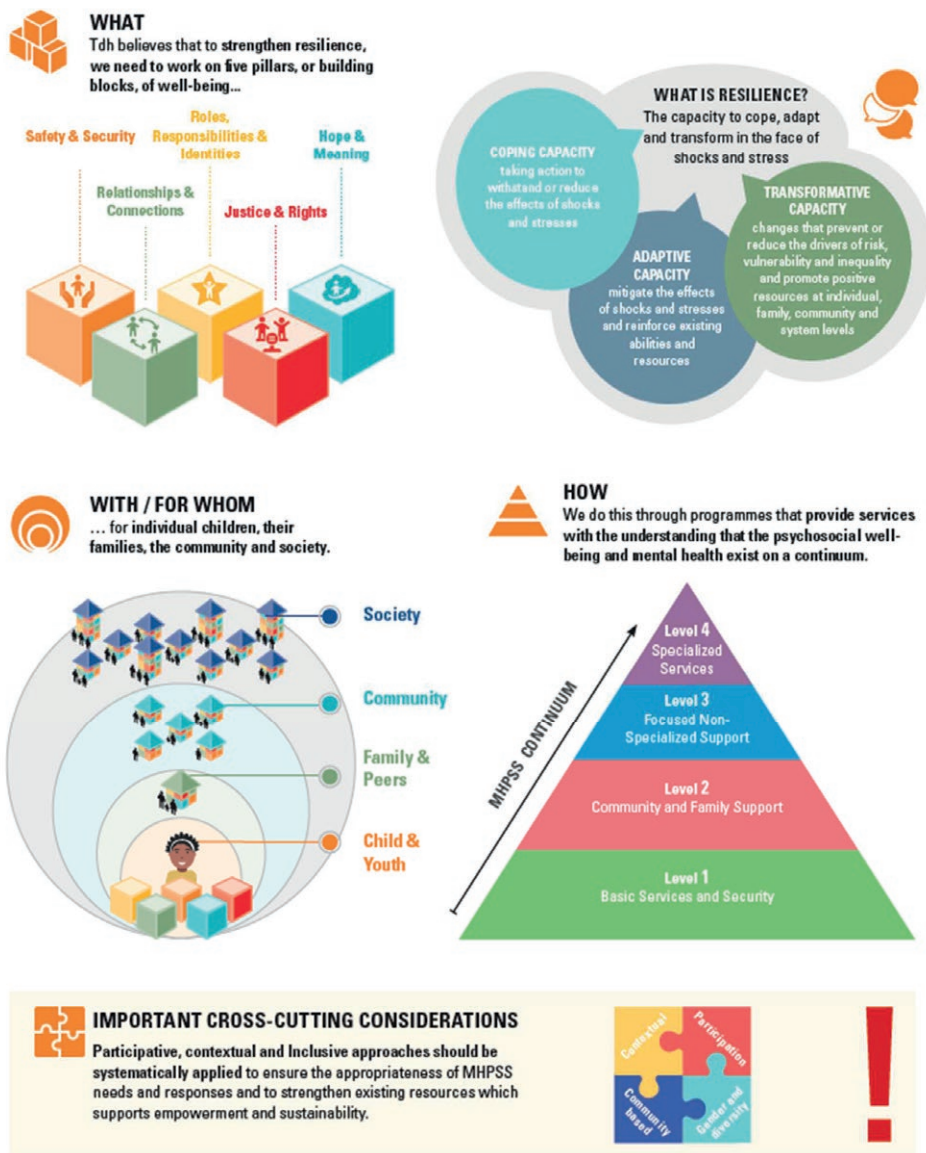
Ask participants to break into 4 groups and answer the following questions (1 question per group).

Group 1: What are the different types of needs and types of MHPSS services/responses?

Group 2: Who needs to be involved in supporting the well-being of the CYM?

- a. When and how to involve the CYM in the social/psychosocial support work? Why is this important?
- b. Give examples of resilience skills for CYM?

**Overview of the MHPSS framework**

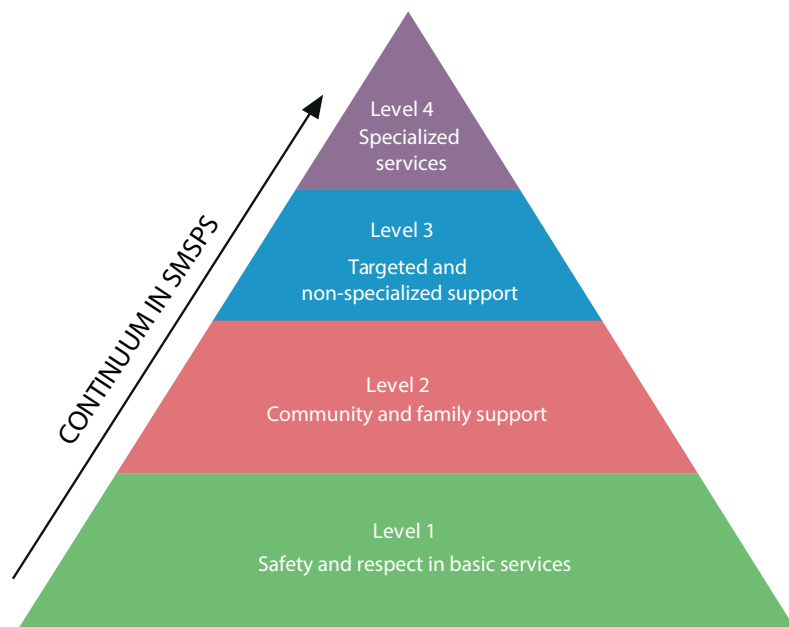


**Durée :**  
**10 minutes**

**Key message: MH and PSS Continuum**

- Avoid separation of MH (mental health) and PSS (psychosocial support) in programming and operationalization of the psychosocial approach.
- The continuum of MHPSS services includes the four levels of the IASC pyramid.
- Each level is equally important in preventing individual and collective psychosocial distress and in supporting MHPSS. Referral mechanisms between the different services and between the different levels are also necessary to ensure adequate support for MHPSS.

**IASC Pyramid<sup>14</sup>.**



**Signs of severe psychosocial distress and referral.**

Ask participants what are the signs that require referral to a specialist?

<sup>14</sup> Inter-Agency Standing Committee (IASC): is an inter-agency forum of United Nations and non-UN humanitarian partners

**Duration :  
90 minutes**

*Input: Then complete or correct the information according to the signs described below.*

Signs that indicate severe psychosocial distress reveal repeated developmental, emotional, or behavioral difficulties having a consequence on daily functioning, such as:

- Hyperactivity or **repeated defiant, and aggressive behaviors**.
- **Low energy, fatigue, sadness or persistent depressed mood**.
- **Anxiety, loss of interest or continued** enjoyment of usually pleasant activities.
- Sleeping problems, change in sleep/appetite patterns.
- Ongoing and varied **somatic complaints**.
- **Repeated reliving** of a past situation.
- An important anxiety for the future, always on the alert/fearful.
- **A very negative view of oneself, self-destructive behavior**.

**What is psychological trauma?**

Psychological trauma is the **result of a shocking event, which causes a psychological injury**. Many events can cause it: the death of a loved one, an accident, sexual violence, threats, moral harassment, a natural disaster or an attack...

**Key message: Do not confuse a traumatic event with a trauma (confining the person).**

A traumatic event can lead to various psychological and psychosocial problems (depressive signs, anxiety, substance abuse, etc.).

Trauma or «post-traumatic stress disorder» refers to a precise clinical picture with symptoms of reliving the scene, dissociative, avoidance (of place, people, etc.), permanent change towards negative thoughts and emotions, amnesic difficulties, and a state of hypervigilance.



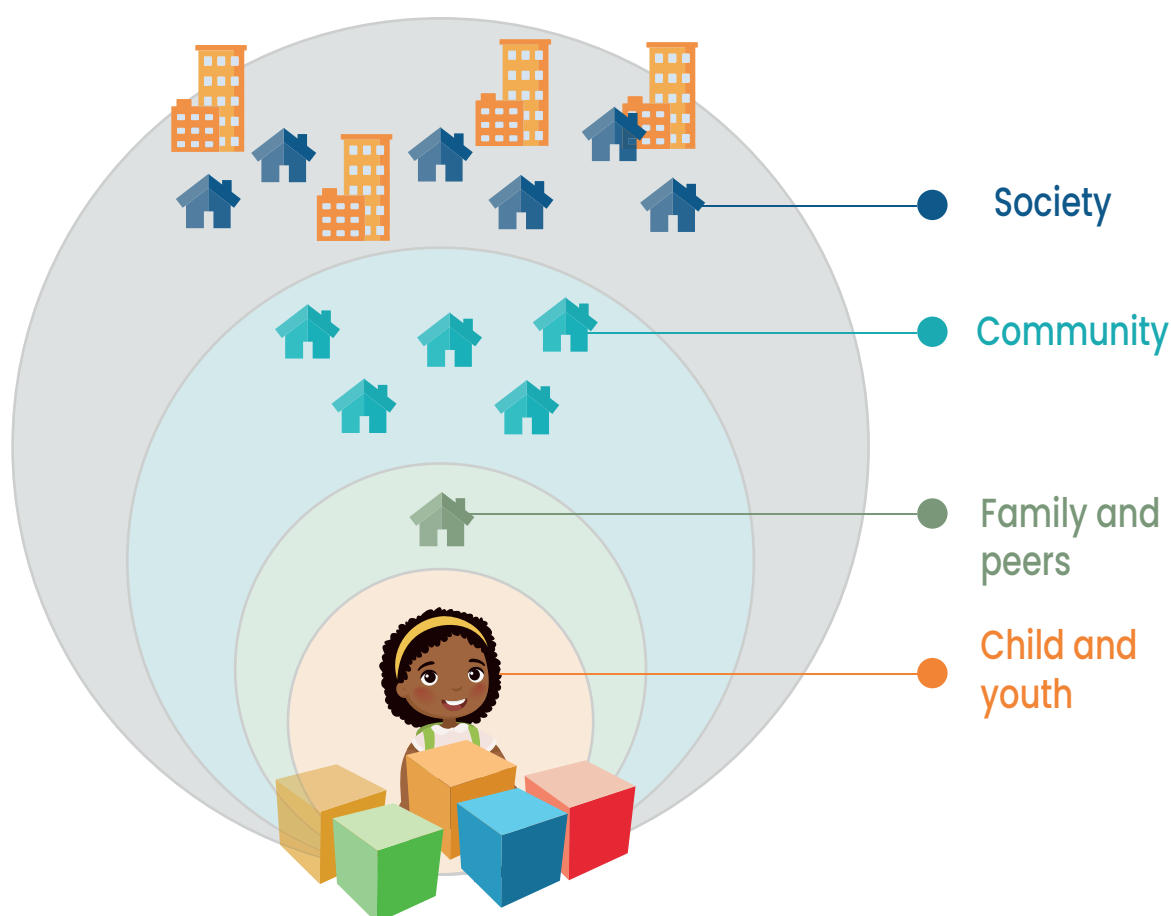
## Key approaches to «trauma-informed» support.

Symptoms and behaviors related to traumatic events must be seen as **a way of coping, an attempt to adapt**, and not as symptoms related solely to a clinical «pathology».

This vision of behavioral problems and signs of psychosocial distress as being a process of resilience in the CYM allows us to **build a relationship based on the strengths of the children and youth and not on their difficulties!**

### The ecological approach

- **The ecological layers are interconnected** (risks and protective factors).
- The pillars of well-being are applied and mobilize the different levels of the ecological model.



## Participatory and inclusive approaches

They integrate **cross-cutting** principles such as:

- Community-based MHPSS.
- Contextual approaches.
- Gender and diversity sensitivity.
- Rights-based meaningful participation and agency.

## Community and contextual approach

Accompanied children, families, and communities should be **seen first and foremost as active participants in improving individual and collective well-being, rather than as passive beneficiaries of services designed for them by others.**

In relation to the MHPSS framework, the relevance of the pillars and the priority of actions and approaches will vary across cultures and communities, therefore a community-based approach is essential.

## Key Message: Be sensitive to gender and diversity issues.

- Gender and/or diversity (G&D) of individuals **affects their «lived experience» as regards the five pillars of well-being**, both positively and negatively.
- Interventions **should seek to be «transformative»** and address the root causes of inequality.

## Towards a psychosocial resilience approach.

**Resilience can be defined** as «the **capacity of** individuals, families, communities, organizations and institutions to **exist in their different** political, social, economic, health and environmental **contexts.**»

There are three types of capacities, which constitute resilience:

1. **COPING CAPACITY,**
2. **ADAPTATION CAPACITY,**
3. **TRANSFORMATIVE CAPACITY.**

### **COPING CAPACITY**

Support daily functioning, reduces the immediate effects of major shocks and stresses.

### **ADAPTATION CAPACITY**

Manage the medium and long term effects of these shocks and stresses; strengthen existing skills and capacities to play a more active role in protecting oneself and others.

### **TRANSFORMATIVE CAPACITY**

Self-reliance/agency/recognition of actors to face future changes, take initiatives, changes that prevent or reduce risk factors.

#### **Key messages:**

To be able to **adapt** and **transform**, you also need to be able to **cope**, but you can also **work in parallel** on these different types of capacity!

**The support for transformative capacities must always be integrated in resilience building interventions.** This is why it is essential to support **participation**, capacity building, **empowerment of CYM**, and the control by CYM.

**The fundamental role of participation for the ability to act and agency.**

#### **When and how to involve the child in social/psychosocial support work?**

The participation of CYM follows **9 rights-based principles**:

1. **Transparent and informative.**
2. **Voluntary.**
3. **Respectful.**
4. **Relevant.**
5. **Child-friendly.**
6. **Inclusive.**
7. **Supported by training.**
8. **Safe and risk sensitive.**
9. **Accountable.**

To support participation, ability to act and agency of CYM, they need to have at their disposal:

- Appropriate information.
- Psychosocial skills or capacities.
- Opportunities for participation (resources, safe space and audience).



**Duration :**  
**20 minutes**

*Plenary discussion:*

- Ask participants to reflect individually on these 2 questions and then share their thoughts in plenary.
- *Do you have any questions about the other elements of the MHPSS framework and the importance of the participation - empowerment - resilience approach?*
- *What would be the key messages you would like to convey when you replicate the training? How will you go about it?*

**Duration :**  
**20 minutes**

*Exercise:*

- Ask participants to list the resources they know of to support the pillars of well-being?
- Present the blank worksheet below so that they can structure their answers.

Les piliers du bien-être	Connaissances	Compétences	Ressources ( financières et physique)
Sûreté et sécurité Se sentir en sécurité			
Connexion sociale Se sentir connecté			
Rôles et identités Se sentir digne			
Justice Se sentir respecté			
Espoirs et signification Avoir de l'espoir			



**Duration :  
10 minutes**

**Input**

Then show them the detailed matrix of resources and pillars of well-being below:

The pillars of well-being	Knowledge	Skills	Resources (financial and physical)
<b>Safety and security: feeling safe</b>	<ul style="list-style-type: none"> <li>Identifying risks and resources.</li> <li>Reporting mechanisms.</li> <li>Specific types of abuse: sexual assault, grooming.</li> <li>Intimate partner violence, alcohol and drug use.</li> </ul>	<ul style="list-style-type: none"> <li>Stress management and coping skills.</li> <li>Conflict management.</li> </ul>	<ul style="list-style-type: none"> <li><b>Access to food, water, shelter, health and income generation.</b></li> <li><b>Appropriate information</b> (basic needs; psychological reactions, risks, threats...).</li> </ul>
<b>Social connection: feeling connected</b>	<ul style="list-style-type: none"> <li>Mapping of networks (family, friends, community).</li> <li>Available support services.</li> </ul>	<ul style="list-style-type: none"> <li>Interpersonal relationships with adults and peers.</li> <li>Gender relations.</li> <li>Communication.</li> <li>Expression of needs.</li> </ul>	<ul style="list-style-type: none"> <li><b>Means of communication/financial capacity</b> for connectivity (separation from family/peers).</li> <li><b>Physical space to meet/share/support.</b></li> </ul>

<p><b>Roles and identities:</b> feeling worthy</p>	<ul style="list-style-type: none"> <li>• Role within family, friends.</li> <li>• Identifying one's own strengths and skills.</li> <li>• Role models.</li> <li>• Values.</li> </ul>	<ul style="list-style-type: none"> <li>• Self-awareness and self-esteem.</li> <li>• Leadership.</li> <li>• Decision-making and problem-solving.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Educational</b> and employment/livelihood opportunities.</li> <li>• <b>Financial capacity</b> to access education, vocational training.</li> <li>• <b>Resources and skills</b> to build psychosocial capacity.</li> <li>• <b>Resources and skills</b> to build psychosocial capacity of care-givers, youth and professionals (education, social service staff).</li> </ul>
<p><b>Justice and rights:</b> feeling respected</p>	<ul style="list-style-type: none"> <li>• Rights and responsibilities.</li> <li>• Discrimination.</li> <li>• Gender standards.</li> <li>• Harassment.</li> </ul>	<ul style="list-style-type: none"> <li>• Conflict management and peace building.</li> <li>• Assertiveness.</li> <li>• Advocacy and public speaking.</li> <li>• Problem solving.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Appropriate information</b> about rights, laws, and the functioning of the judicial system.</li> <li>• <b>Decent and equal</b> access to health, education and employment.</li> <li>• <b>Financial capacity</b> to access and enforce rights.</li> </ul>
<p><b>Hope and meaning of life:</b> maintaining hope</p>	<ul style="list-style-type: none"> <li>• Existing opportunities: schooling and work.</li> <li>• Values.</li> </ul>	<ul style="list-style-type: none"> <li>• Making plans.</li> <li>• Decision making.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Access to opportunities.</b></li> <li>• <b>Financial capacity</b> to develop life plans.</li> </ul>

## Psychosocial challenges for children and youth on the move.

**Duration:**  
**15 minutes**

### *Exercise:*

Ask the participants: In your opinion, are there any «typical» profiles among children and youth on the move?



**Duration:**  
**20 minutes**

*Inputs:* Inputs: CYM profile, protection issues, challenges and psychosocial resources..

- List of some identified profiles;
- Returning CYM.
- Working CYM /CYM seeking economic opportunities.
- Student CYM.
- Gender-related CYM.

### Specific protection issues for returning CYM

- Psychosocial distress related to traumatic events related to violence before, during or after the trip.
- Psychological weakness due to feelings of failure (unwanted return, lack of family and community support).
- Young people with no occupation, idle.
- Young women with dependent children.



Specific protection issues and needs for working CYM	Country 1	Country 2
	<ul style="list-style-type: none"> <li>• Worst forms of child labor.</li> <li>• Children living on the streets, in markets</li> </ul>	<ul style="list-style-type: none"> <li>• 22% live on sex transactions.</li> <li>• 70% have no job.</li> <li>• 44% beg to survive.</li> </ul>
	Country 3	Country 4
	<ul style="list-style-type: none"> <li>• Most of them are children (more than 50%).</li> <li>• Children in search of means of survival: in conflict with the law.</li> <li>• Attraction for dangerous migration to Europe.</li> </ul>	<ul style="list-style-type: none"> <li>• Worst forms of child labor.</li> <li>• Children living on sex transactions</li> </ul>

Specific protection issues and needs for schooling CYM	<ul style="list-style-type: none"> <li>• Majority of the profiles are talibé children.</li> <li>• Children at a very young age.</li> <li>• Exposed to abuse, violence and exploitation (forced labor or begging for the Koranic master).</li> <li>• Former talibés who have escaped from Koranic schools (living in centers or on the street).</li> <li>• CYM studying in the formal system work concomitantly.</li> </ul>
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Specific protection issues and needs for CYM in gender-related mobility	<ul style="list-style-type: none"> <li>• Young women who are economically and socially dependent on their husbands or in-laws.</li> <li>• Victims of GBV: child marriage, domestic violence.</li> <li>• Forced to engage in sexual transactions to survive.</li> </ul>
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**Duration :  
50 minutes**

*(50 minutes) Exercise: Link to pillars of well-being, ecological system, individual/collective capacities*

Invite participants to form 3 subgroups to answer the following questions:

- **What are the most common mental health and psychosocial well-being challenges/difficulties** for CYM (based on your experiences)?
- What are **the main resources (internal capacities/external resources) existing and to be proposed** for CYM?

**Key message** => Make a link with the pillars of well-being, the ecological system, individual/collective capacities.

- Complete [the psychosocial needs and resources matrix for children and youth](#) on the move below (40 minutes).



## What are the psychosocial needs and resources of children and youth on the move?

PROTECTION ISSUES/events related to the migration/pre-migration journey	Feeling safe		Feeling connected		Feeling worthy		Feeling respected		Maintaining hope		Overall internal/external resources
	Challenges/needs	Internal/external resources	Challenges/needs	Internal/external resources	Challenges/needs	Internal/external resources	Challenges/needs	Internal/external resources	Challenges/needs	Internal/external resources	

- (20 minutes) Ask them what are their findings? What are the main **internal/external protective resources/factors** related to the status of CYM (general) and to **more specific protection issues**?
- **1 person per group shares an example, others can contribute as needed!**

**Duration :  
90 minutes**

*Input : Then add as needed with examples that have already been capitalized on in previous trainings*

### Risk situations and common needs

Risk situations	Expressed and observed needs
<ul style="list-style-type: none"> <li>• Family break-up.</li> <li>• Street situation.</li> <li>• Jobless, idle.</li> <li>• Little or no access to basic services (education, health, etc.).</li> <li>• Abusive situations (physical or sexual).</li> </ul>	<ul style="list-style-type: none"> <li>• Psychosocial support/family mediation.</li> <li>• Housing (host families, roommates).</li> <li>• Vocational training or qualifying studies matching youth's aspirations.</li> <li>• Access to leisure activities.</li> </ul>



## Feeling safe

Risks	Resources
<ul style="list-style-type: none"><li>• Threats to physical integrity.</li><li>• Emotional instability.</li></ul> <p>Uncertainty and lack or inadequacy of information.</p> <ul style="list-style-type: none"><li>• Perception of powerlessness, dependence and vulnerability.</li></ul>	<ul style="list-style-type: none"><li>• Sense of relief.</li><li>• Expectedness.</li><li>• Sense of control.</li><li>• Capacity/competency.</li><li>• Access to basic needs.</li></ul>

## Feeling connected

Risks	Resources
<ul style="list-style-type: none"><li>• Disruption of sources of support.</li><li>• Disruption of links and connections.</li><li>• Weakening of links and relationships.</li></ul>	<ul style="list-style-type: none"><li>• Meaningful support networks.</li><li>• Capability to ask for help (social skills)</li><li>• Promotion of relationships and connections.</li><li>• Networking and collective effectiveness among pairs.</li></ul>

## Feeling worthy and recognized/Finding my role

Risks	Resources
<ul style="list-style-type: none"><li>• Confusion in roles and identities.</li><li>• Perception of powerlessness, dependence and vulnerability.</li><li>• Effectiveness of roles and identities is questioned.</li></ul>	<ul style="list-style-type: none"><li>• Meaningful roles and construction of positive identities.</li><li>• Perceived ability to act, agency/empowerment or independence.</li><li>• Perceived effectiveness of their roles.</li></ul>

## Feeling respected - Meaning and access to justice

<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>• Human rights violations/children/abuse and political violence.</li> <li>• Structural and underlying conditions of vulnerability.</li> <li>• Perception of powerlessness, vulnerability and dependence; no equal opportunity...</li> <li>• Sense of injustice.</li> </ul>	<p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• Information and access to rights.</li> <li>• Recognition and perceived dignity.</li> <li>• Perceived efficacy/ability to act.</li> </ul>
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## Maintaining hope - Giving meaning to my life

<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>• Loss of meaning and hope.</li> <li>• Sense of powerlessness.</li> </ul>	<p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• <b>Giving meaning.</b> <ul style="list-style-type: none"> <li>- Developing realistic plans and goals to build or pursue meaningful life plans.</li> <li>- - Increased engagement in «transformative» peer supportive actions.</li> </ul> </li> <li>• <b>Hope</b> <ul style="list-style-type: none"> <li>- Willingness to live what happens.</li> </ul> </li> </ul>
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Distribute handout: [brief introduction to the Tdh MHPSS framework and the pillars of well-being.](#)








## Risk situations and needs of female CYM

<p><b>Risk situations</b></p> <ul style="list-style-type: none"> <li>• Are made invisible.</li> <li>• 14.5% of girls and young women are victims of child marriage.</li> <li>• 22% of girls and young women are at risk or victims of trafficking, compared to 7% of boys and young men.</li> <li>• 30% of girls and young women are at risk or victims of exploitation compared to</li> <li>• 20% of boys and young men.</li> </ul>	<p><b>Expressed and observed needs</b></p> <ul style="list-style-type: none"> <li>• Placement structures for mothers with children.</li> <li>• Access to gender-sensitive services.</li> <li>• Sensitization to change mindset about the perception of «single mothers».</li> </ul>
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## The 5 pillars applied to SGBV





	<ul style="list-style-type: none"> <li>• Health.</li> <li>• Psychosocial distress.</li> <li>• Safety.</li> <li>• Rejection.</li> <li>• Disorientation.</li> <li>• Maternity.</li> </ul>	<p>Emergency medical care.</p> <p>Protection and safe space for temporary shelter if needed.</p> <p>Primary emergency support sessions in MHPSS (PSS).</p> <p>Early identification (72 hours) and effective coordination between services.</p> <p>Information and consultation regarding all steps and procedures.</p>
	<ul style="list-style-type: none"> <li>• Rejection.</li> <li>• Impact on family.</li> <li>• Stigmatization.</li> <li>• Withdrawal from school.</li> </ul>	<p>Strengthen appropriate connections and support networks.</p> <p>Psychosocial support for non-offending caregivers and family members.</p> <p>Facilitate peer networking, reconnection and engagement activities.</p> <p>Organize group sessions with other similar cases.</p> <p>(If applicable) and facilitate peer networking.</p>
	<ul style="list-style-type: none"> <li>• Rejection.</li> <li>• Negative adjustment.</li> <li>• Guilt.</li> <li>• Pregnancy.</li> </ul>	<p>Emotional and cognitive life skills support (self-regulation, self-acceptance, conflict and problem, management, confidence, self-esteem, legal information...).</p> <p>In the case of pregnant mothers/women and withdrawn from school: opportunities and alternatives for skills development (formal, non-formal or informal education, vocational training and livelihoods).</p> <p>Facilitate peer support and mentoring with similar cases.</p> <p>Faciliter le soutien par les pairs et le mentorat avec des cas similaires.</p>
	<ul style="list-style-type: none"> <li>• Revictimization.</li> <li>• Retaliation.</li> <li>• Judgment.</li> <li>• Culture.</li> </ul>	<p>Legal advice and support.</p> <p>Decent and informed decision making and respect for boundaries and principles.</p> <p>Consistent informed consent and respect for confidentiality.</p> <p>Do not avoid or disregard customary justice, but coordinate and ensure appropriate and decent treatment for the survivor according to customary practices.</p>
	<ul style="list-style-type: none"> <li>• Continuity of life.</li> <li>• Despair.</li> <li>• Guilt and confusion.</li> </ul>	<p>Case management that builds on survivors' strengths and protective factors (emphasize participation and informed decision-making).</p> <p>Alternatives and new opportunities for emotional and social connection, education and livelihood.</p> <p>Specialized clinical mental health support to restore hope when needed.</p> <p>Systematic participatory monitoring of case management objectives and goals.</p>



## Les 5 piliers appliqués aux enfants non accompagnés et séparés



	<ul style="list-style-type: none"> <li>Physical integrity.</li> <li>Mental health and psychosocial distress.</li> <li>Negative coping strategies for survival.</li> <li>UC/SC in detention.</li> </ul>	<p>Feeling safe</p> <ul style="list-style-type: none"> <li>Ensuring safe emergency care and coverage of basic needs (food, non-food assistance and medical assistance).</li> <li>Mental health counseling or clinical support.</li> <li>Age-appropriate information and support.</li> </ul>
	<ul style="list-style-type: none"> <li>Various consequences depending on the degree and reasons for separation.</li> <li>Detrimental care arrangements.</li> <li>Risks related to peer networks and peer pressure involved in criminal activity or negative coping strategies.</li> <li>Isolation and difficulties accessing education or socialization spaces..</li> </ul>	<p>Feeling connected.</p> <ul style="list-style-type: none"> <li>Facilitate effective access to communication and connection with loved ones (family or peers), including material support (phone calls, internet, video...).</li> <li>Analyzing and proposing alternatives for appropriate care (foster care, assisted living or institutionalization as a last resort and according to national laws).</li> <li>Psychosocial and material support for foster families (basic needs, non-food assistance, livelihoods and/or food security opportunities) - this should be done through a broader food security &amp; livelihoods program or through tailored case management analyzing risks related to the appeal effect.</li> <li>Facilitate access to formal, non-formal, and informal education or safe spaces to build social connections.</li> <li>Facilitate peer support sessions.</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Negative coping strategies.</li> <li>▪ Labeling, discrimination and marginalization.</li> <li>▪ Migrant children in detention without understanding the reasons.</li> <li>▪ Stuck in transit without access to opportunities or alternatives for capacities development and building.</li> </ul>	<p>Feeling worthy and recognized.</p> <ul style="list-style-type: none"> <li>▪ Facilitate contextualized and adapted life skills sessions (self-esteem, self-acceptance, problem management, decision making, employability skills...).</li> <li>▪ Facilitate safe spaces for peer support and mentoring.</li> <li>▪ Age-appropriate engagement methods.</li> <li>▪ Prioritize skills building and livelihood support for children and youth at risk of negative coping strategies.</li> <li>▪ Do the mapping of all formal, non-formal, and informal education opportunities and facilitate individualized and personalized follow-up (direct intervention or referral).</li> <li>▪ Do the mapping of all formal and informal livelihood opportunities and facilitate individual and personalized follow-up (direct intervention or referral).</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Labeling, marginalization and discrimination.</li> <li>▪ Migrant children in detention.</li> <li>▪ UC/SC in conflict with the law due to negative survival strategies.</li> </ul>	<p>Feeling respected.</p> <ul style="list-style-type: none"> <li>▪ Age-appropriate information, guidance, and support.</li> <li>▪ Early identification and support for children in conflict with the law or in detention.</li> <li>▪ Facilitate peer support with other children and youth in similar situations.</li> <li>▪ Facilitate safe spaces and engaging methodologies for them to express frustration, anger, share and have their voices heard.</li> <li>▪ Non-pathological interventions in MHPSS.</li> </ul>



- Disrupted life and development, uncertainty about the future, hopelessness, exacerbated by:
  - Loss of family members.
  - Rejection by loved ones.
  - Marginalization, exploitation or abuse by family.

Believing in future, maintaining hope.

- Sustainable alternative care is achieved when the political, legal, economic and social conditions necessary for children to maintain their lives, livelihoods and dignity have been secured.
- Peer mentoring programs with children successfully stabilized in alternative care.
- Case management support to set clear and realistic individual goals and objectives.
- Integrated education and livelihood interventions are essential to provide learning opportunities and give children the skills and competencies to meet their needs, protect themselves, and build hope for the future.

- Ask participants if they have any questions about the application of the 5 pillars to identify challenges and resources in the CYM and in relation to specific risks?

**Duration:**  
**30 minutes**

*(30 minutes) Close the session with a debriefing using the following questions:*

- How do you feel?
- Share the key messages of the session.
- What did you learn (content/training methodology) that was essential?
- What challenges did you identify in the application?

**Key message:** encourage participants to share, advise and agree on content/methodologies and training materials that they feel would be appropriate and effective in enabling learning of new trainers.

# Module 4

## Well-being and psychological resilience of CYM



**Duration of the session:**  
**5 h**

### **Session 2:**

Compiling information about the PSS needs of CYM.

### **Objective:**

Identify all key information to be able to apply case management to CYM.

### **Knowledge and skills to be transmitted/acquired:**

Participants will be able to present the process for:

- Identify the signs.
- Follow the process.
- Apply the tools.
- Apply the pillars to support the well-being and resilience of CYM.
- Replicate the training.

### **Preparation:**

- Open the session with individual reflection time to encourage participants to clarify as the training progresses, the challenges they will need to manage in replication and how each session might help them address them.
- Print the materials to be completed by the participants (group work) to compensate for the lack of computers among the participants.
- Prepare the materials for the exercises in the session (on a USB pen drive, sent by e-mail).
- Provide different colors post-it and felt pens.
- Close each session with a time of collective sharing on the session with regard to the expectations that were defined at the beginning of the session.

**Duration:  
5 minutes**

### *Open the session*

Invite participants to take individual time to write in their notebooks what challenges they will face when they train on this module and how the training might help them address them. These notes are theirs and you will never ask them to reveal them. *They will be able to relay on these notes when debriefing each session.*

## **Roll-out, instructions and tools**

### *Psychosocial evaluation and PSS plan: Compiling information*

**Duration:  
40 minutes**

Recap warm-up session: Factors to consider when identifying psychosocial needs/ resources and PSS- related opportunities.

- Ask participants to form 3 subgroups.
- Ask the participants: **What information should be collected on needs/resources/supports available?**
- To help them structure their answers, ask them to :
  - List the information to be collected on the psychosocial well-being status, in the history, in the behavior of the CYM (in relation to 5 pillars) and with the information collected from the other actors.
  - What other information related to the MHPSS framework should be collected in order to better support the CYM?
  - Tell them that you will then discuss: How to collect this information? And from whom?
  - The results of the group work will be shared in plenary.

**Duration:  
40 minutes**

### *Inputs*

#### Signs and information to identify/collect.

In relation to the 5 pillars, the signs and information to identify are:

- **Expressed or unexpressed emotions** (importance of non-verbal communication).
- **Observed behaviors** (during the meeting with the case manager, but also outside, reported by third parties).
- **Knowledge and skills related to the pillars.**
- **Information** about his/her behavior from **peers/others** around the CYM.
- **The people who form the ecological circle of the CYM in his/her current environment/origin.** Who are the people who are close to (important) the CYM in his or her socio-ecological circle and who can be **allies in his or her accompaniment** (here and there)? Who are the **other actors who could be solicited? What are the consequences?**
- **What services are available in the community?** In the place of origin (formal and informal services). Who are the **people in the community who can play an informal support role? What links exist between the different services?**
- **Are there endogenous protective practices that need to be strengthened?** The beliefs and values of the culture of origin? **The child's capacity to participate/to give his/her opinion?**
- **The resilience of the CYM?** What are these expressed and identified needs (coping, adapting, or ready to transform)? What are the **existing positive and negative coping strategies** at the individual/family level?

Here are some examples from previous trainings.

<p><b>Feeling physically safe</b></p> <ul style="list-style-type: none"> <li>• Existence of immediate danger.</li> <li>• The community does not provide security for the CYM.</li> <li>• Have a safe place to sleep and stay.</li> <li>• Access to food.</li> <li>• Knowledge, access to health services (especially for children with disabilities and pregnant girls).</li> </ul> <p><b>Feeling emotionally safe</b></p> <ul style="list-style-type: none"> <li>• Feelings of the child in general.</li> <li>• Urgent distress issues.</li> <li>• Victims or risk of violence.</li> <li>• Need for access to information.</li> </ul>	<p><b>Feeling connected</b></p> <ul style="list-style-type: none"> <li>• If the child is separated or not accompanied.</li> <li>• Level of safety in the child's place of origin.</li> <li>• Presence of other family members during the trip.</li> <li>• • Need to make connections with loved ones and important people in his/her life.</li> <li>• Participation in social activities.</li> <li>• Level of social interaction skills.</li> <li>• Child's friendship network and positive connections.</li> </ul>	<p><b>Feeling worthy and recognized</b></p> <p><b>Role and general identity</b></p> <ul style="list-style-type: none"> <li>• Current living conditions.</li> <li>• Role of the child in the household.</li> <li>• Voluntary or involuntary separation from family.</li> <li>• Sense of tension within the family.</li> <li>• Strategies to find solutions</li> </ul> <p><b>Role/education</b></p> <ul style="list-style-type: none"> <li>• Level and type of education.</li> <li>• Skills desired by the child.</li> </ul> <p><b>Role/work/livelihood</b></p> <ul style="list-style-type: none"> <li>• Child's work status and current livelihood.</li> </ul> <p><b>Other activities/role</b></p> <ul style="list-style-type: none"> <li>• Use of free time and interests.</li> <li>• Involvement in activities that might be considered against the law.</li> <li>• Confidence in ability to act and opportunities to act.</li> </ul>
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<p><b>Feeling respected</b> <b>Justice and rights</b></p> <ul style="list-style-type: none"> <li>• Access to essential information to access services.</li> <li>• In possession of the necessary documentation for protection and access to services.</li> <li>• Feeling discriminated against in accessing services.</li> <li>• Exclusion from group and social activities in the community.</li> <li>• Level of acceptance in the community.</li> <li>• Blackmail to get support.</li> </ul>		<p><b>Maintaining hope</b> <b>Meaning to life</b></p> <ul style="list-style-type: none"> <li>• Thoughts for the future and life plans (especially in relation to migration).</li> <li>• Level of realism of one's ambitions.</li> <li>• Optimism towards one's life and future.</li> </ul>
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- Ask them if they have any questions or need clarification on the elements/guidelines to be considered within the 5 pillars to identify needs and resources among the CYM.






Challenges in identifying and supporting the psychosocial needs of CYM

(10 minutes) Input

- Introduce them to the following key challenges:

<p>Language differences</p>	 <p>LANGUAGES IN SUB-SAHARAN AFRICA</p> <p>The map shows various languages spoken in different regions of Sub-Saharan Africa, including Hausa, Swahili, and many others.</p>
<p>Fear</p>	
<p>Silence</p>	
<p>Lack of confidence</p>	

<p>Fear of failure/feeling powerless</p>	
<p>Lack of female professionals to support girls</p>	
<p>Time</p>	

**(15 minutes) Discussion:** Ask participants how they have addressed these different challenges in their experiences and/or how they would do it in practice?

(10 minutes) Input

**Key recommendations for mitigating and addressing the challenges.**

Language differences	<ul style="list-style-type: none"><li>• Ensure that teams can «cover» the necessary language requirements.</li></ul>
Fear	<ul style="list-style-type: none"><li>• Know and implement principles of active listening/trust building and if necessary apply psychological first aid (PFA) to address the need for a «sense of security».</li></ul>
Silence	
Lack of confidence	
Fear of failure/feeling powerless	<ul style="list-style-type: none"><li>• Build self-confidence, sense of control, address fears one at a time and involve the CYM in seeking solution</li></ul>
Lack of female professionals to support girls	<ul style="list-style-type: none"><li>• Ensure when possible that the girls are accompanied by a case manager (female), if this is not possible, identify a woman in the community who can support the case manager. Work towards the recognition of this work of social accompaniment within the systems and communities!</li></ul>
Time	<ul style="list-style-type: none"><li>• Take into account the history of the child (length of stay planned) in order to propose a support with realistic objectives - Safety and connection priority pillar!</li></ul>

## Ways to identify psychosocial needs: approach and tools.

(60 minutes) Inputs: How to collect information on psychosocial needs?

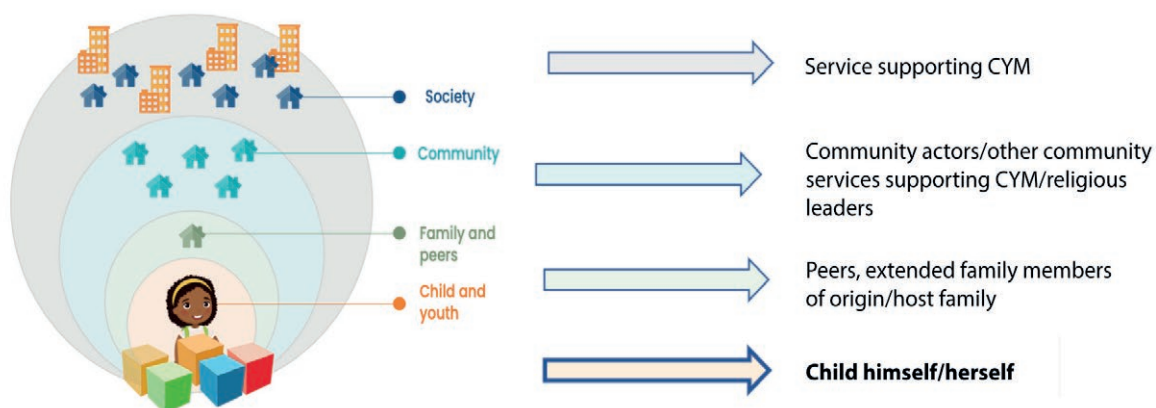
Key message: From the child himself!



In the context of case management, information comes from various sources:

- Questions that can be included in an evaluation on pillars with the child/peer/community (observation by instructors /case manager).
- **Support tools to gather information;** «my session», «my relationships», «my priorities», «my plan for the future», etc.
- **Individual/group observation:**
  - Sudden change in behavior.
  - Aggressiveness /loss of control/anger/opposition.
  - Transgression/risky behaviors.
  - Physical, sickly/self-injury, somatic reactions.
  - Sadness.
  - Apathy and isolation.
  - Mutism/difficulty relating (eye contact/expression)
  - Fear/tension
  - Fatigue.

This information can be collected from the key informants (ecological circle of the CYM).




Review of the information you can collect and interventions you can directly offer related to the 5 pillars during the different phases of case management.

Case management process and PSS	
Identification/registration	<ul style="list-style-type: none"> <li>• FPA approach to consider in all situations.</li> <li>• Listening to the child about his/her situation/needs and resources.</li> <li>• Develop a trusting relationship between CYM and case manager.</li> <li>• Address «urgent» needs (safety/health/primary needs)</li> <li>• Understand the «time» available for support (transit?)</li> <li>• The evaluation of the best interests of the child starts here.</li> </ul>
Evaluation	<ul style="list-style-type: none"> <li>• Include considerations related to the pillars of well-being in the assessment (risks and resources).</li> <li>• Listen to and involve the child about his/her situation/needs and resources.</li> <li>• Engage other key informants.</li> <li>• Understand the child's connections through their migration journey.</li> <li>• Psychosocial resilience goal.</li> <li>• Best interests of the child VS migration policy and legislation - child-centered approach.</li> <li>• The evaluation interview can be a psychosocial intervention in itself, if well conducted.</li> </ul>
Care plan	<ul style="list-style-type: none"> <li>• Child participation.</li> <li>• Evaluate family participation/remote as appropriate.</li> <li>• Consider interventions at child, family, but also community level (address risks and strengthen potential role for PSS), explore possibilities of psychosocial care with community protection mechanisms (also in migrant communities).</li> <li>• Capacity building in the CM/CYM relationship as regards the pillars.</li> <li>• Consider strengthening/mobilizing external resources.</li> <li>• Short-term and long-term needs in terms of well-being (life plans, underlying causes of migration).</li> <li>• Analyze migration journey, follow-up possibilities and map services/contacts along the way.</li> <li>• Important people - care plan and connection.</li> </ul>
Implementation of the plan	<ul style="list-style-type: none"> <li>• Strengthen and provide space for the ability to act of CYM (role of actor in his/her support).</li> </ul>

<p><b>Follow-up and review</b></p>	<ul style="list-style-type: none"> <li>• Need to proceed in several steps for some cases, act on urgent needs (while considering the 5 pillars, especially security and connection) and then when time allows, work on a more global and medium-long term PSS.</li> <li>• Regular interviews in order to build a relationship of trust with the CYM.</li> <li>• If the CYM leaves, who will do this follow-up and how.</li> <li>• Another opportunity for the child to participate.</li> </ul>
<p><b>Closure of the case</b></p>	<ul style="list-style-type: none"> <li>• Criteria.</li> <li>• Reintegration.</li> <li>• Risk mitigation.</li> <li>• Transfer, follow-up of the migration journey.</li> </ul>

**Exemples d'outils : 1. qui facilitent la récolte d'informations sur statut de bien-être psychosocial / 2. Guide d'évaluation des enfants.**

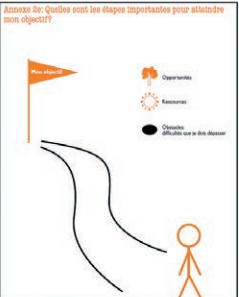




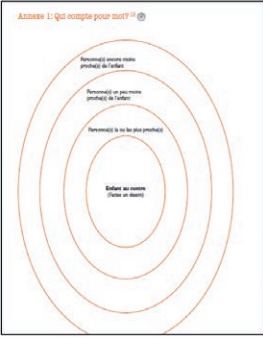
**How to collect this information?**  
Collection tools and PSA

**With the child himself/herself**  
Individual participation (i.e. case management)


Annexe 1a: Quelles sont les étapes importantes pour atteindre mon objectif?



Annexe 1b: Qui occupe pour moi?



Annexe 1c: Mes données personnelles



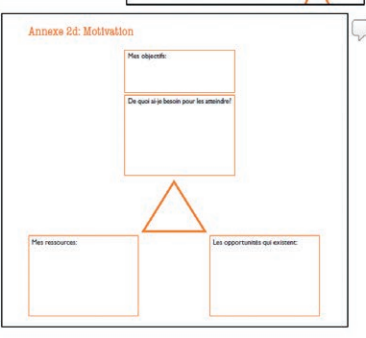
Annexe 1d: Mes activités

Mes activités pendant le voyage			
Activité	Durée	Où et à quelle fréquence?	Comment je me sens?

Mes activités au fil de mon séjour			
Activité	Durée	Où et à quelle fréquence?	Comment je me sens?

\*Comment je me sens? Content, Neutre, Triste, Épuisé, En colère, Étonné, Émerveillé, Ému, Étonné, Étonné

Annexe 2d: Motivation



Ask the participants if they have any questions about the different tools that can facilitate the identification of psychosocial needs and resources among young people (EJM)

**Duration:**  
**90 minutes**

*Exercise: Evaluation of psychosocial needs*

## Case studies

### Case 1 - Aïcha

*Aïcha, a 13-year-old girl from Burkina Faso, lives alone with her father after her parents divorced. After a violent jihadist attack, Aïsha and her father decide to secretly leave their village at night to go to a neighboring town in northern Côte d'Ivoire. They got ambushed by the armed groups holding the village, her father was shot in front of her and she was forced to return to the village.*

*During a lull in the fighting, Aïcha took the opportunity to go to Ouangolodougou, a town on the border with Burkina Faso, where her mother and her new husband live. Mr. Karim was a farmer and hardly covered the expenses of his household. He was naturally very nervous and regularly set his sights on the little Aïcha, accusing her of being at the root of his troubles with his wife. In an effort to bring peace to her household, the mother decides to send Aïcha to a childhood friend living in Ferkessedougou. Aïcha had trouble sleeping and was startled by any loud noise.*

*When she arrived in Ferké, while she thought she was safe, Aïcha was forced to work hard to have enough to eat. She sold ice sachet water in a large basin on her head all day long, pacing the streets of the main station and the neighborhoods while the other children of the household went to school. She was beaten every time the sales income was incomplete.*

*One day, she met a customer. In the course of their conversation, she told him about her ordeal and her desire to return to school. He introduced himself to her as a community volunteer for a protection project in the area. He reassured her and took her to the social center for care.*

### Case 2 - 15-year-old CYM in an exploitative situation

*Mamadou is a 15-year-old boy. Since the death of his two (2) biological parents in 2015 after a traffic accident, he has been living with his 70-year-old paternal uncle in a small village located 7 km from the capital of the Mamou prefecture in the Republic of Guinea. In this family, Mamadou is the only boy among the five children who does not attend school because of the lack of birth certificate and especially the lack of will of his uncle. Very often, he is used by his uncle's two wives to provide for the family's needs. Consequently, he spends all day working in the farm and sometimes his uncle forces him to work*

**Durée :**  
**90 minutes**

for other people in exchange for money, regardless of the nature of the work. The price is always discussed without his knowledge and the money obtained is recovered by his uncle.

Given all this treatment, Mamadou decided one day to leave his village to continue his adventure in Senegal. Due to lack of transportation, he made a stopover in the area of Mamo-centre, where he was carrying people luggage in the market. Two (2) days after starting this job, Mamadou was accused of theft in the market and savagely beaten by a crowd. After three days in police custody, investigations by the police proved his innocence and he was released.

As soon as he left the police station, Mamadou was identified by the mobile team at the bus station. He was immediately referred to the emergency department of the regional hospital for medical treatment, due to his alarming physical condition: he was wearing torn clothes, his body showed signs of whipping, his left hand was fractured, and he had already gone two days without eating.

Before the interview with the child, Moussa, a member of the mobile team, did some confidence-building exercises. He then asked open-ended questions in a relaxed tone, which helped the child to talk and he agreed to confide in us about his history and his aspirations for the future.

Among the needs cited by Mamadou, he insisted on his wish to go to school and learn a trade, such as mechanics or carpentry. He wished to have a qualification that would allow him to have a decent job to help his family.

After active listening and observation of the child, Moussa documented the case, taking into account all the wishes expressed by Mamadou. The analysis of the case management forms allowed Moussa to understand that the child needed psychosocial care and regular follow-up for a certain period of time.

**Ask participants to split into 3 subgroups and tell them after looking at the case studies to answer the following questions:**

- What information can be identified in this case study, related to 5 pillars, related to challenges/resources?
  - What information is missing?
- 
- The 3 subgroups will then share the difficulties/remarks on the psychosocial needs (or resources) evaluation that they have encountered and how to address them in work situations.
  - Then ask the group if they have any questions or needs



for clarification on the application of theory to practice (case management) regarding the identification of psychosocial needs and resources among CYM?

- And finally, invite them to reflect for 5 minutes on how they plan to replicate this session for new trainers.

**Durée :**  
**20 minutes**

*Close the session with a debriefing using the following questions:*

- How do you feel?
- Share the key messages of the session.
- What did you learn (training content/methodology) that was essential?
- What challenges did you identify in the application?
- What challenges did you identify for replication?



**Key message:** encourage participants to share, advise, and agree on training content/methodologies and materials that they feel would be appropriate and effective in facilitating the learning of new trainers.

# Module 4

## Well-being and psychological resilience of CYM



**Duration of the session:**  
4,5 h

### Session 3:

Psychosocial support and risk mitigation.

### Objective:

Identify relevant MHPSS interventions and key role of the case manager.

### Knowledge and skills to be transmitted/acquired

Participants will know how to:

- Identify types of MHPSS interventions.
- Analyze the types of MHPSS interventions (CASE STUDY).
- Define the case manager as a PS support actor.
- Propose an andragogical learning path to replicate the training.

### Preparation

- Open the session with individual reflection time to encourage participants to clarify as the training progresses, the challenges they will need to manage in replication and how each session might help them address them.
- Print the materials to be completed by the participants (group work) to compensate for the lack of computers among the participants.
- Prepare the materials for the exercises in the session (on a USB pen drive, sent by e-mail).
- Provide different colors post-it and felt pens.
- Close each session with a time of collective sharing on the session with regard to the expectations that were defined at the beginning of the session.

**Duration:  
5 minutes**

### *Open the session*

Invite participants to take individual time to write in their notebooks what challenges they will face when they train on this module and how the training might help them address them. *These notes are theirs and you will never ask them to reveal them. They will be able to relay on these notes when debriefing each session.*

## Roll-out, instructions and tools

This session will provide key answers to the following questions:

- What are the existing type of psychosocial support/ interventions (taking into account the IASC pyramid)?
- Who are the actors of psychosocial support (PSS): the providers of support/service and the beneficiaries?
- What are the recommended attitudes/approaches for building psychosocial resilience?
- How to mobilize resources within the community?

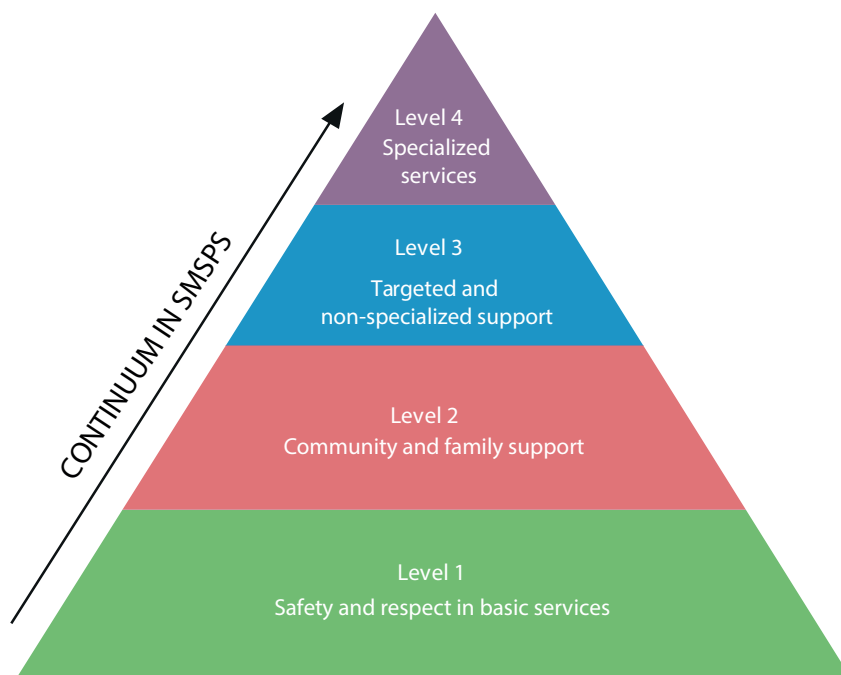
**Duration:  
15 minutes**

### *Recap warm-up session: Mental health interventions and psychosocial support.*

Introduction: The composite term Mental Health and Psychosocial Support (MHPSS) is used to describe any type of support aimed at protecting or promoting well-being and/or preventing or treating a mental disorder. This term has emerged from the joint work of different organizations working in emergency humanitarian contexts. It is intended to encompass a range of interventions with common goals but different modes of intervention. Its use has now been extended to the development community.

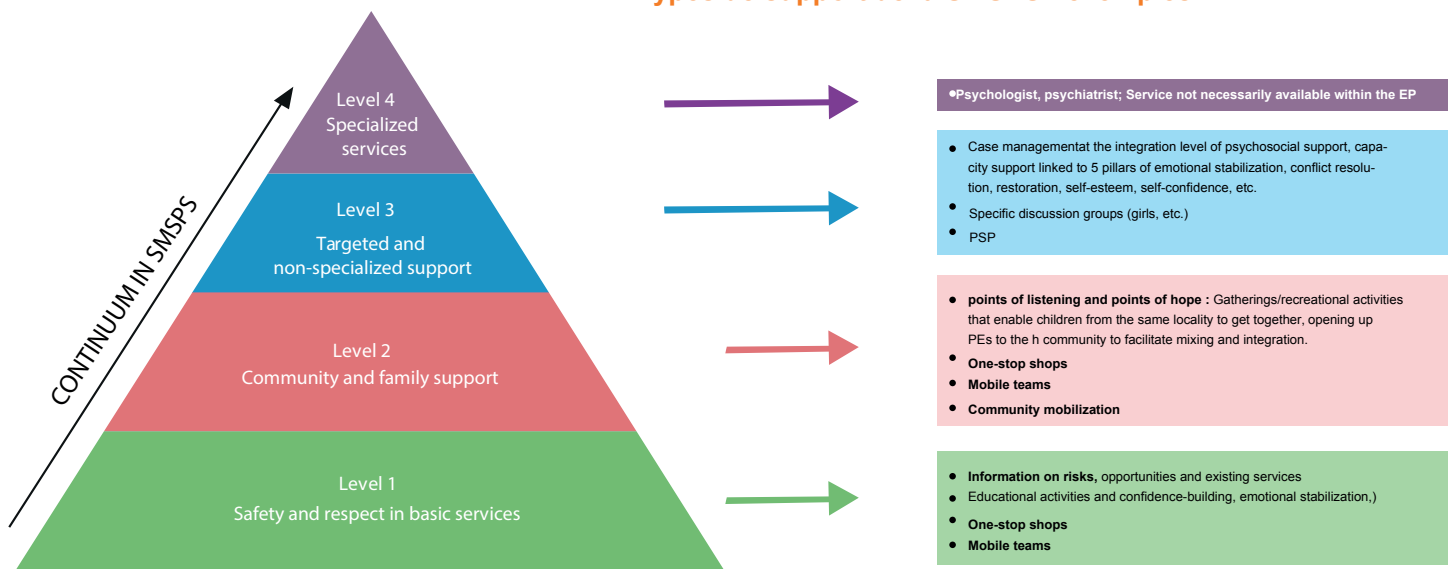
- Ask participants: What types of MHPSS materials should be used?

*(10 minutes) Inputs:* You will then present the “MHPSS continuum” diagram below and ask them to provide examples to illustrate the different levels.



- You will complement their responses, if required, with key examples of MHPSS supports.

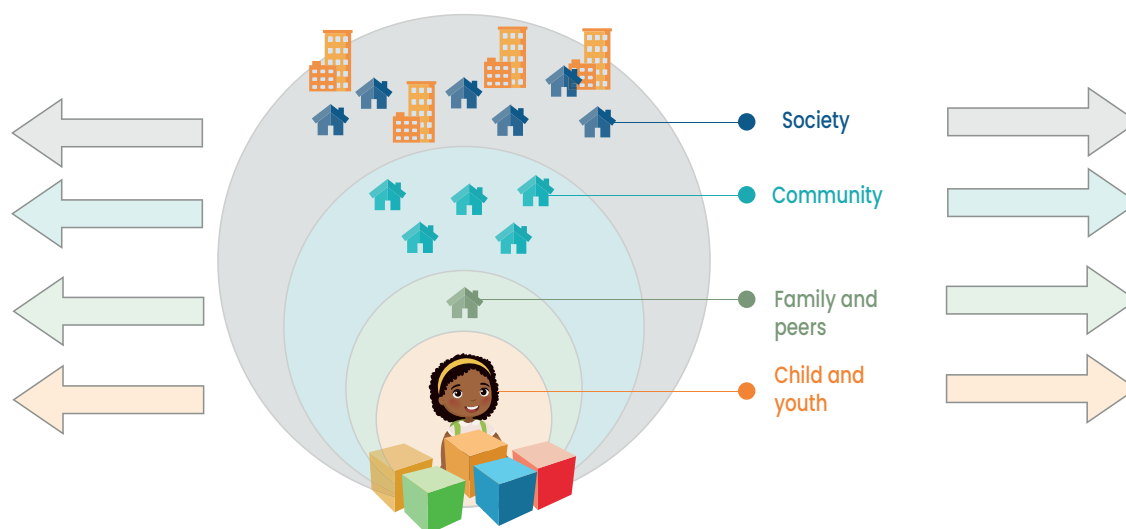
**Types de support de la SMSPS : exemples.**



*(30 minutes) Discussion: You will then introduce the ecological circle and ask participants to illustrate with examples the different potential actors in the psychosocial support of CYM.*

PSS “Providers”

PSS “Beneficiaries”

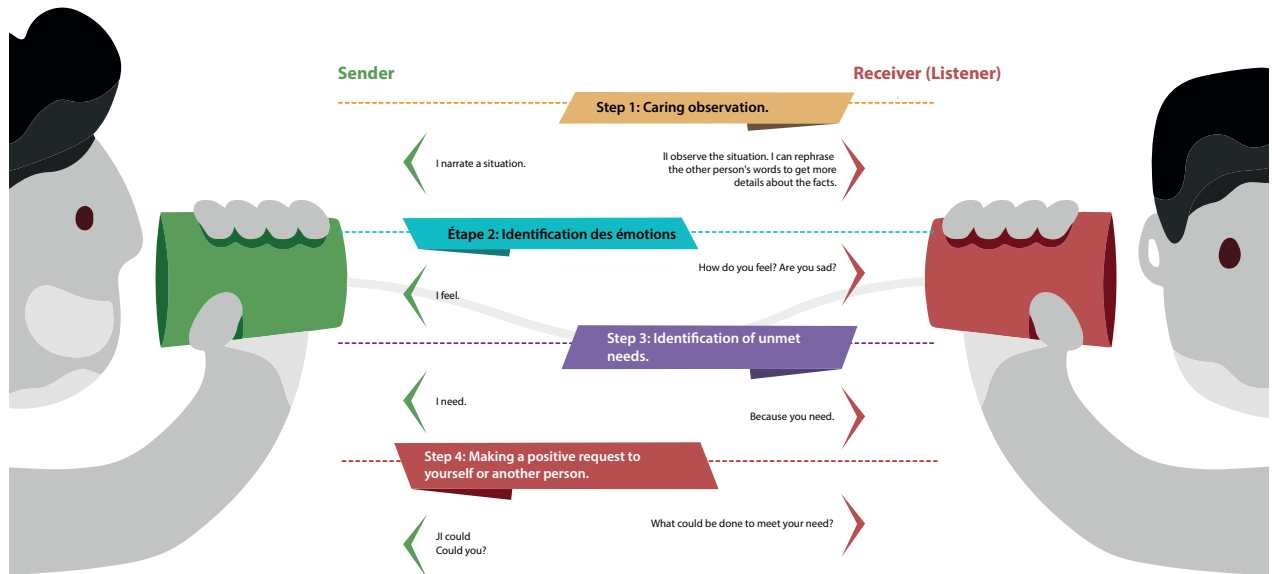


You will then invite them to reflect on the best and «worst»: key attitudes, approaches and actions that a case manager can implement to build psychosocial resilience and to share their thoughts.



**(10 minutes) Input:** Add to participants' responses, key recommendations on the attitudes/approaches, actions of a case manager, to build psychosocial resilience.

To communicate with psychosocially distressed CYM, it is essential to demonstrate caring attitudes and attentive listening.



## Attitudes

- Be patient.
- Building trust takes time.
- Help children feel calm.
- Speak in a soft, calm voice.
- Sit or crouch down, so you are at the same height.
- If appropriate, maintain eye contact or other contact.
- Look for non-stressful things around you.
- Breathe calmly.
- Accept long pauses.

## Active listening

### Key conditions:

- Concentration.
- Rephrasing.
- Encouragement.
- Questioning and clarification.
- Summary.

### Strengths/assets:

- Confirm what the child has said.
- Improve mutual understanding.
- Reduce stress and tension.
- Encourage problem solving.
- Improve feelings of safety and hope.

### How:

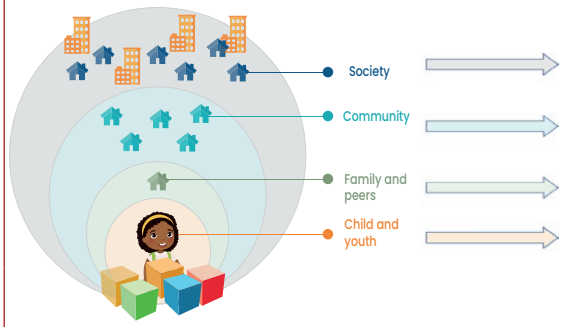
- Pay attention.
- Show that you are listening.
- Encourage the child to talk.
- Respond without judgment.

*(20 minutes) Discussion*

*How do you mobilize actors?*

- Ask participants to form 4 subgroups and invite them to answer the following question: How do they or would they go about mobilizing key actors as part of MHPSS?
- Present them with the following table and ask them to illustrate with concrete examples.

**Examples to be completed**

	<p>Strengthen collaboration between CPS (social/health/education) actors and community/non-formal structures – Establish spaces to listen to the CYM.</p>	
	<p>Engage the community, the school, the churches, support social cohesion (non-discrimination), identify community actors who can support and help CYM, strengthen «listening» to the needs expressed by CYM.</p>	
	<p>Facilitate the development of new relationships with peers. Strong family cohesion, support of extended family.</p>	
	<p>CYM himself/herself: strong cognitive adaptation, problem solving, meaning of life/hope, positive self-esteem, ability to adapt and transform (participation).</p>	



*Key messages: the importance of promoting participation/supporting self-reliance, ability to act and agency.*

### Ability to act

Strengthen the participation and build capacity of CYM (knowledge, skills, etc...) through:

- Having an attitude (being an inspiring role model) as a case manager who builds self-esteem; consulting; listening actively to the needs/wishes of the CYM; facilitating participation in decisions that affect him/her.
- Promoting this staff attitude within the care and protection services.
- Supporting PSS activities within extended families (when relevant) and foster families.
- Promoting cooperation, collaboration among CYM and with host communities, especially children and youth (recreational/sports activities/youth initiatives).

### Agency

- Give a «space» to the CYM in order to enable them act concretely.
- Support the communities and the formal structures to listen to and involve CYM as an effective actor.

**Duration :  
15 minutes**

### Discussion

- Ask participants if they have any questions or need clarification on the possible types of PSS interventions for CYM?
- Invite them to reflect for 5 minutes on the challenges and how they will go about training new trainers on this topic.

*(30 minutes) Exercise on Psychological First Aid*

Show the following video:



To access the video, click on the image above or copy the link on your browser: <https://youtu.be/TIRqRIKVa20>

- Ask them to consider elements of case management seen earlier and apply them to the case study:
  - Consider the requirements.
  - Consider the environment.
  - Think about available services and existing resources...
- Ask them what elements or actions already undertaken by Fatima and Serge that you would question?
- What would you propose as a continuation of the psychosocial support in your context?

**Duration:  
10 minutes**

Key messages: psychological first aid

**It is:**

- Providing concrete, non-intrusive support and care.
- Assessing the person's needs and concerns.
- Helping people meet their basic needs (e.g., food and water).
- Comforting individuals and helping them to calm down.
- Assisting individuals in obtaining information, services and social support.
- Protecting people from further harm.

**it is not :**

- Help that only professionals can provide.
- Clinical or psychiatric intervention (although this can be part of good clinical care)
- Psychological debriefing.
- Asking people to analyze what happened or to reconstruct the chronology of events.
- Pushing people to talk about their story.
- Asking for details about how they felt or what happened.

**Duration:  
10 minutes**

**Inputs**

**When is psychological first aid offered?**

- During an emergency situation or immediately after a crisis situation...
- ... as part of capacity building for emergency preparedness in areas of tension.
- ... during or after a crisis affecting a small group of children.
- ... as an immediate response to children who have experienced sexual or physical abuse or neglect.

### How to implement psychological first aid?

Observe	<ul style="list-style-type: none"><li>▪ Security.</li><li>▪ People with clear and basic emergency needs.</li><li>▪ Children, parents and caregivers with deep distress reactions.</li></ul>
Listen	<ul style="list-style-type: none"><li>▪ Listen to people, and help them calm down.</li><li>▪ Ask them what their needs and concerns are.</li><li>▪ Approach children, parents and caregivers who may need support.</li></ul>
Connecting/linking	<ul style="list-style-type: none"><li>▪ Help children and their families meet their basic needs and access existing services.</li><li>▪ Help people manage the problems they face.</li><li>▪ Pass on information.</li><li>▪ Connect children and their families with loved ones with social support.</li></ul>

**Duration:  
60 minutes**

#### Exercise

*Apply psychological first aid with active listening to reinforce the pillars of well-being.*

- Ask participants to form 3 sub-groups and present them with the following case study to be used to create a role play:

«A 14-year-old girl from a family with no resources who has just arrived in Dakar to work; she is desperate for her future because things did not go as planned when she arrived.»

- Ask each group to identify a volunteer to play the girl and a volunteer to play the PROTEJEM worker.

- **Each group should design** a scenario that shows: How they will apply the 3 PFA principles, as well as the active listening principles?
- Each group will have 20 minutes to prepare and 10 minutes to present their sketch.
- (15 minutes) You will then ask participants to debrief on what they learned and what they would do differently next time.
- You will conclude by asking participants if they have any questions or needs for clarification about practicing the role of case manager and being an active actor in the PSS of CYM?

Then, you will invite them to take 5 minutes to reflect on how they would go about training new trainers on this practice.

**Duration:  
40 minutes**

**Close the session with a debriefing using the following questions:**

- How do you feel?
- Share key messages from the session.
- What did you learn (training content/methodology) that was essential?
- What challenges did you identify in the implementation (application)?
- What challenges did you identify for replication?

**Key message:**

- Encourage participants to share, advise, and agree on training content/methodologies and materials that they believe would be appropriate and effective in enabling learning for new trainers.
- Adapt the case studies to their context of intervention, ensuring that they answer the following questions:
  - *Is there sufficient information about the signs related to the child/youth's psychosocial **needs and resources** to better understand his/her well-being status?*
  - *Is there enough information to identify **possible MHPSS interventions** that are relevant in the context and in relation to the situation of the child/youth?*
  - *Is there an **illustration of direct support** that the case manager can provide?*

- Announce that session 4 will be dedicated to simulation exercise putting trainer of trainers in MHPSS situation.

*Each group will have 30 minutes to facilitate an exercise with the group of participants based on their case study.*

*We expect facilitators to be able to:*

- *Dynamically facilitate their session.*
- *Ensure the active participation of learners.*
- *Respect the time limit.*
- *Provide clear instructions and guidance to the group.*
- *Provide answers to participants' questions.*
- *Ensure a compilation time to highlight key messages.*

**Duration:  
20 minutes**

#### *Close the session*

Invite participants to take a moment to review where they are regarding their expectations formulated in the morning.

- Invite those who wish to share their questions and thoughts.
- Close the session.



# Module 4

## Well-being and psychological resilience of CYM



**Duration of the session:**  
**3 à 4 heures**

### Session 4:

Getting prepare to train on “supporting the well-being and psychological resilience of CYM”.

### Objective:

Provide a relevant training session on the well-being and resilience of CYM to a given audience and provide constructive feedback.

### Knowledge and skills to be transmitted/ acquired:

Participants are able to replicate all or part of module 4.

### Preparation

- Invite participants to form 3 subgroups.
- Bring equipment to record sessions (camera, smartphone). Share copies of recordings with participants. They will then be able to watch the videos and identify strengths and areas for improvement.

**Duration:**  
**5 minutes**

### Open the session

Invite participants to take individual time to write in their notebooks what challenges they will face when they train on this module and how the training might help them address them. *These notes are theirs and you will never ask them to reveal them. They will be able to relay on these notes when debriefing each session.*



**Durée :**  
**3 à 4 heures**

## Roll-out, instructions and tools



### *Simulation exercise, day 4*

- Share with participants [the replication Guide for the «Supporting well-being and psychosocial resilience in CYM» training](#).
- Each subgroup will have 2 hours to prepare for the session and **30 min to facilitate an exercise** with the participant group based on their revised case study (PSS-related signs, process, intervention).
- Identify 2 facilitators to conduct the session.
- We expect facilitators to be able to:
  - Dynamically facilitate their session.
  - Ensure audience participation.
  - Respect the time limit.
  - Provide clear instructions and support the group (understanding).
  - Provide content in addition to the participants' responses and ensure compilation time to highlight key messages.

### **Kind feedback mechanism**

- Linked to exercise objectives (time, attitude, organization, content input, participation, etc.).
- Participants provide **feedback aiming at**:
  - **Highlighting the strong points** of this session in its form and content.
  - **Suggesting areas for improvement, alternatives (methods, tools, etc.) or complementary activities** that could correspond to the profile of your target audience for replication.
- Feedback in three steps:

Time 1: **Facilitators** provide their own feedback.

Time 2: **Participants** can speak up.

Time 3: **Facilitators** share what they learned from the exercise (what they discovered about themselves: their strengths and areas for improvement, etc.).

## A little reminder about feedback

Successful strategy for providing constructive feedback	Success strategy for receiving constructive feedback
<ul style="list-style-type: none"><li>• Kind.</li><li>• Formulated using «I».</li><li>• Related to a behavior.</li><li>• Specific and clear (example).</li></ul>	<p>Relaxed.</p> <p>Rephrase to make sure you are understood.</p> <p>Not being defensive.</p>

**Duration:**  
**20 minutes**

### Close the session

Invite participants to take a moment to review where they are regarding their expectations formulated in the morning or at the beginning of the session.

- Invite those who wish to share their questions and thoughts.
- Close the session.



# BONUS 1

## Trainer accountability: The training report template

**Names and contacts of the trainer:**

**Dates of training:**

**Location of the training:**

### 1- Objective of the training

- **Objective of the training:** *Whenever possible, use the following wording: «Participants will be able to ..... at the end of this training».*
- **Expected results at the end of the training:** As far as possible, use the following wording: «the participants will be able to ..... at the end of the module .....».
- **Expected results (changes in practices)** in the participant's work.

### 2- Training program

- **Summary** of the training program.
- Attach the **detailed andragogical training path** in the appendix.

### 3- The participants

- General appreciation of the participants: **involvement, levels, experiences, availability.**
- What were the participants' **outstanding feedbacks**?
- Trainer's appreciation of the participants.
- Attach list of names, gender, position held/profile, organizations to which they belong (if more than one), email/phone, individual pre and post training evaluation, etc.

### 4- Key contents of the training

Summarize the key points of the training, including:

- **Methodology.**
- **Modules.**
- **Languages used** and challenges in using these languages.

## 5- Assess (Take stock of) the training

### Relevance:

- Was the training in line with the expectations of the participants?

### Effectiveness:

- What were the results achieved? Are they in line with the expected results?  
*Attach summary of individual pre- and post-training evaluation results.*
- If the expected results were not met, why?
- Did the participants identify concrete actions to implement in their work following this training? Which ones?

*Attach participants' post-training micro plans, if possible.*

### Evaluation:

- What methods did you use to evaluate participants' progress (before and after the training)?
- How did you analyze the responses/results of your participants' evaluations?
- What are the strengths and limitations of the evaluation process?
- Feedback/quotes/storytelling from participants.

### Potential hinders:

- Did you identify any hinders to the success of this training?

### Free text comments (comments on the training, participants, etc.).

- Strengths.
- Weaknesses.

### Recommendations/advice

- What recommendations could you make to improve this type of training?
- What additional action(s) could you recommend to participants?
- What recommendations could you make in general, in relation to the implementation of the protection of child and youth on the move?

### Appendices to be attached to the report:

1. Educational materials presented and/or given to participants.
2. Detailed training program.
3. Results of the individual pre and post training evaluation for each learner.
4. Individual (and collective?) action plan for the participants to put into practice what they have learned during the training in 3 points (what will I put into practice immediately, in the medium term, in the long term?)
5. Illustrated biography of the participants (bio express).
6. The deliverables produced by the trainees (outside the program, such as the design of a directory of experts on development) are to be considered as part of the training's achievements and must be included in the report.
7. Storytelling/quotes/feedback (which is a form of evaluation) («before the training I didn't know what an angle was, now I understand...»).
8. Audio and video productions made during the training.
9. Attendance list with mention of absences during the training.
10. Transportation tickets, any other proof of attendance.
11. Photos, videos and/or audio, if available.

### Date and place:

### Signature:

# BONUS 2

## Simplified digital training

After many months of teleworking as much as possible, we are finally allowed to meet more often and with more people. Physical training is back as an option. Nevertheless, remote training still has a lot of value (large number of participants to train, difficult access, lockdown, insecurity, etc.).

In the post-corona era, a trainer must master a balanced combination of techniques and training tools to perform both face-to-face and remote training. Training courses that mix the two approaches are considered the most effective.

### Some key benefits of digital training:

- Supports and reinforces the learning curve.
- Helps develop micro-learning, in five-minute increments, giving participants the opportunity to go through everything at their own pace (e.g., with asynchronous training).
- Allows for targeted adjustments.
- Ideal for refreshing knowledge.
- Saves time: reduces travel.
- Reduces costs.
- etc.

To help you identify the fundamentals of the digital version, here is a summary of the terms you need to know before starting or getting trained.

#### Adaptive Learning

- A personalized training path based on the profile and needs of each learner. The content and methods proposed are adapted from the beginning of the course and follow the progress of the participant.

#### AICC

(Aviation Industry Computer-based training Committee)

- E-learning standard derived from the American civil aviation standards, which normalizes the integration of training content by e-learning platforms. Today obsolete, as this standard has not been updated for more than 10 years. It has been replaced by the SCORM and xAPI standards.

<p><b>AFEST</b></p>	<ul style="list-style-type: none"> <li>On-the-job training action/A training system in three key stages: - An «upstream» phase including, on the one hand, the analysis of the work activity and, on the other hand, the appointment of a trainer (these two steps can be carried out concurrently or successively) - A phase of realization per se, including one or more simulation exercise(s) followed by one or more reflective phases - A «downstream» phase allowing to evaluate the acquired skills and/or knowledge of the trainee.</li> </ul>
<p><b>API</b> (Application Programming Interface)</p>	<ul style="list-style-type: none"> <li>Application Programming Interface allowing different software to communicate and share information with each other.</li> </ul>
<p><b>Asynchronous</b></p>	<ul style="list-style-type: none"> <li>This refers to training courses where the learning time is deferred between the learners and the trainer: the learners and the trainer are not in the training action at the same time.</li> </ul>
<p><b>ATAWAD</b> (Any Time, Any Where, Any Device)</p>	<ul style="list-style-type: none"> <li>Any Time, Any Where, Any Device « Au moment, au lieu et à partir du support de votre choix » Illustre la tendance de flexibilité des dispositifs pédagogiques numériques modernes qui s'adaptent aux particularités de chaque apprenant</li> </ul>
<p><b>Blended learning</b></p>	<ul style="list-style-type: none"> <li>A training course that mixes different types of modalities: usually face-to-face with online learning, but other combinations can be found: face-to-face + online learning + video training + social learning.</li> </ul>
<p><b>BYOD</b> (Bring Your Own Device)</p>	<ul style="list-style-type: none"> <li>Bring Your Own Device (BYOD): refers to training courses where the use of learners' personal mobile devices is requested.</li> </ul>
<p><b>Flipped classroom</b></p>	<ul style="list-style-type: none"> <li>A training action where the learner learns the theoretical content remotely, before the actual action of the training. The time dedicated to face-to-face training is thus devoted to the co-construction of knowledge: role-playing, exercises, peer-to-peer interactions, and coaching by the trainer.</li> </ul>
<p><b>Reversed classroom</b></p>	<ul style="list-style-type: none"> <li>A training activity is defined as when it is the learners, with instructions from the trainer, who prepare the training upstream of the in-person training and deliver it themselves to the trainer during the in-person training.</li> </ul>
<p><b>Virtual classroom or videotraining</b></p>	<ul style="list-style-type: none"> <li>Training procedure, for learning delivered at a distance, in synchronous time, using videoconferencing tools allowing interactive activities (polling, whiteboard, screen sharing), with a visual and concrete presence of a trainer. Virtual classes are held in small groups to allow for exchanges between learners.</li> </ul>



Educational software	<ul style="list-style-type: none"> <li>• Learning via a software. Digital support (video or interactive module) that allows the learning of a knowledge or a practice. Most often this word is dedicated to learning how software works.</li> </ul>
Digital learning	<ul style="list-style-type: none"> <li>• Training integrating digital means at all levels and offering learning procedures that could not have been suggested without digital: virtual classroom, social learning, online learning.</li> </ul>
E-learning	<ul style="list-style-type: none"> <li>• Distance learning, asynchronous and online, consisting in providing learners with training modules in the form of video, quiz, interactive module, mobile learning, serious game computer application, ... Learners follow their module via their computer, their tablet or smartphone.</li> </ul>
User experience	<ul style="list-style-type: none"> <li>• Used to qualify the feeling of the learners, during an interaction with a functional tool, for example an e-learning device. This notion is used to make learning more enjoyable.</li> </ul>
Gamification	<ul style="list-style-type: none"> <li>• Design process that consists of using game mechanisms in training activities to promote learning.</li> </ul>
<b>LCM</b> (Learning Community Manager)	<ul style="list-style-type: none"> <li>• Learning Community Manager (LCM): person who manage a community of learner, created for a training session or in a more permanent way in a company (example: communities of sales representatives or local managers...), in charge of: - Facilitating exchanges (best practices, testimonials, document sharing, mutual aid between peers). - Helping to understand educational content (facilitator role). - Providing a training or corporate platform (intranet) with additional content (articles, links, PDFs, videos, etc.)</li> </ul>
<b>LCMS</b> (Learning Content Management System Platform)	<ul style="list-style-type: none"> <li>• The Learning Content Management System Platform (LCMS) allows, in addition to the management of training content and training actions, to produce e-learning modules directly in the platform.</li> </ul>
Learning Lab	<ul style="list-style-type: none"> <li>• Training places with all the learning conditions: modular furniture (removable partitions, chairs and tables with wheels...), innovative digital equipment (tablets, touch-sensitive whiteboard, dedicated software). Their goal is to create environments conducive to creativity, peer-to-peer exchanges and educational experimentation.</li> </ul>
<b>LMS</b> (Learning Management System Platform)	<ul style="list-style-type: none"> <li>• The Learning Management System Platform is web-based software dedicated to storing, organizing and distributing learning content, also collects data for administrative and reporting purposes</li> </ul>

Mentoring	<ul style="list-style-type: none"> <li>• A training procedure that consists of assigning a mentor to a learner to help him or her through the training process. The mentor is usually a senior, internal, and well-placed person in the company who will open his or her network to the participant.</li> </ul>
Micro-learning	<ul style="list-style-type: none"> <li>• A very short e-learning module. These are often referred to as «bite-sized» training sessions. Often referred to as mobile learning.</li> </ul>
Mobile learning	<ul style="list-style-type: none"> <li>• E-learning module to be accessed exclusively on a smartphone. These are often short, gamified modules.</li> </ul>
E-learning module	<ul style="list-style-type: none"> <li>• Training unit of the e-learning procedure that is distinguished by the presence of a menu for free or directed navigation, and if possible interactions in the form of activities.</li> </ul>
MOOC (Massive On line Open Course)	<ul style="list-style-type: none"> <li>• A Massive On-line Open Course (MOOC) is a distance learning device that can include various learning activities, most often asynchronous (content in the form of videos, PDFs, links, validation quizzes, question/answer forums, wikis, etc.), to which can be added synchronous activities (webinars, work in sub-groups, etc.) and peer-reviewed production activities. This type of system is open for a given period of time and is usually spread over 4 to 6 weeks. The learner must organize himself/herself to be able to devote 2 to 6 hours per week. The MOOC, unlike the COOC and SPOC, is open to all and free.</li> </ul>
Motion design	<ul style="list-style-type: none"> <li>• Cartoons video.</li> </ul>
Native	<ul style="list-style-type: none"> <li>• Applications that can only be downloaded and installed on a mobile device. They offer a unique user experience because they are developed specifically to make the most of smartphone functionality.</li> </ul>
Open source	<ul style="list-style-type: none"> <li>• Software with a source code which is distributed under a license that allows anyone to read, modify or redistribute it. It differs from free software, in the sense that Open Source is more oriented towards a collaborative development objective than towards the defense of individual liberties. Extract from the web dictionary:</li> <li>• <a href="https://www.1min30.com/dictionnaire-du-web/open-source-logiciel">https://www.1min30.com/dictionnaire-du-web/open-source-logiciel</a>.</li> </ul>

Podcast	<ul style="list-style-type: none"> <li>• Audio recording that allows you to listen to a radio program, an interview with an expert, or exchanges between speakers at a conference.</li> </ul>
Augmented reality	<ul style="list-style-type: none"> <li>• Technical process that allows virtual elements (2D or 3D images) to be embedded in the real surrounding environment using a dedicated application and a digital screen (tablet or smartphone).</li> </ul>
Virtual reality	<ul style="list-style-type: none"> <li>• Technical process that allows a learner to be immersed in a different universe than the one in which he/she is physically located. The learner is immersed in a fictitious universe through helmets or specific glasses and has the possibility to interact with what he/she sees.</li> </ul>
Serious game	<ul style="list-style-type: none"> <li>• Training unit of the e-learning procedure that is distinguished by the integration of educational elements in a game world. The participant is therefore faced with the interface of a real video game, using the same codes such as scoring, «lives», challenges... but with the aim of acquiring «serious» knowledge.</li> </ul>
Social learning	<ul style="list-style-type: none"> <li>• Training procedure that uses social tools to facilitate sharing, collaboration and communication for learning purposes. These tools can be digital (social networks, forum, wiki, ...). See also: <a href="http://Lenouveleconomiste.fr">Lenouveleconomiste.fr</a> - La révolution de l'apprentissage -social.(The social learning revolution).</li> </ul>
Synchronous	<ul style="list-style-type: none"> <li>• Training courses in which the learning time is identical between the learners and the trainer: the learners and the trainer are directly involved in the training action (in a classroom, for example, or at a distance in a virtual classroom).</li> </ul>
Tutorial	<ul style="list-style-type: none"> <li>• Material, most often in the form of videos, allowing the learning of a practice by demonstration. It can also take the form of a written guide explaining step by step.</li> </ul>
Webinar	<ul style="list-style-type: none"> <li>• A contraction of the words Web and Online Seminar that allows the transmission of information to a large number of people, through a video conferencing tool. This transmission is almost essentially top-down and should not be confused with virtual classrooms that implement educational activities for small groups.</li> </ul>

# Toolkit

## Detailed training path programming

### *Resources for Module 1*

- Positioning exercise (bicycle).
- Self-assessment of one's training posture.
- Diagnosis of one's experiences as a trainer.
- Personal improvement plan.
- Competency framework grid and self-positioning.
- 1 anonymous CV.
- Presentation of the overall structure of a training course with mind mapping. Presentation of the overall structure of a training course in Word or Excel format.
- Estimate the performance of your training, the results.
- Tracing learning.

### *Resources for Module 2*

- Complete glossary of key concepts.

### *Resources for Module 3*

- Sample identification form.
- Evaluation form for Neema.
- Mapping of key protection actors and services.

### *Resources for Module 3*

- Matrix of psychosocial needs and resources of children and youth on the move.
- Brief presentation of the Tdh MHPSS framework and the pillars of well-being.
- Unaccompanied children-5pillars.
- Case management - 5 pillars.
- SGBV- 5 pillars.
- Questions that can be included in an evaluation on pillars with the child/peer/community.

- Tools that facilitate the collection of information on psychosocial well-being.
- Child assessment guide.
- Sample identification form.
- Replication guide for the training «Supporting the well-being and psychosocial resilience of CYM».

# DETAILED TRAINING PATH

<p>Module 1</p> <p>“Being able to prepare a quality training path for trainers”</p>	<p>Session 1</p> <p>Are you ready to train?</p>	<p>Session 2</p> <p>How to prepare the training path</p>	<p>Session 3</p> <p>Organize the evaluation of the training path</p>	<p>Evaluation of Module 1</p>	<p>Practice (application) session:</p> <p>Individual plan for improving trainer of trainers’ skills</p> <p>Review session: exploratory session for M1</p>
<p>Module 2</p> <p>Training on children and youth on the move and actors involved in their protection</p>	<p>Session 1</p> <p>Child and child protection</p>	<p>Session 2</p> <p>Children and youth on the move</p>	<p>Session 3</p> <p>Actors involved in the protection of CYM</p>	<p>Session 4</p> <p>Applying protection principles to CYM</p>	<p>Application and evaluation of module 2</p>
<p>Module 3</p> <p>Training on case management fundamentals</p>	<p>Session 1</p> <p>Case management and psychosocial well-being</p>	<p>Session 2:</p> <p>Guiding principles</p>	<p>Session 3</p> <p>Step by step case management process</p>	<p>Session 4</p> <p>Mapping of case management actors</p>	<p>Evaluation of module 3</p>
<p>Module 4</p> <p>Training on well-being and psychosocial resilience of CYM</p>	<p>Session 1</p> <p>Well-being and psychosocial resilience of CYM</p>	<p>Session 2</p> <p>Compiling information on the psychosocial support (PSS) needs of CYM</p>	<p>Session 3</p> <p>Psychosocial support and risks mitigation</p>	<p>Session 4</p> <p>Preparing to replicate the psychosocial support training for CYM</p>	

	D1	D2	D3	D4	D5
Module 1 programming	<b>Session 1</b> <b>Are you ready to train ?</b>	<b>Session 2</b> <b>How to prepare the training path ?</b>	<b>Session 3</b> <b>Organizing the evaluation of training path.</b>	<b>Participants :</b> <b>Evaluation du module 1</b> <b>Evaluation of Module 1</b>	<b>Review session/</b> <b>exploratory session for M1</b>
	Realize one's self-positioning. Self-assessment of one's training posture. Diagnose one's experiences as a trainer. Design an improvement plan.	Define the participants' learning objectives. Competency framework. Training device/course. Present a relevant training scenario. Identify the facilitation mechanism. Existing resources for integrating games into your training.	Estimate the potential performance of your training from the design phase! The 4 levels of evaluation in Kirkpatrick's model. 7 key practices in training evaluation.	<b>Participants:</b> Individual trainer skill improvement plan. <b>Formateur:</b> Preparation (allow participants to review, practice aspects they need reinforcement on).	
<b>Module 1</b> <b>"Being able to prepare a quality training path for trainers".</b>					

		D1	D2	D3	D4
<b>Programmation Module 2</b>					
<b>Module 2</b> Children and youth on the move and actors involved in their protection.	<b>Session 1</b> <b>Child and child protection.</b>	<b>Session 2</b> <b>Children and youth on the move.</b>	<b>Session 4</b> <b>Apply the principles of protection to CYM.</b>	<b>Application and evaluation of Module 2</b>	
	What is a child?  What is a young person?  Child protection.  Abuse.	What is mobility? Children, youth and mobility: Causes. Risks. Opportunities. Migration routes.	Key principles of the International Convention on the Rights of the Child and the African Charter on the Welfare of the Child.  CYM and vulnerabilities.  <b>Application and evaluation of Module 2.</b>	Presentation of results, evaluation and constructive feedback.	
	Responses in the context of protection.  Key components of a child protection system.	<b>Session 3</b> <b>Actors in the protection of children and youth.</b>  Key actors from regional to local. Formal and informal actors  The actors of child protection at the regional level.	Preparation.		



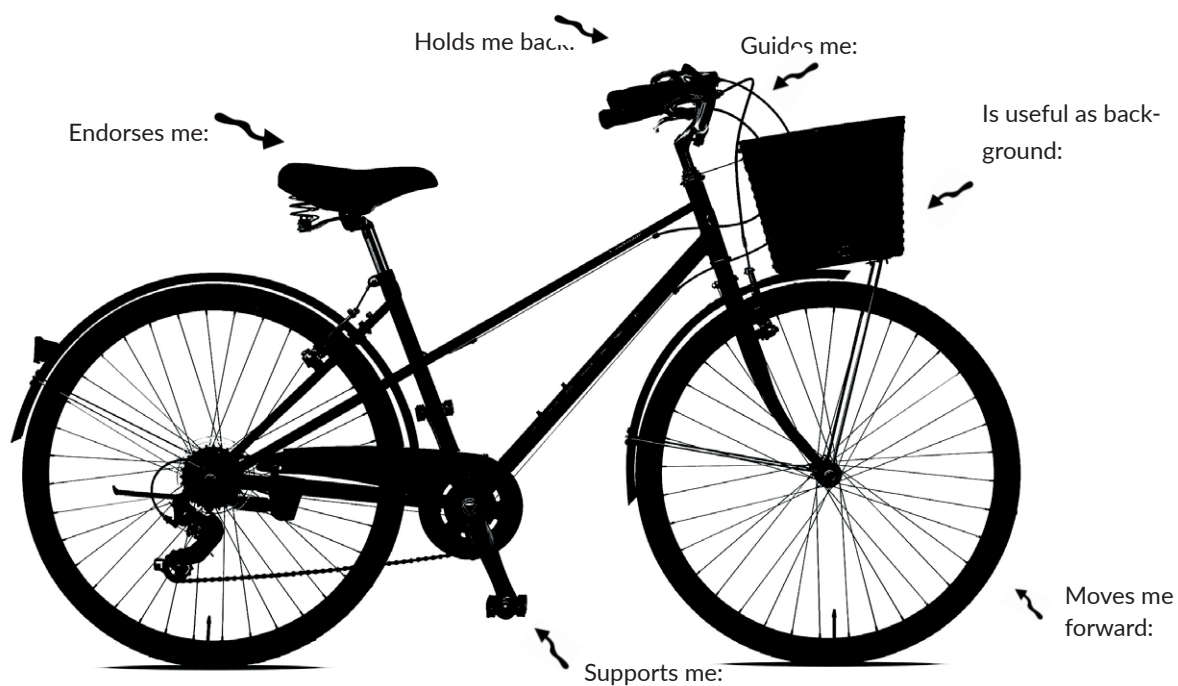
Module 3 programming					
	D1	D2	D3	D4	D5
Module 3 Training on the fundamentals of case management.	<b>Session 1</b>  Case management and psychosocial well-being	<b>Session 2</b>  Guiding principles	<b>Session 3</b>  Step-by-step process of case management.	<b>Session 3</b>  Step-by-step process of case management.	<b>Session 3</b>  Step-by-step process of case management.
	Risks, vulnerabilities, needs.  Factors that affect psychosocial well-being.	Guiding principles to be applied consistently.  Informed consent. Informed assent.  Successes or challenges in practice.	<b>The 6 steps in the process of case management.</b>  <b>Session 3</b>  <b>Step-by-step process of case management.</b>	The 6 steps in the process of case management.	
		<b>Session 3</b>  <b>Step-by-step process of case management.</b>  Principles of case management.  <b>The 6 steps in the process of case management.</b>	The 6 steps in the process of case management.	<b>Session 4</b>  <b>Mapping of case management actors.</b>	

	D1	D2	D3	D4
Module 4 programming				
<b>Module 4</b> Training on supporting the well-being and psychosocial resilience of CYM.	<p><b>Session 1</b></p> <p><b>The well-being and psychosocial resilience of CYM.</b></p> <p>Well-being and psychosocial resilience.</p> <p>The 5 pillars of well-being.</p> <p>The 5 Pillars of well-being applied to CYM.</p> <p>MHPSS Framework.</p> <p>MH and PSS Continuum.</p> <p>Signs of severe psychosocial distress and referrals.</p>	<p><b>Session 2</b></p> <p>Participatory and inclusive approaches.</p> <p>Psychosocial challenges for children and youth on the move.</p> <p>Link with pillars of well-being, ecological system, individual/collective capacities.</p> <p><b>Session 2</b></p> <p><b>Compiling information about the PSS needs of CYM.</b></p> <p>Psychosocial evaluation and PSS plan: Compiling information.</p> <p>Challenges in identifying and supporting the psychosocial needs of CYM.</p> <p>Mitigate risks and address challenges.</p> <p>Identify psychosocial needs: approach and tools.</p>	<p><b>Session 3</b></p> <p><b>Psychosocial support and risk mitigation.</b></p> <p>Identify types of MHPSS interventions</p> <p>Analyze the types of MHPSS interventions (CASE STUDY).</p> <p>Define the case manager as a PS support actor.</p> <p>Propose an andragogical learning path to replicate the training.</p> <p><b>Session 4</b></p> <p><b>Preparation for the replication of the training on psychosocial support for youth.</b></p> <p>Preparation of a training sequence.</p>	<p><b>Session 4</b></p> <p><b>Preparation for the replication of the training on psychosocial support for CYM.</b></p> <p>Simulation exercise of a session.</p> <p>Evaluation of a session.</p>

## Module 1 - Positioning exercise with the bicycle

Ask each participant to complete the drawing below by answering the question: in my role as a trainer regarding the protection of CYM, what ....

Version to be completed:



## Module 1 - Self-assessment of one's trainer posture

N°	My practices	Yes	No
1	I start with program and stick to it even if the participants have difficulty following it.		
2	I consider the group of participants as a resource (visions, knowledge, experiences, etc.).		
3	The content of my training is standardized, regardless of the participants' profiles.		
4	I work with a global pedagogical course and there is a part of navigation according to the needs of the participants.		
5	I do a summative evaluation.		
6	I make sure I know the differences in level within the group, I value them so that the participants enrich each other's visions.		
7	I plan my interventions, content, pace and duration very carefully		
8	I adapt my program, the content and its progress are highly individualized.		
9	I make sure that the group of participants is homogeneous, because the differences in level are painful because you have to deliver very specific content.		
10	I frequently conduct interactive sessions (50% of the time is devoted to practice: role-playing, scenarios, practical work).		
11	I avoid asking too much of the participants.		
12	I a formative evaluation and I practice remediation.		
13	I am the expert and I have to pass on my knowledge to the participants.		
14	I accompany the participants on their operational objectives.		
15	I have a program that serves as a common thread, but I start from the needs and practices of the participants.		

Explain to them:

- If you get a majority of «yes» votes for all sentences with an odd number (1,3 5, etc.): your approach is more **pedagogical** (means directing or educating children).
- If you get a majority of “yes” for all sentences with an even number (2, 4, 6): your approach is rather **andragogical**.

## Module 1 - Diagnose one's experiences as a trainer

**Instructions:** We invite you to answer as objectively as possible. A yes must be illustrated by your actual practices and experiences. Don't worry, you will be the only one to see your results and of course the goal is for them to guide you in identifying actions that you could implement to progress quickly.

Questions to ask yourself	Yes	No
1. I have already successfully trained or coached several participants in the training of trainers.		
2. I have already successfully trained or coached several participants on child and youth migration training.		
3. I have already successfully trained or coached several participants in case management.		
4. I have already successfully trained or coached several participants on "Supporting the well-being and resilience children and youth on the move.		
5. I have a method for setting learning objectives.		
6. I apply at least 4 principles of andragogy in my training.		
7. I know how to adapt to the different profiles of the participants.		
8. I use tools to evaluate participants objectively (accurately).		
9. I master active listening techniques.		
10. I take specific actions when I encounter delicate or tense situations during training.		
11. I carry out written/formal learning assessments with the participants.		
12. I provide a summary of the training performance and process with the learning reviews.		
13. I carry out at least one monitoring activity to measure the implementation of the participants' achievements in their working situations.		

Results of your self-diagnosis and recommendations:

- **Less than 3 times «yes»** be assured, this manual gives you everything you need! Use it in your role as a trainer and as soon as you prepare for the training path you have scheduled. We recommend that you co-facilitate your first training with an experienced trainer on this training path.
- **Between 3 and 7 «yes»**, consult the summary of this manual and identify what and how you can still progress.
- **More than 8 times «yes»**, you are able to train trainers as soon as possible by following this manual and enriching it with your own toolkit.

Regardless of their results, invite them to prepare their personal improvement plan (knowledge and skills) to perform as a trainer based on the competency framework for this training path.

## Module 1 - Designing your personal improvement plan

- Provide each participant with the following sample improvement plan:

Knowledge/ Skills	To be rein- forced	How?	Deadline	How would I know if I was successful?

- Invite each of them to complete it in order to prepare the next training path that they will lead, considering:
  - *The results of their various self-assessments (pay attention to the consistency between the identified strengths and limitations and the actions and timing).*
  - *The objective for each of them to perform the best training.*

## Module 1 - Competency framework grid and self-positioning

Date of completion: «to be completed»	<i>Self-positioning: my skills in relation to my role as (for example: trainer)</i> <i>Put a cross in the box that seems appropriate.</i>				
Activities	Competencies/skills	I do not know how to do it / I have never had the opportunity to do it.	I have already done it and/or I want to improve my skills.	I can do it / I have already done it.	I can do it / I have already done it?
<b>Example</b>  <b>1. Identify the learning needs with regard to the participant's initial profile and the operational requirements of the function and/or the expected developments expected developments.</b>	1.1 Identify the key tasks and sensitive skills of the function. Take into account the new requirements of the job with regard to regulatory and/or organizational and/or procedural and/or technical changes.				
	1.2 Design a base of key skills				
	1.3 Develop a positioning grid with regard to key skills.				
	1.4 Distinguish, with regard to the competencies to be acquired by the learners, the training needs and their relevant learning methods such as: theoretical contributions, case studies, training and simulation, co-development.				

<b>2. Design a training program.</b>	2.1				
	2.3				
	2.4				
	2.5				



## Module 1 - Anonymous CV

### CURRICULUM VITAE

XXXXXXXXXXXXX

PROFESSION: Senior Inspector in Specialized Education

REGIONAL DIRECTOR OF SOCIAL PROTECTION

Mobile: XXXXXXXX

E-mail: XXXXXXXX.

#### PROFESSIONAL EXPERIENCES

- **Since XXXXXX:** Regional Director of Social Protection.
- **From XXXXXXXX:** Regional Director of Social Protection.
- **XXXXXX:** Head of the Department of Social Mobilization and Community Action at the Regional Directorate of Social Affairs.
- **XXXXX:** Director of the educational and vocational center.
- Initiator of the educational method of the XXXXX Center.
- **XXXX:** Responsible for youth educational activities.

#### COMPETENICES

- Specialized instructor - National Institute of Social Training.
- Focal point for issues related to child trafficking and exploitation.
- Writer and Coordinator of projects against child trafficking and exploitation.
- Designer and Coordinator of 2 mini-programs against child trafficking and exploitation.
- Designer of the document related to foster families selected during the workshop on successful experiences.
- **XXXX:** Member of the sub-regional pool of trainers on migrant children and youth issues.

## PROMOTION AND ADVOCACY FOR PEOPLE WITH DISABILITIES

- **XXXXX**: Organizer of the celebration of the International Day of Persons with Disabilities.
- **XXXXX**: Advisor to the Regional Coordination of Organizations of Associations of People with Disabilities.
- **XXXXX**: Member of the management committee of the inclusive education project.
- **XXXXX**: Facilitator of the Restitution of the Regional Directors' Forum Workshop on Inclusive Education.
- **XXXXX**: Facilitator of the training workshop for stakeholders working in the field of disability on the rights-based approach for people with disabilities.
- **XXXX**: Facilitator of the capacity building workshop for disability stakeholders on the EMPLOYMENT PROMOTION POLICY FOR PEOPLE WITH DISABILITIES.
- **XXXXX**: Facilitator of the sensitization and training session for local stakeholders and final beneficiaries, to raise awareness of their own potential and rights.

## SCHOOL, UNIVERSITY AND TRAINING

- **XXXX**: Senior Inspector in Specialized Education
- **XXXX**: Inspector in Specialized Education.  
School of specialized instructors (National Institute of Social Training).
- Qualification: State diploma of specialized instructors.

## MEETINGS

- Workshop of capitalization and exchange of experiences on child trafficking.
- Final European seminar on children and teenagers of the Earth.
- Sub-regional workshop on the fight against child trafficking organized by the IOM.
- Articulation of national and sub-regional strategies to fight against child trafficking in West and Central Africa: role and involvement of civil society organizations.
- Participation in the Regional Capitalization and Dissemination Workshop, lessons learned, good practices and achievements of the Project «Improving the protection of children and youth on the move along the main migration routes in West Africa».

## CAPACITY BUILDING

- Training on alternative education.
- Training on research, reunification and care for separated children.
- Training of facilitators and supervisors of children's centers in the psychological care of child and adolescent victims of trafficking and various traumas.
- Training of trainers on the rights and protection of the child in trafficking situations.
- ARC (Actions for the Rights of Children) Training.

THEMES: Advocacy, legal instruments, social mobilization and others.

- Improvement of care capacities for the socio-professional reintegration of drug addicts.
- Training in children's rights-based programming.
- Member of the committee drafting the alternative report of XXX produced by NGOs and civil society.
- Training on human resources management.
- Participation in the training of trainers workshop focused on psychosocial support for the protection of children and youth on the move project - as a member of the regional pool of trainers.

## OTHER INTERESTS

- Computer skills: Word, Excel, PowerPoint.
- Vice President of the XXXX network against child trafficking and exploitation.
- Initiator of several radio programs on the rights and protection of children.
- Member of 2 panels for the defense of end of cycle thesis at the school of Specialized Instructors.
- Member of the African Network of Participatory Action Research (P.A.R.) / Alternative Education.
- Technical advisor at the African Media **Network**.
- Technical advisor at the Association of Working Children and Youth of XXX.
- BCDE driving license holder.
- Knowledge of written and spoken English.

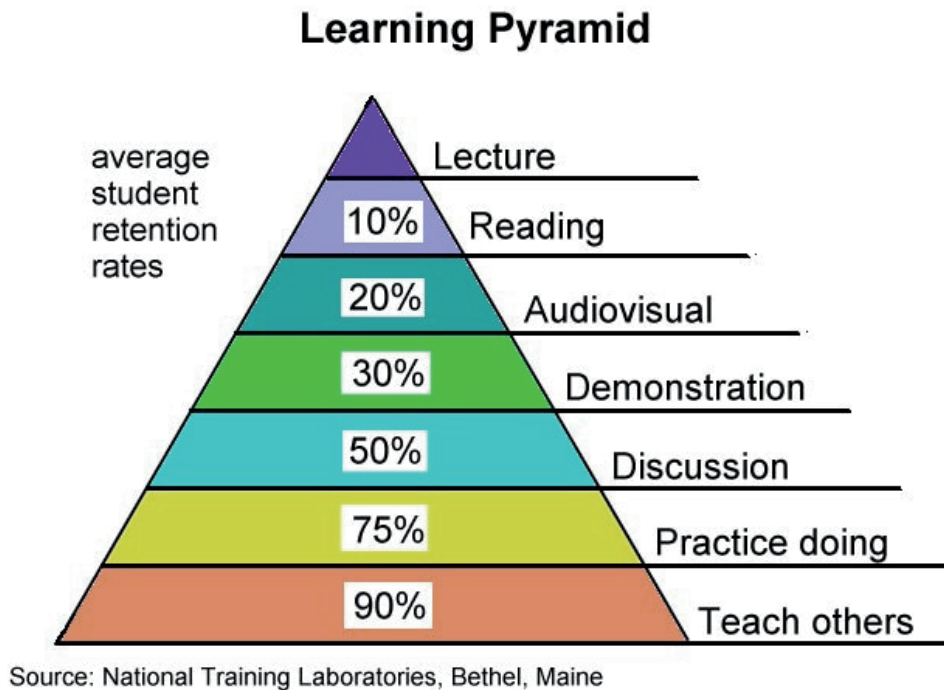
## Module 1 - Presentation of a training course in Word or Excel format

Training path	Modules	Title of the session	Duration	Operational objectives	Contents	Methods	Resources	Evaluation criteria and procedures
General objective.	Module 1  <i>Being able to prepare a quality training path for trainers on the protection of CYM, case management and psychosocial support.</i>	Getting prepared to train.	6 h	Knowing one's strengths and limitations and designing one's self-competency improvement plan.	<i>The conditions that influence one's abilities, the state of knowledge and skills as a trainer and the themes of the training path.</i>  <i>Your training practices.</i>  <i>Knowles' principles.</i>  <i>The trainer posture.</i>	Inputs.  Self-evaluation.	Positioning grid « bicycle ».  Self-diagnosis.	Production of a relevant and consistent individual improvement plan, reviewed by the trainer with feedback.
		Training course	6 h	Knowing how to design a relevant training scenario.				
		Dynamic facilitation	6 h	Being able to make the participants involved in their training.				
		Assess knowledge of participants	6 h	Demonstrate participants' progress "on the spot".				

**Key messages :** To populate the information in their training journey, invite participants to:

- Take up the results of participants self-positioning (anonymized), and synthesize the knowledge and skills to be reinforced.
- Remember that it is *important not to confuse a training objective with a training activity*. Setting a specific training (or learning) objective helps to motivate participants, especially if achieving this objective helps them to solve a problem in their professional practices.

## Module 1 - Estimate the performance of your training, results



## Module 1 - Three methods to trace learning

After the initial training, the participant continues the learning by applying it in his/her work situation. There are several ways to encourage them to «trace» their learning so that they can remember it when they follow up with their trainer.

### Logbook

The participant writes down every day on a resource of his/her choice (sheet, computer, small notebook, etc.) what he/she learns, and also the questions and difficulties to raise with his/her trainer.

Conditions to succeed:

Strong involvement of the participant in the learning process.

Regular follow-up and assessment points.

The participant uses smartphone (photos, screenshots, notes) or the Dictaphone function (audio recording or whatsapp) to keep track of his/her achievements, impressions, self-evaluations, etc.

Conditions to succeed:

The learner's smartphone is a practical and familiar tool for him.

They can learn to use it as a memorization tool.

They should not use it to record, photograph or film without permission.

### **The notebook or booklet**

The participant regularly fills in a liaison booklet or learning booklet given by the trainer.

Conditions to succeed:

Regular consultation of the booklet by the trainer/coach who may also be asked to record his/her observations or evaluations.

## Module 2 - Complete glossary of key concepts

### Glossary

**Formal and non-formal actors:** The distinction is based on the level of institutional recognition (by the State and the laws in force) of the organizational arrangements, practices and representations that characterize these actors, their organization and their functioning. All actors who have this recognition and are attached to a system of standards, principles and rules defined and governed by the State are identified as formal. These may be government bodies, local and regional authorities and departments, international agencies, non-governmental organizations, religious or community associations, private companies, etc. Non-formal actors include individuals or groups operating in a given social and geographical area without the entity they constitute being part of the system of standards and codifications known as “formal”: traditional, community or religious entities (village militias, hunting fraternities, trade associations, chiefdoms not integrated into the political representation recognized by the State), social or economic groups not formally constituted and not regulated by legislation (laws) networks of sponsors, citizens of the same village, generational groups or groups practicing mutual aid or a common socio-cultural activity, etc.).

**Migration:** Any movement of persons leaving their place of habitual residence, either within a country or across an international border. (Source: [IOM](#)). Migration can be forced (e.g. as a result of conflict or natural disaster), voluntary (e.g. for professional development purposes) or irregular (e.g. involving a border crossing in violation of the laws of the country of entry). Mixed migratory movements refer to the multiplicity of factors and reasons underlying the migration of persons following the same route and using the same means of transport. (Source: [IOM](#)).

**Mixed migration:** The term refers to complex population movements of people (economic migrants, refugees, internally displaced persons) who follow the same routes, use the same means of transport and face a multitude of common problems, but who move for different reasons. The intersecting routes of these populations call for a comprehensive strategy that recognizes the complexity of these contexts, but distinctions in status and reasons for displacement remain important in terms of legal approaches and intervention procedures. (Source: Consortium).

**Migrant:** An umbrella term, not defined under international law, reflecting the common lay understanding of a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons. The term includes a number of well-defined legal categories of people, such as migrant workers; persons whose particular types of movements are legally defined, such as smuggled migrants; as well as those whose status or means of movement are not specifically defined under international law, such as international students. (Source: [IOM](#)).

**Refugee:** A person who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it. (Source: [IOM](#)).

**Asylum seeker:** An individual who is seeking international protection. In countries with individualized procedures, an asylum seeker is someone whose claim has not yet been finally decided on by the country in which he or she has submitted it. (Source: [IOM](#)).

**Internally displaced persons:** Persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border. (Source: [OHCHR](#)).

**Unaccompanied children (also known as unaccompanied minors):** Children, as defined in Article 1 of the Convention on the Right of the Child, who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so. Source: adapted from the UN Committee on the Rights of the Child, General Comment No. 6: Treatment of unaccompanied children and children separated outside their country of origin (2005), document CRC/GC/2005/6, p. 5. (Source: [IOM](#)).

**Separated children:** Children who have been separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relative. The Separated Children in Europe program defines separated children as all «children under the age of 18 years of age who are outside their country of origin and separated from both parents, or their previous legal/customary primary caregiver.» (Source: [SCEP](#)).

**Returnees:** People who have made a choice or have been forced to return to their country of origin or a country of transit as a result of international migration. The term return therefore encompasses several categories such as voluntary return, repatriation, deportation or expulsion. (Source: Consortium).

**Mobility of children (0-17 years) and youth (18-24 years):** There are various forms of mobility. Some are criminal (child trafficking). Others refer to challenges as well as opportunities: economic migration (internal or international, seasonal or non-seasonal, regular or non-regular, circular or non-circular), family reunification or traditional family placement, placement in traditional forms of religious learning or education (including begging), runaway, adventures, rituals of passage (social norms), settlement in street situations, forced displacement (internal or transnational) caused by conflict, insecurity, natural disasters, etc.

The concept of mobility has the advantage of integrating several dimensions which make it possible to address the complexity and variety of the cases encountered: geographical mobility (route), social mobility (status, trajectory), personal mobility (experience, development) and physical mobility (transport). (Source: Consortium).

**Integration:** A two-way process of mutual adaptation between migrants and the societies in which they live, whereby migrants are incorporated into the social, economic, cultural and political life of the receiving community. It entails a set of joint responsibilities for migrants and communities, and incorporates other related notions such as social inclusion and social cohesion. (Source: [IOM](#)).

**Reintegration:** A process which enables individuals to re-establish the economic, social and psychosocial relationships needed to maintain life, livelihood and dignity and inclusion in civic life. (Source: IOM). In a 2009 policy, Tdh more specifically defines the “reintegration of unaccompanied children” as: the process triggered following a child’s return to their home environment and aimed at ensuring that the child: (a) lives in a protective environment, (b) has his or her fundamental rights respected and (c) develops his or her capacity to make choices (his or her ability to project into the future) (Source: [Tdh](#)).

**Assisted voluntary return:** The returning process of migrants unable or unwilling to remain in the host country or country of transit and who decide to return to their country of origin (Source: adapted from [IOM](#)).



# Module 3 - Sample identification form



**protejem**  
PROTECTION DES ENFANTS ET JEUNES EN MOBILITÉ



**Save the Children**



**Terre des hommes**  
Aide à l'enfance.



Financé par l'Union Européenne

## FORMULAIRE D'IDENTIFICATION INITIALE PARTIE 1

### Premier agent d'identification

Prénom de l'agent	Nom de l'agent	Numéro de téléphone de l'agent
-------------------	----------------	--------------------------------

Pays d'identification  Côte d'Ivoire

Région d'identification

Gbêké  Lagunes

Poro  Tchologo

### Date d'identification

Département ou Préfecture d'identification

Abidjan  Bouaké  Ferkéssédougou  Korhogo

Localité (Quartier, ville, village) d'identification

Dispositif Protejem associé

Équipe mobile  Guichet unique  Centre ou famille d'accueil  Point espoir/écoute

Organisation/Structure

### Lieu d'identification

Gare  Zone de maquis  Commerce  Directement dans un dispositif Protejem

Parking/garage  Marché  Site religieux  Poste frontière  Autre (préciser)

**Détails supplémentaires** Donnez le plus d'indications possibles (adresse, sites à proximité facilement reconnaissables...) dans le cas où vous souhaitez transmettre l'information à une autre personne du dispositif, par exemple un autre membre de votre équipe mobile.

## 1. ACCORD ET CONSENTEMENT

Je certifie que le consentement oral de l'EJM a été recueilli une fois le projet présenté à l'enfant, ainsi que l'ensemble des services et recours possibles dont il dispose. J'ai informé à l'EJM qu'il est libre de répondre aux questions ou non et que les données seront stockées de manière sécurisée.

Ce consentement intègre l'acceptation à :

- Participer au processus de gestion de cas le cas échéant.

- La collecte et la conservation des renseignements concernant son dossier et à ce qu'il partage des données agrégées anonymes à des fins de production de rapports.

- Le partage de l'information avec d'Autre (préciser) partenaires et prestataires de services en mesure uniquement d'aider l'enfant et sa famille à répondre à des besoins particuliers.

## STRICTEMENT CONFIDENTIEL

## 2. RENSEIGNEMENTS PERSONNELS SUR L'EJM/ENFANT JEUNE DE LA COMMUNAUTÉ

Prénom	Nom	Age/date de naissance
--------	-----	-----------------------

Genre	Prénom du père	Nom du père	Prénom de la mère	Nom de la mère
<input type="checkbox"/> Masculin <input type="checkbox"/> Féminin				

Lieu de naissance

Pays de départ Région de départ Localité (ville ou village) de départ ou de résidence des parents

## 3. PREMIERS ÉLÉMENTS D'IDENTIFICATION

### 3.1 Nationalité de l'EJM (un seul choix possible)

Bénin  Côte d'Ivoire  Ghana  Mali  Nigéria  Togo

Burkina-Faso  Liberia  Guinée Bissau  Mauritanie  Sénégal  Autre (préciser)

Cap Vert  Gambie  Guinée  Niger  Sierra Leone

### 3.2 Types de mobilité (un seul choix possible)

En mobilité transfrontalière  Si mobilité transfrontalière ou mobilité interne  Enfant jeune communauté hôte

Mobilité interne  En transit

Mobilité de retour  A destination

### 3.3 Statut administratif migratoire (un seul choix possible)

Demandeur d'asile  Réfugié  Aucun des statuts précédents

### 3.4 Occupation actuelle (plusieurs choix possibles)

Domestique  Commerce  Mendicité  Études publiques

Agriculture  Ouvrier  Études coraniques  Autre (préciser)

### 3.5 Accompagnement

L'EJM est-il accompagné par un adulte ? (un seul choix possible) Si oui, avec qui

Oui  Non  Père  Mère  Les deux  Tuteur (préciser)  Autre accompagnant (préciser)

### 3.6 Information claire et adaptée à l'EJM a été donnée sur les (plusieurs choix possibles)

Services et/ou dispositifs de protection disponibles à proximité  Risques liés au parcours migratoire

Acteurs de protection susceptibles d'apporter un appui à proximité  Opportunités liées au parcours migratoire

Itinéraires et les routes  Autre (préciser)

**FORMULAIRE D'IDENTIFICATION INITIALE PARTIE 2**

Date de remplissage partie 2 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Numéro de dossier \_\_\_\_\_

**Le gestionnaire de cas qui remplit cette partie 2, est-il l'agent d'identification ayant rempli la partie 1**

<input type="checkbox"/> Oui <input type="checkbox"/> Non	<b>Prénom</b>	<b>Nom</b>	<b>Numéro de téléphone</b>
<small>Si non, formulaire rempli par (si différent de l'agent d'identification)</small>			

**Dispositif Protejem associé**

- Équipe mobile     Guichet unique     Centre/famille d'accueil     Point espoir/écoute     Autre (préciser) \_\_\_\_\_

Organisation/Structure \_\_\_\_\_

**4. ÉLÉMENTS EN LIEN AVEC LA MOBILITÉ OU LIEU DE RÉSIDENCE (ENFANT/JEUNE DE LA COMMUNAUTÉ HÔTE)**

**4.1 Quelle était l'occupation principale de l'EJM avant le départ ou lieu de résidence (Enfant/jeune de la communauté hôte) (un seul choix possible)**

- École     Formation professionnelle     Travail     École coranique     Autre (préciser) \_\_\_\_\_

**4.2 La décision de partir est principalement due ou lieu de résidence (Enfant/jeune de la communauté hôte) (plusieurs choix possibles)**

- Choix de l'EJM     Influence de la famille     Non Applicable (Enfant/jeune de la communauté hôte)  
 Départ contraint     Influence d'autres personnes de la communauté (préciser) \_\_\_\_\_

*Explications complémentaires si besoin*

**4.3 Principaux motifs de mobilité, au départ ou lieu de résidence (Enfant/jeune de la communauté hôte) (plusieurs choix possibles)**

- |   |   |
|---|---|
| <input type="checkbox"/> Affecté par les catastrophes/événements environnementaux                   | <input type="checkbox"/> Mort ou décès d'un parent                              |
| <input type="checkbox"/> Affecté par les conflits   | <input type="checkbox"/> Non Applicable (Enfant/jeune de la communauté hôte)    |
| <input type="checkbox"/> Aventure   | <input type="checkbox"/> Placement dans une institution religieuse              |
| <input type="checkbox"/> Discrimination basée sur ethnie/religion                                   | <input type="checkbox"/> Privation ou accès limité aux services de santé        |
| <input type="checkbox"/> Exploitation par le travail  | <input type="checkbox"/> Recherche de meilleures opportunités économiques       |
| <input type="checkbox"/> Exploitation sexuelle  | <input type="checkbox"/> Recherche de meilleures opportunités éducatives        |
| <input type="checkbox"/> Expulsion du domicile familial   | <input type="checkbox"/> Recherche ou accompagnement de membres familiaux       |
| <input type="checkbox"/> Menace/mariage forcé   | <input type="checkbox"/> Traditions socio-culturelles encourageant la migration |
| <input type="checkbox"/> Violences/abus/négligences/maltraitements physique/psychologiques/sexuelle | <input type="checkbox"/> Traite <input type="checkbox"/> Autre (préciser) _____ |
| <input type="checkbox"/> Violences basées sur le genre  |   |

**4.4 Est-ce une mobilité saisonnière**

- Oui     Non

**4.5 Durée du séjour depuis le départ**

Si oui, 1) \_\_\_\_\_ mois

Si Non, 2) \_\_\_\_\_ années

**4.6 Route migratoire**

**4.6.1 Principales villes/pays traversés dans l'ordre (depuis le départ jusqu'à l'arrivée)**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

**4.6.2 Services ou assistance auxquels l'EJM a bénéficié dans l'ordre (depuis le départ jusqu'à l'arrivée)**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

**4.6.3 Suite du parcours envisagé (un seul choix possible)**

- Souhait de rester dans la même localité     Joindre une autre destination  
 Retour dans la famille et/ou le lieu d'origine     Possibilité de Pré-mobilité identifiée enfant/jeune de la communauté hôte

**Si « joindre une autre destination », quelles sont les prochaines destinations de l'EJM si connues (plusieurs choix possibles)**

**Si Côte d'Ivoire, Villes principales**

- Abidjan     Bouaké     Ferkessédougou     Korhogo     Autre (préciser) \_\_\_\_\_

**Si Gambie, Villes principales**

- Farafenni     Soma     Autre (préciser) \_\_\_\_\_

**Si Guinée, Villes principales**

- Conakry     Koundara     Labé     Mamou     Pita     Autre (préciser) \_\_\_\_\_

**Si Sénégal, Villes principales**

- Dakar     Kaolack     Kolda     Tambacounda     Autre (préciser) \_\_\_\_\_

**4.6.4 Pays de destination final souhaité (un seul choix possible)**

### 5. PRÉOCCUPATIONS DE PROTECTION AU COURS DE LA ROUTE MIGRATOIRE OU À DESTINATION OU LIEU DE RESIDENCE (ENFANT/JEUNE DE LA COMMUNAUTÉ HÔTE (PLUSIEURS CHOIX POSSIBLES))

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Enfant vivant dans la rue                | <input type="checkbox"/> Négligence                 | <input type="checkbox"/> Violence et abus affectifs et psychologiques |
| <input type="checkbox"/> Exploitation par le travail              | <input type="checkbox"/> Problème de santé mentale  | <input type="checkbox"/> Violence et abus physiques                   |
| <input type="checkbox"/> Exploitation sexuelle                    | <input type="checkbox"/> Problème de santé physique | <input type="checkbox"/> Violence et abus sexuels                     |
| <input type="checkbox"/> Grossesse ou enfants en bas âge à charge | <input type="checkbox"/> Toxicomanie et addiction   | <input type="checkbox"/> Violences basées sur le genre                |
| <input type="checkbox"/> Handicap physique ou mental              | <input type="checkbox"/> Traite                     | <input type="checkbox"/> Autre (préciser) _____                       |

### 6. BESOINS URGENTS DEVANT ÊTRE RÉGLÉS (PLUSIEURS CHOIX POSSIBLES)

- |  |                                      |  |  |   |
|--|--------------------------------------|--|--|---|
| <input type="checkbox"/> Alimentaire   | <input type="checkbox"/> Hébergement | <input type="checkbox"/> Psychosocial  | <input type="checkbox"/> Juridique Légal | <input type="checkbox"/> Aucun                  |
| <input type="checkbox"/> Vestimentaire | <input type="checkbox"/> Médical     | <input type="checkbox"/> Psychologique | <input type="checkbox"/> Hygiène         | <input type="checkbox"/> Autre (préciser) _____ |

Commentaires éventuels

### 7. NIVEAU DE RISQUE (UN SEUL CHOIX POSSIBLE)

- Élevé                       Moyen                       Faible                       Nul

Raisons principales

### 8. INTERVENTION PRÉVUE (PLUSIEURS CHOIX SONT POSSIBLES)

- Oui     Non

Si oui, date de l'intervention prévue \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Prise en charge au sein du même dispositif

Oui    Non

- 

Prise en charge ou référencement vers d'autres dispositifs Protejem

    Si oui préciser

- Guichet unique                       Centre/famille d'accueil

Point espoir/écoute                       Autre (préciser)

Prise en charge ou référencement vers d'autres dispositifs hors protejem

    Si oui, préciser

### 9. COMMENTAIRES ÉVENTUELS

Commentaire du gestionnaire de cas

Commentaire relatif aux souhaits de l'EJM

### SERVICES FOURNIS (PLUSIEURS CHOIX SONT POSSIBLES)

Date d'offre de services

Numéro de dossier

Prénom

Responsable du suivi  
Nom

Contact téléphonique

Organisation/Structure

### SERVICES FOURNIS (PLUSIEURS CHOIX SONT POSSIBLES)

Type d'assistance	Date	Quantité	Directe	Référé	Si référé, nom de la structure
Kit ou assistance alimentaire	_____ / _____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kit ou assistance hygiène	_____ / _____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kit ou assistance vestimentaire	_____ / _____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hébergement	_____ / _____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Assistance médicale	_____ / _____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Assistance psychosociale	_____ / _____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Assistance psychologique	_____ / _____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Assistance juridique légale	_____ / _____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Assistance au transport	_____ / _____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Assistance au retour	_____ / _____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Activités récréatives éducatives	_____ / _____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Assistance communication	_____ / _____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Autre (préciser)	_____ / _____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Module 4 - Mapping key protection actors and services



### Executive summary

# Regional Study on Profiles of Migrant Children and Youth and Mapping of Child Protection Actors and Services in Côte d'Ivoire, Guinea Conakry, The Gambia and Senegal.

July - December 2020



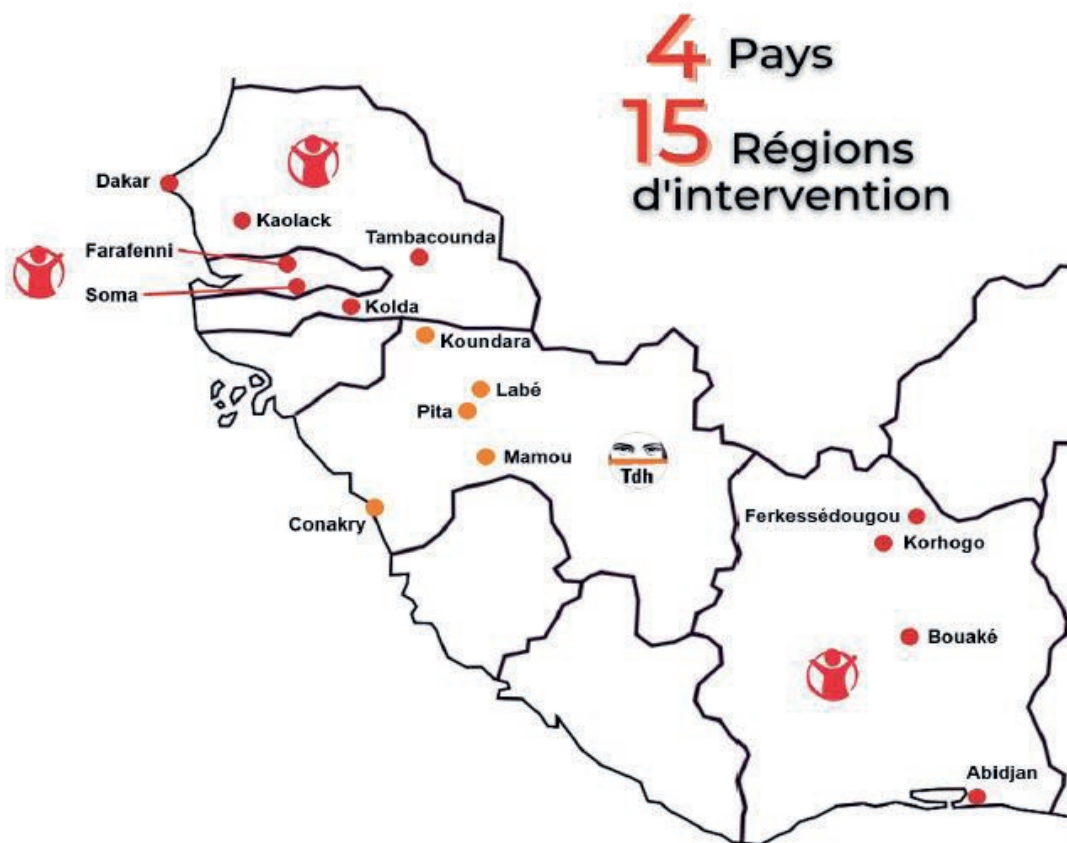
Financé par l'Union Européenne



## Introduction

In January 2020, the regional project “**Improving the protection of children and youth on the move on the main migration routes in West Africa (PROTEJEM)**” was officially launched in Côte d’Ivoire, Guinea Conakry, Senegal and The Gambia. The project, funded by the European Union through the Emergency Trust Fund for Africa, is being implemented by the consortium formed by Save the Children and Terre des Hommes, with IOM as an associated entity, for a period of 36 months. It aims to contribute to the creation of a protective environment for children and youth on the move (0-24 years) and to facilitate their access to quality services adapted to their needs according to their different vulnerabilities.

To achieve this, it was crucial to be able to update the profile of the girls, boys and youth on the move (CYM) targeted by the project in order to effectively meet their basic needs and adapt the information and services that will be provided to them by 2023. It was also necessary to produce a mapping of child protection actors and services in the intervention areas in order to inform referral and coordination schemes to be used during the implementation of the project. With this in mind, a study was conducted with the **African Bureau for the Studies of Children's Rights (BADE SARL)** between July and December 2020. The latter includes the following 8 publications:



- **Four CYM profiles** : one profile was produced for each country of intervention of the project. These profiles were created by analyzing the convergence of the situation based in particular on the occupation, the reason for the migration and the positioning on the migratory routes of the CYM encountered. These profile studies also include an analysis of the main migratory routes across the relevant country.

- **Four mappings of CYM protection actors and services:** one mapping per country was made. They generally refer to existing national legislative frameworks for protection and, in the mapping of actors, target, more specifically, the 15 intervention regions of the project.

This study takes place in a particular context related to the COVID-19 pandemic, but also to the change in migration trends towards Europe observed in 2020. Indeed, between the start of the study in July 2020 and its completion at the end of 2020, the Atlantic migration route between the coasts of the Gambia, Senegal, Mauritania and Morocco and the Canary Islands accelerated sharply. Official figures from Spain's Ministry of Interior show arrivals up by 757% in 2020 compared to 2019. Most of these migrants are young Senegalese.

This executive summary presents the highlights of the six months of fieldwork and compares trends in migration profiles specific to each country in order to provide a **regional analysis of the phenomenon of child mobility** in the four countries targeted by the project.

### Methodology of the study

The African Bureau for the Studies of Children's Rights (BADE SARL) was commissioned to conduct the study. An international consultant coordinated the literature review and the work of four national consultants, based in each of the target countries, who were responsible for collecting primary data in Senegal, Gambia, Guinea, and Côte d'Ivoire. The national survey teams conducted several focus groups in the intervention zones with the CYM as well as state and community actors to put the data collected during the individual interviews into perspective. A simplified grid of questions was used for institutional actors at the strategic/decision-making level. Since they are not directly involved in the provision of services, they mainly provided their strategic vision and information on their interventions with the WCYs at the national level. On the other hand, the professionals and community actors directly involved with WCYs were given a grid of questions following the steps of the standard procedures for the care of CYM in ECOWAS, in order to understand the services provided as well as community practices. Finally, a service observation grid was developed and was used to complete certain individual interviews with institutional actors.

It is important to highlight the difficulty encountered in involving women and girls in one-on-one interviews and focus groups in Guinea, since their guardians did not want them to participate. In Côte d'Ivoire, too, although the presence of girls victims of sexual exploitation or transaction was found in the targeted towns, the enumerators were also unable to meet them. Another obstacle has been the lack of trust of CYM in enumerators for fear of being "reported" or repatriated. Finally, due to the Covid-19 pandemic, consultants have often faced the unavailability of public institutional actors. Moreover, they have often made it clear to enumerators that the pandemic is not a problem compared to the daily challenges of survival.

## Sampling method:

In view of the difficulty of determining, even approximately, the total population corresponding to the target groups of the study in the areas targeted by the PROTEJEM project, it was decided to calculate the sampling of the study on the basis of the number of beneficiaries of the project.

The calculation formula used is as follows:

$n$  = Size of the sample (number of individuals to be interviewed).

$N$  = Size of the sampling frame (total number of individuals).

$z$  = 1.96 (z-score with 95% trust level).

$p$  = degree of variability (50%).

$e$  = margin of error (5%).

$$n = \frac{\frac{z^2 * p(1 - p)}{e^2}}{1 + \frac{z^2 * p(1 - p)}{e^2 * N}}$$

The baseline population for the CYM was therefore as follows:

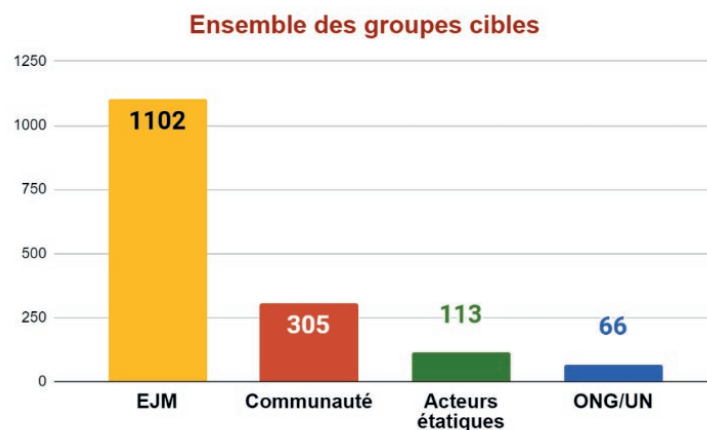
- 13,500 CYM for The Gambia and Senegal combined (i.e., 62 CYM to be met at each of the 6 target sites);
- 9,000 CYM for Guinea (74 CYM to be met at each of the 5 target sites);
- 200 CYM for Côte d'Ivoire (i.e. 91 CYM to be met at each of the 4 target sites).

The number of institutional actors was determined on the basis of a list of existing services and agreed upon by each PROTEJEM country focal point and the national consultant.

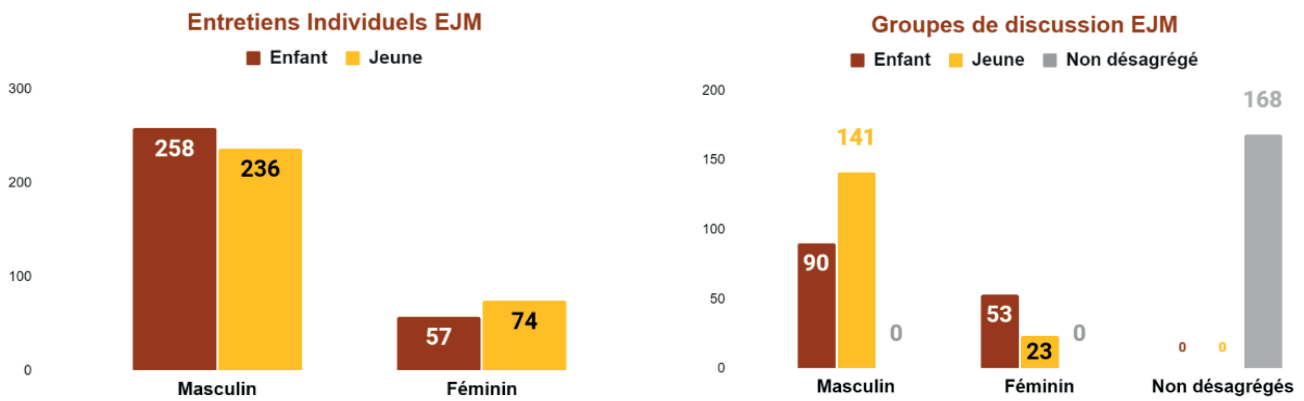
The number of community actors and families was predetermined according to the feasibility of the number of survey days and enumerators available in the field.

**In total, 1,102 CYM, 3051<sup>1</sup> community and family actors and 179 institutional actors were interviewed.**

Finally, at the regional level, in addition to the regional offices of Save the Children and Terre des hommes - Lausanne, staff from the regional offices of the main partner agencies were also met for this study: IOM Regional Office, UNICEF Regional Office, Caritas, Red Cross, International Social Service - West Africa, Educo, Enda and the African Movement of Working Children and Youth (AMWCY).



<sup>1</sup> Community actors who participated in focus groups in Senegal are not counted (only the number of groups is recorded).



## MAIN MIGRATION PROFILES

The analysis of the convergence of the situations was based on the occupation, the reason for migration and the positioning on the migration route of the CYM met. This analysis made it possible to outline "typical profiles" representative of children and youth on the move in the countries and on the targeted migration routes. Among these profiles, sub-profiles were established, according to the vulnerability measured on the basis of indices such as age, gender, choice of migration, past or present experience of various forms of violence or the link maintained with the family of origin. In general, it appears that the two main categories of children and youth on the move (CYM) remain the same as those defined in the 2009 study "What protection for children on the move<sup>2</sup>":

- "Children affected by mobility "
- "Children temporarily or permanently out of mobility"<sup>3</sup>.

These two major pre-existing categories have facilitated the exercise of defining "typical profiles" for the study. We will see below that their realities are different and their vulnerabilities, concerns and care needs vary widely from one type profile to another.

In the category of children and youth temporarily or permanently out of mobility, the **returnee CYM** were identified in the study. They are, on average, older than active CYM on the move, the majority of whom are men, and have experienced trauma on their journey. In all four countries, the profile is very homogeneous.

Children and youth affected by mobility, who can also be called 'active mobility', are a very heterogeneous group. This category is composed of **worker and student CYM**. Two sub-profiles of children and youth affected by mobility have been identified in common in the four countries covered by the study:

- The profile of **working CYM** includes the majority of girls CYM, who are often more vulnerable than boys to exploitation and violence. In addition, it is by looking at the various vulnerabilities of these CYM that we can understand what their needs are. The profile includes CYM in street situation, surviving, for the most part, through begging and informal

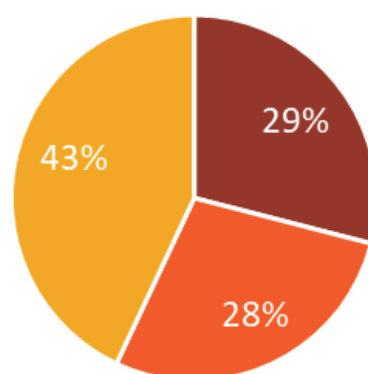
<sup>2</sup> Study carried out by a platform of child protection agencies, including SCI and Tdh, as part of the "Joint Regional Study Project on the Mobility Child and Youth in West and Central Africa" in 2009.

<sup>3</sup> The 2009 study proposes the following 4 categories (p.30): "children affected by mobility", "children temporarily or permanently out of mobility", "potential mobile children" and "children whose relatives are affected by mobility". The last two categories are not included in the target group of the PROTEJEM project.



"odd jobs", as well as by engaging in sexual exploitation or theft. Others are in domestic servitude, mostly girls in care or in foster care (extended or non-extended families).

- Among the **schooling CYM**, those who go to study in the formal education system represent a small minority. They usually work outside of school hours to help their host families. As for talibé children, who represent the majority of student CYM (or even all of them in Côte d'Ivoire, for example), they are very young (under 13), particularly vulnerable to violence and abuse, and have their rights to education, health and protection violated. They therefore do not have the same needs as returnees who decide to study the Koran. The majority of these children show signs of trafficking: they practice begging and/or forced labor on behalf of their Koranic master and they were sent by their parents or close family at a very young age.



■ EJM retour ■ EJM étudiants ■ EJM travailleurs

*Répartition des profils-types à l'échelle régionale*

### **The situation of girls EJM**

As noted earlier, girls and young women are underrepresented in the statistics because they are more difficult to identify and encounter. They have less freedom, work more in homes where they are more exposed to hidden violence than boys. Moral judgment also tends to make them invisible. To illustrate this, it is interesting and worrying to note that, in the four countries, girls or women who are victims of sexual exploitation were never indicated as such by the enumerators, even though the variable "prostitution" existed in the survey form. Also, it is not uncommon for the protection measures mentioned by the key actors interviewed to be impregnated with these moral judgments (for example, some speak of "moralizing" the girls). In The Gambia specifically, the profile of girls who migrate to escape gender-based violence or who are sent by their families to marry has not been so clearly identified in any other country. The majority are Gambian girls, although Senegalese women, mainly from Kaolack, are also involved in this type of migration.

**Regional gender data despite** the under-representation of girls and young women among survey participants:

- **14.5%** of girls and young women are victims of forced marriage.
- **22%** of girls and young women are at risk or victims of trafficking, compared to 7% of boys and young men.
- **30%** of girls and young women are at risk or victims of exploitation, compared to 20% of boys and young men / e.g., in Guinea, 49% of girls migrate to escape exploitation, compared to 25% of boys.
- Characteristics of typical subprofiles - especially in The Gambia: Women who are dependent on their husbands, victims of GBV, forced to engage in sexual transactions to survive.

## ANALYSIS OF THE REASONS FOR MIGRATION AT REGIONAL LEVEL

Overall, for 61% of the CYM interviewed, the **decision to migrate** was taken by themselves, which highlights the voluntary nature of this mobility, in which the CYM are the real actors.

For the 39% who claim to have been influenced or not to have had the choice, the people who influenced the decision are:

- Biological parents or guardians (65%).
- Extended family: most often an aunt, uncle, or older brother (22%).
- Peers (5%).
- Unknown persons or the marabout (8%). Some of them also said they were fleeing conflict, violence or poverty: they felt they had no other choice but to leave, even if no one had pushed them to do so.

As for the **reasons for leaving**<sup>4</sup>, trends are as follows:

- 28% wanted to become an independent man or woman.
- 25% answered that they were fleeing poverty and/or wanted to help their family.
- 23% left to try adventure.

These 3 reasons are often related and given cumulatively by the same respondent.

Some reasons for leaving are directly related to a situation of abuse, exploitation or neglect in the family of origin (child protection causes):

- Abandonment of their parents or orphans (11.4%).
- Preparation for their marriage (4.8%).
- Escape from violence and exploitation: escape from exploitation (7.8%), escape from gender-based violence (8.3%), escape from domestic violence (7.8%).

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<sup>4</sup> Each CYM could give several reasons for going onto mobility.

Among the other responses (20%), the study of the Koran is often mentioned as a reason for leaving.

Finally, 69% of CYM say they are in contact with their family of origin.

## NEEDS AND CONCERNS OF THE CYM

Although each country has its own specific profiles, the vulnerabilities, concerns and needs identified are broadly similar, and very often related to livelihood: money, work, housing, food and clothing. This is true for all profiles except talibé children, who do not ask for work but, above all, for food and clothing. Needs related to psychological well-being are also expressed but to a lesser extent. Some children ask to play or party. Some also express a wish to return to their families.

Protection from violence, on the other hand, is a need that is very little expressed in relation to the proportion of CYM claiming to have been, or to be, confronted with violence, abuse and exploitation. This underlines the need to increase the information and sensitization work of CYM about their fundamental rights and thus contribute to raising awareness among CYM about their right to be protected against violence.

Finally, schooling CYM, whether in the formal school system or in Koranic schools, frequently express the need for support in terms of books and materials.

The table below allows us to better understand the needs and vulnerabilities according to the different profiles:

Profiles	Vulnerabilities	Expressed Concerns	Identified Needs
<b>Profile 1: Returnee CYM</b>	Trauma related to violence, abuse and discrimination suffered during the journey.	Psychological care.  Capital support to start a business.	Psychosocial support. Access to leisure activities.
	Psychological weakness due to the feeling of failure (unwanted return, lack of support from family and community).	Vocational training in line with their personal aspirations.	Family mediation.
	Lack of opportunities: no job opportunities or vocational training not adapted to the wishes of young people.	Those who are pursuing Koranic studies after returning from migration tend to focus their needs on the success of their studies (books, time to study).	Vocational training in line with youth personal aspirations.
	Young women with children.	Support for dependent children.	Placement structures for mothers with children. Awareness-raising to change mentalities about the perception of "single mothers".

<b>Profile 2: Schooling CYM (mainly talibés)</b>	Children in street situations. Child victims of trafficking for exploitation through begging or forced labor.	Study materials (most often Koranic study books).  Food and clothing.	Care for talibé children so that they are no longer victims of begging and forced labor
	Street children and youth (those who have run away from Koranic school).	Go back to their families (those who have run away do not want to live in a center and prefer to return to the streets).	Psychosocial support on the street (build trust).
	Family breakdown and lack of affection.		Family mediation. Organization of recreational time.
	Children placed in centers with no future prospects (those who have run away from Koranic schools).		Psychosocial support. Individualized life plans.
	Children who experience all types of violence and abuse.		Change in the behavior of Koranic teachers. Education on non-violence of older disciples.
<b>Profile 3: Working CYM</b>	Girls are more vulnerable to exploitation (they are more invisible).	Support for accommodation, food and clothing.  Take them to their family to “ask for forgiveness” (Those who left without telling anyone and often stole money thinking they could one day pay it back).	Creation of spaces open to children and youth to facilitate the identification of these girls.
	Children not attending school.	Go back to their families.	Establish bridge classes to access the formal school system.
	Children and youth who are unable to develop an economic activity: no job, begging, prostitution.		Support. IGR or cash transfer (as social protection actions).
	Children and youth living on the street.	Support with money or work.  Play and party.	Facilitate access to shared center for youth. Develop protective foster families for children.

## ANALYSIS OF MIGRATION ROUTES AT THE REGIONAL LEVEL

Overall, at the level of the four countries, 54% of the CYM participating in surveys and focus groups are in internal migration. In total, 38% went through two countries and 4% went through three countries. Only 4% passed through four or more countries. As for returnee CYM, half have crossed an average of two countries to return.

58% of the CYM originated in West Africa, 14% in Europe, only 0.4% in the Maghreb and 11% in other destinations (often on the American continent). This underlines the importance of the reality of sub-regional mobility. Of the total number of CYM, half traveled alone and the other half in groups: 9% of CYM traveling alone have or had dependent children during migration (compared to 4% of those traveling in groups). It is also noted that 15% of

girls and women<sup>5</sup> traveling alone have or had dependent children during migration. If we compare the way children (under 18 years) and youth (18 years and over) travel, we can see a slight difference since 57% of children travel in groups compared to 43% of youth.

Finally, at the regional level, the average **duration of the migratory route is about 4 years**, reinforcing the illustration of the strong anchoring of mobility in the life of communities.

## **ANALYSIS OF THE REGIONAL INSTITUTIONAL FRAMEWORK FOR PROTECTION SERVICES AND PRACTICES**

**A regional legal framework for managing mobility resulted** from the 1979 Economic Community of West African States (ECOWAS) Protocol on the Free Movement of Persons, the Right of Residence and Establishment. ECOWAS' main mission is the creation of a community integration space based on the free movement of persons, the right of residence and establishment. This principle is also stated in Article 13 of the Universal Declaration of Human Rights and is contained in the United Nations Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families and in the Kampala Convention at the African level.

The four countries involved in the study have similarities in terms of the institutional framework for the care of migrant workers:

- The **main international human rights instruments** have been ratified.
- **All the laws and legal resources for child protection** is relatively well constituted: the various aspects of child protection are governed by the main codes, such as the Criminal Act (code penal) or the Labor Act (code du travail) in Côte d'Ivoire, as well as in Senegal, where child protection is enshrined, in the Family Act (code de la famille), the Criminal Act or the Criminal Act procedure. Finally, the 2008 Children's Act (code de l'enfant) provides the legal basis for child protection in Guinea. However, there legal protection measures are poorly enforced, in particular due to the lack of human (few and inadequately trained) and material resources.
- **Migration policy** is still under way in each of these countries, except in the Gambia where it was adopted in parallel with the study, creating a loophole in taking care of migrants, including CYM. It is therefore managed on a case-by-case basis, without the services provided being really systematized and adapted to these specific profiles.
- National migration policies under development (except for the Gambia), as well as legal and policy instruments for child protection, are not inclusive as regards the cross-cutting issue of children and youth on the move.
- At the institutional level, the migration issue is still mainly addressed from the trafficking perspective, leaving the majority of the CYM outside the legal scope of these texts. Moreover, migration policies, adopted or not, are designed from a flow management and border border security perspective, leaving aside the protection of migrants.

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<sup>5</sup> Girls and women CYM have a slightly higher tendency to travel by themselves than boys and men CYM (52% of females versus 45% of males).

- **Institutional child protection services are generally concentrated in the capitals**, but their location often does not correspond to the main migratory routes.
- Finally, the study reveals a **strong sense of mistrust by CYM towards existing institutions**, both state and non-state. Many testimonies were collected notifying broken promises of support/assistance, but also the sense that actors along migration routes were more obstacles than protection services. In addition, interviewed CYM rarely identified increased protection as a need, even though protection violations may have been identified in life stories.

## ECOWAS MANAGEMENT OF THE CROSS-BORDER ISSUE

We note that migration in West Africa is promoted by the **ECOWAS Treaty and its 1979 Protocol on the Free Movement of Persons, Right of Residence and Establishment**. Furthermore, the ECOWAS migration strategy is described in the 2008 ECOWAS Common Approach on Migration, and subsequently complemented by the ECOWAS **Vision 2020**, which recognizes the importance of the Free Movement Protocols for regional integration.

Despite the existence of this regional legal framework for the management of migration, conflicts in the countries of the region lead to weak state institutions that has repercussions on the management of migration flows. Usually already weak in West and Central Africa, such management is becoming virtually non-existent in countries in crisis. Therefore, in order to promote mobility within the ECOWAS area, it is important to pay particular attention to borders and cross-border areas.

Indeed, West Africa's border areas are increasingly populated and have a growing development potential. However, they remain marginalized and often fragile. Despite the existence of community texts on the free movement of goods and persons and on the freedom of establishment, they are still experiencing the obstacles to West African cooperation and integration on a daily basis and are suffering the consequences of disparities between national economic policies. These areas cause rarely conflicts, but their consequences continue to center around those areas. Border areas are usually where refugee camps are located and where the most risky trafficking and practices are taking place.

It is in this context that in 2004 the Executive Secretary of ECOWAS announced his willingness to implement the **Cross-Border Initiatives Program (CIP)**, adopted in January 2005 by the Ministers of Foreign Affairs of the member countries of ECOWAS through a memorandum entitled "The concept of border countries or local integration".

**The CIP is a cross-sectoral program** covering all areas of life of West Africans (security and conflict prevention, health, education, agriculture and culture, etc.)

with the objective of i) accelerating the process of regional integration by promoting the proliferation of cross-border initiatives and projects identified and implemented by local public and private actors and ii) providing ECOWAS and its Member States with a legal framework favorable to cross-border cooperation.

There are privileged partnerships of ECOWAS for the implementation of this cross-border cooperation process, in particular the West Africa Network (WAN), a mechanism for the transnational care of vulnerable children on the move in the ECOWAS area and Mauritania, which is crucial for child protection projects such as PROTEJEM. All ECOWAS member States are represented in the Network through their national coordination, which **includes civil society organizations, youth movements and state structures. There is also the United Nations Office for West Africa (UNOWA) or the Sahel and West Africa Club / OECD.**

Civil society also implements a wide variety of spontaneous initiatives: refugee reception, anti-trafficking and mediation. For example, traditional authorities in villages bordering Senegal and Guinea-Bissau have set up “peace watchtowers”, forums for negotiation and discussion that avoid many tensions.

There is no doubt that it is necessary and possible to support these local initiatives by better linking them with the actions of the international community.

These initiatives have the advantage of being deeply rooted in the community and evolving over time. This approach is also consistent with the program ‘Integrated strategies for sensitive border areas in West Africa’ led by UNOWA and OCHA.

## **RECOMMENDATIONS FOR PROJECTS AIMED AT THE PROTECTION OF CYM**

One of the main objectives of this study was to obtain programmatic recommendations to improve the quality of the activities planned under PROTEJEM. These recommendations have been organized below by category, and should serve institutional and community, operational, strategic, technical and financial actors working in the protection of CYM to ensure that their interventions are adapted to the specific needs of CYM but also to the reality of the four countries targeted by the study.

### **1. Identification of the most vulnerable CYM:**

- The identification of the most vulnerable CYM by the services is most often passive. The mapping of protection actors shows that it is, above all, community actors who report CYM cases that they consider to be in danger and often refer them to the police. There is a need to be **more proactive in the identification** process by child protection services (not just security forces) with, of course, the minimum guarantee that, urgent needs can be addressed along the targeted migration routes.
- Distrust of CYM is a **recurrent barrier to care according to the testimonies of protection services**. This distrust was also noted by the enumerators during the conduct of this study. Trust can only be built by listening to CYM and providing them with reliable information, and by changing the narrative on the phenomenon of mobility. The low quality of services, especially in the centers, is also a reason for CYM refusing to rely on them. It is therefore important to improve services by rehabilitating often outdated reception facilities and training staff, for example in child-friendly communication, psychological first aid, etc.

- It is recommended to **identify "entry points" at the community level** (community leaders, members of child groups and young workers, etc.) to strengthen the links between formal and informal child protection systems, thus contributing to sustainability of action and a targeted approach to holistic strengthening of the protection system.
- It seems necessary for social **workers to have sufficient time and financial resources to go directly to areas where CYM live**, even when these areas are considered hostile or unsanitary, in order to identify the CYM, who are living there. This would allow direct communication and building of trust that is the starting point for care which respects the best interests of the child.

## 2. Improving the care given to CYM:

- **Legal frameworks, including child protection, need to incorporate harmonized legal instruments** that take greater account of CYM as beneficiaries of rights regardless of their profile. Organizations must advocate for the development and/or validation of inclusive national migration strategies that take into account child protection. The standard procedures for the care of children on the move in ECOWAS should also be integrated into the normative framework of each of the four countries.
- Taking care of CYM must be based on the best **interests of the child**, a principle that is often proclaimed but rarely applied, especially as part of national migration management policies; it is crucial that care services adapt to the reality of these CYM, who often express the need to be listened to, to play, or to have some freedom.
- **Community-based care needs to be better integrated into the protection system**, strengthening the follow-up stage, in order to avoid situations of exploitation and abuse, especially with regard to foster families.

## 3. Strengthening actors coordination:

- Coordination mechanisms exist in all four countries. It is therefore not necessary to create new ones. However, it is **important to revitalize** these mechanisms and ensure that the child protective support approach is well taken into account, for example through the development of terms of reference for each mechanism.
- Community actors, **local civil society and CYM must be better integrated into the coordination mechanisms**. This recognition of community actors can be achieved through the adoption of regulations mentioning them as members of the targeted mechanisms.



#### 4. Adapting projects to the COVID-19 pandemic context:

- The pandemic affected services, which were slowed due to the unavailability of staff ordered to stay home or due to decreased funding. Identification and intake of CYM also decreased with respect to social distancing. Some services have also shifted their focus to health. **The structures need to be supported and trained to ensure the continuity of their protection services while respecting the recommended infection prevention measures.**

In addition, many of the CYM testify that they have been deprived of their economic resources as a result of the pandemic. This situation increases their level of precariousness and, consequently, their vulnerability to abuse, exploitation or dangerous migration. In the context of the pandemic, **cash transfer** activities could enable the beneficiary CYM to get through the crisis without increasing their vulnerability.

These cash donations are, above all, social protection measures. As such, they should be allocated on the basis of social criteria assessed through a social survey.

- #### 5. Cross-cutting issues:
- CYM participation and gender are addressed in all recommendations in a cross-cutting manner. However, their importance is such that they deserve to be addressed specifically.

##### Gender:

- The present study confirmed that girls and young women on the move are much more "invisible" than boys and young men, even though the **female gender may constitute an additional vulnerability, justifying specific care. Specific strategies must be put in place to identify**, whether these girls are sex workers, in domestic servitude, single women with children, or young married women dependent on their husbands.
- In view of the large number of girls who are victims of violence and, in particular, survivors of sexual and gender-based violence, due to or as a result of migration, it seems essential to set up listening and medical care units in the health structures of the project intervention areas.
- In order to facilitate access to services that meet their specific needs, it is **important to assess the attitudes and knowledge** of institutional and community actors about gender and to strengthen their capacities in the management of GBV cases.
- It is crucial that **girls and young women become aware of their rights and the existence of services**. This lack of knowledge, as well as fear of community judgment, are major barriers to their access to care.

### Participation of CYM in the community and in political decision-making:

- Some of the CYM we met expressed that they left because they did not fit in with their families or did not feel integrated when they returned from migration. It is therefore crucial to **give voice to children and youth by offering them spaces** for themselves but also by allowing them to express themselves within their community.
- In connection with this feeling of social, community or family exclusion, their **care should include family mediation** with the family of origin or with family members identified as caring. For family mediation to be implemented in a constructive manner and, in the best interests of the child, a major effort must be made to train stakeholders. Family breakdown is indeed one of the main vulnerabilities identified.
- Young people want their career aspirations to be better taken into account in the training and/or vocational integration projects offered to them. It seems that many of them don't complete their training because of that. **Real life plans should be drawn up with the young beneficiaries** and not educational guidelines based solely on the vocational training offered by the projects.
- Most of the children interviewed in the study are out of school <sup>6</sup>. **Bridge mechanisms should be created between care facilities and public schools.** Another solution would be to **strengthen reception, accommodation or day-care centers so that they offer an education service** in a sustainable manner. Indeed, education is also a tool for child participation.

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<sup>6</sup> Children's non-enrollment in school was discussed informally in the interviews and focus groups. Since there were no questions on this point, the proportion of such children in the total CYM sample cannot be measured.



# protejem

PROTECTION DES ENFANTS ET JEUNES EN MOBILITÉ

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## Module 3 – Evaluation Form

### LIVING SPACE AND FAMILY SITUATION

Neema is 14 years old and lives with her mother Julie (32 years old) and 3 brothers: Bida (6 years old), Isaac (9 years old), Kofi (11 years old) in XXX city, having moved from her home country just a few months ago. Her father Charles died 5 years ago after a car accident. They live with relatives in their home community. Neema's grandmother, whom she loves very much, lives in a village further away.

Several times a week, the brother of the woman who is hosting them, Jean-Claude, visits the house. When Jean-Claude visits Neema always wants to run away from the house, but her mother forces her to stay at home. Neema is very afraid of this man, and she does not feel safe at home when he is there.

According to Neema's mother, the family's economic situation has deteriorated dramatically since they arrived in XXX city from their country. Neema's mother does not have a steady job. She earns a little money here and there, but it is not really enough to support her 4 children. This situation is very stressful for her, and she often does not sleep at night.

### URGENT RISKS

A medical visit took place directly after the initial screening. The doctor found that Neema had many bruises on her back and arms. Injuries are now under control, but must be followed. Immediately after the identification, the social worker informed Neema's mother of the situation. The social worker first explained the importance of Jean-Claude no longer visiting the house. She then suggested the mother go talk to the man, but the mother said she was afraid to go talk to him alone, as he could become very aggressive. The social worker and the mother agreed to visit Jean-Claude together in 2 days.

### RISKS: Child protection

### SITUATION OF THE CHILD

#### His/her physical well-being

Several times a week, Jean-Claude visits the house. When he visits she always wants to run away from home, but her mother always forces her to stay at home. Neema is very afraid of him, because he always gets angry at her, and hits her and shakes her at every visit, saying that she is useless in the household and that she is a spoiled child. He always hits her when her mother is out of sight. Neema reports that she freezes in place when her uncle hits and shakes her. She cannot defend herself or run away, which makes her very vulnerable. She has asked for help so that she can better protect herself.

**Emotional well-being**

During meals with the family, he makes mean jokes about Neema, saying she is stupid and ugly. He is always laughing, but Neema does not find it funny. He visits the family very regularly. Neema is very affected by the physical and emotional abuse by him, but also by the fact that she does not go to school anymore. Her self-esteem is very low and she thinks she is a useless and bad child. Neema doesn't think her mother realizes that she feels so bad. Sometimes she would like to live with her grandmother, who lives in a village further away.

**Education**

Neema's mother says her daughter was a very good student. Neema says she loved going to school and would like to go back, but her mother won't let her. She is sad that her brothers can go to school and she can't.

**Social relationships**

Neema avoids playing with her friends. She lacks the self-confidence to be able to see them.

**SITUATION IN THE COMMUNITY**

The family has very good contact with neighbors, the Kamumba family, mother and father with Teresa, their daughter with Neema's age. Neema feels safe visiting neighbors. She likes playing with Teresa.

## Module 4 - Detailed matrix of resources and pillars of well-being

The pillars of well-being	Knowledge	Skills	Resources (financial and physical)
<b>Safety and security:</b> feeling safe	<ul style="list-style-type: none"> <li>Identifying risks and resources.</li> <li>Reporting mechanisms.</li> <li>Specific types of abuse: sexual assault, grooming.</li> <li>Intimate partner violence, alcohol and drug use.</li> </ul>	<ul style="list-style-type: none"> <li>Stress management and coping skills.</li> <li>Conflict management.</li> </ul>	<ul style="list-style-type: none"> <li><b>Access to food, water, shelter,</b> health and income generation.</li> <li>Appropriate information (basic needs; psychological reactions, risks, threats...).</li> </ul>
<b>Social connection:</b> feeling connected	<ul style="list-style-type: none"> <li>Mapping of networks (family, friends, community).</li> <li>Available support services.</li> </ul>	<ul style="list-style-type: none"> <li>Interpersonal relationships with adults and peers.</li> <li>Gender relations.</li> <li>Communication.</li> <li>Expression of needs.</li> </ul>	<ul style="list-style-type: none"> <li><b>Means of communication/financial capacity</b> for connectivity (separation from family/peers).</li> <li><b>Physical space to meet/share/</b> support.</li> </ul>

<p><b>Roles and identities:</b> feeling worthy</p>	<ul style="list-style-type: none"> <li>• Role within family, friends.</li> <li>• Identifying one's own strengths and skills.</li> <li>• Role models.</li> <li>• Values.</li> </ul>	<ul style="list-style-type: none"> <li>• Self-awareness and self-esteem.</li> <li>• Leadership.</li> <li>• Decision-making and problem-solving.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Educational and employment/livelihood opportunities.</b></li> <li>• <b>Financial capacity to access education, vocational training.</b></li> <li>• Resources and skills to build psychosocial capacity.</li> <li>• Resources and skills to build psychosocial capacity of caregivers, youth and professionals (education, social service staff).</li> </ul>
<p><b>Justice and rights:</b> feeling respected</p>	<ul style="list-style-type: none"> <li>• Rights and responsibilities.</li> <li>• Discrimination.</li> <li>• Gender standards.</li> <li>• Harassment.</li> </ul>	<ul style="list-style-type: none"> <li>• Gestion des conflits et consolidation de la paix</li> <li>• L'affirmation de soi</li> <li>• Plaidoyer et prise de parole en public</li> <li>• Résolution de problèmes</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Appropriate information</b> about rights, laws, and the functioning of the judicial system.</li> <li>• <b>Decent and equal access</b> to health, education and employment.</li> <li>• <b>Financial capacity</b> to access and enforce rights.</li> </ul>
<p><b>Hope and meaning of life:</b> maintaining hope</p>	<ul style="list-style-type: none"> <li>• Existing opportunities: schooling and work.</li> <li>• Values.</li> </ul>	<ul style="list-style-type: none"> <li>• Making plans.</li> <li>• Decision making.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Access to opportunities.</b></li> <li>• <b>Financial capacity to develop life plans.</b></li> </ul>

PROTECTION ISSUES/events related to the migration/ pre-migration journey	Feeling safe		Feeling connected		Feeling worthy	
	Challenges/needs	Internal/external resources	Challenges/needs	Internal/external resources	Challenges/needs	Internal/external resources

Feeling respected		Maintaining hope		Overall internal/external resources
Challenges/needs	Internal/external resources	Challenges/needs	Internal/external resources	

- (20 minutes) Ask them what are their findings? What are the **main internal/external protective resources/factors** related to the **status of CYM (general)** and to more **specific protection issues**?
- **1 person per group shares an example, others can contribute as needed!**



# Module 4 - Brief introduction to the Tdh MHPSS framework and the pillars of well-being

## Wellbeing Pillars

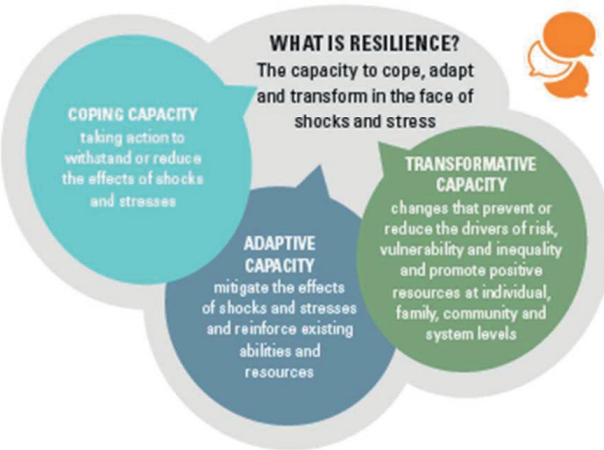
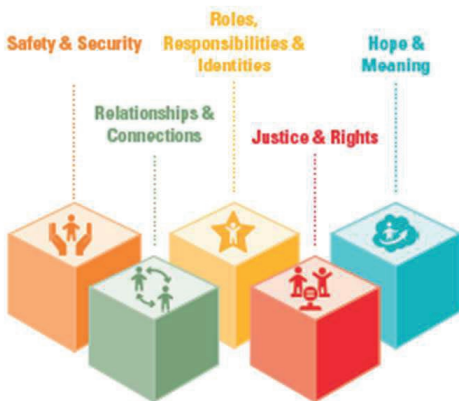
MHPSS Framework identifies through five different domains of well-being, the internal and external cities and resources that need to be strengthened, as well as the perceived vulnerabilities and risks to be gated through the transversal processes of informed participation and empowerment. The purposes of doing is to reduce suffering, improve overall psychosocial well-being and strengthen resilience.

### TDH Framework to Support Well-being MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS) FRAMEWORK



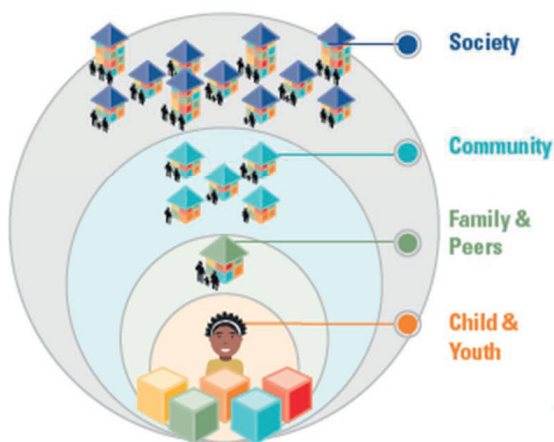
#### WHAT

Tdh believes that to strengthen resilience, we need to work on five pillars, or building blocks, of well-being...



#### WITH / FOR WHOM

... for individual children, their families, the community and society.



#### HOW

We do this through programmes that provide services with the understanding that the psychosocial well-being and mental health exist on a continuum.



#### IMPORTANT CROSS-CUTTING CONSIDERATIONS

Participative, contextual and Inclusive approaches should be systematically applied to ensure the appropriateness of MHPSS needs and responses and to strengthen existing resources which supports empowerment and sustainability.



## Five “well-being pillars” :



Feeling safe physically and emotionally (Pillar 1- Safety, security and stability);



Feeling connected to supportive bonds and networks (Pillar 2 – Bonds, relationships and networks);



Feeling worthy, and with acknowledged roles and identities regarding who we are, where we come from, and what we do, or we would like to do (Pillar 3 – Roles and identities);



Feeling respected and able to develop critical consciousness and capacity to address injustice and to access rights (Pillar 4 – Justice and rights);



Feeling hopeful about the future and retaining or developing the zest for life (Pillar 5 – Hope and meaning).

**The five pillars’ structure** was based on two specific academic research models already in use within Tdh’s programming: **Hobfoll’s** five essential elements for immediate and mid-term mass trauma intervention (Hobfoll, 2007)<sup>1</sup> and **ADAPT model**: a conceptual framework for psychosocial programming in post conflict settings (Silove, 2013)<sup>2</sup>.

The pillars’ interdependence must be kept in mind. Operationally, this interdependence can be attained by ensuring the application of transversal principles (Meaningful participation and empowerment, Community based MHPSS, Contextual approaches, Gender and diversity responsiveness) which should always be systematically considered.

See detailed presentation below of each well being pillars.

# Five well-being Pillar presentation



## 1. FEELING SAFE - SAFETY, SECURITY AND STABILITY

Feeling safe, calm, and having control are basic elements for any human being. The meaning and weight of these elements at particular moments in life change over cultures and contexts. **Security** refers to the physical aspects of protection; measures to ensure protection from danger. **Safety** relates to emotional/internal aspects of protection and the condition of feeling protected and having control over risks (from external-physical and internal-emotional threats). **Stability** refers to the re-establishment of a sense of normality, or predictability over changes (external environment and internal emotions, feelings and experiences).

### External and internal key factors contributing to perceived vulnerabilities:

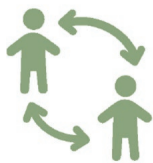
1. **Threats to physical integrity**, including deprivation of basic needs
2. **Emotional instability**, impairing reactions: worry, fear, anxiety related to oneself and to loved ones
3. **Uncertainty** and lack of information in unstable situations contributes to lack of safety
4. **Perceived dependency**, helplessness and lack of autonomy in managing emotions or high dependency on external aid.

### Main positive safety related outcomes will depend on increased capacities and reduced perceived vulnerabilities:

1. **Meaningful access to basic needs:** girls and boys (child, adolescent, or young person), families, and communities must **have their basic needs addressed in a dignified way**. Coverage of essential access to food, water and medical care is of great impact in providing a sense of calm. Linked to this is predictability; knowing where to access basic needs on a regular basis promotes a sense of controlled capacities (not only eating today, but how I will ensure basic needs for tomorrow and the near future). Meaningful access means that a service is accessible without barriers. (Non-discrimination towards minorities, age-appropriate, culturally appropriate, physically accessible (for the elderly, chronically ill, or persons with disabilities).
2. **Predictability:** Children, adolescents, young people and families must have appropriate information related to external factors (security, access to basic needs and services) and internal coping reactions.
3. **Sense of calm: Children, adolescents, young people and families should have an increased sense of calm / or a decrease in overwhelming emotions.** Emotional regulation capacities contribute to a sense of controlled capacities and allow increased survival capacities and access to basic needs.
4. **Sense of controlled capacity over outcomes: children, adolescents, young people and families have increased sense of control through relevant and meaningful participation in defining their safety priorities and in actions to address these.** Participation in relief interventions promotes a sense of controlled capacity and competence, it increases capacities to effectively access basic needs, providing information and an overall sense of calm and safety.

Interventions adapted to girls and boys (child, adolescent, and young people), families, and communities promoting safety, addressing capacities and resources for each outcome, should be provided at all layers of the IASC MHPSS intervention pyramid, from appropriate information and orientation (Level 1), community based engagement and recreational activities for children (Level 2) to focused or clinical management of impairing distress reactions (Levels 3 and 4).





## 2- FEELING CONNECTED - RELATIONSHIPS, BONDS AND NETWORKS

Feeling connected is essential for well-being. This is obvious for young children, whose survival depends mostly on their caregivers providing a protective environment and meeting basic needs, but it is also true for any human being. Additionally, relationships and connections are key for accessing survival-related information, as are peer support and physical and material assistance.

Families are often the main providers of mental health care, and a primary axis of intervention within communities, but peers and wider relationships and networks are also essential. These are resources and opportunities to strengthen capacities; by sharing experiences and practical solutions; by giving space for emotional understanding and acceptance; by supporting the normalisation of reactions and experiences; and providing mutual support for positive coping. All these can lead in turn to the conception of a group response to address common concerns.

People, as separate individuals, may have resilient behaviour and positive coping mechanisms, but it is through shared experiences and common goals among peers and networks that those positive and adaptive capacities can become even more empowering, and can support transformative capacities.

### External and internal key factors contributing to perceived vulnerabilities:

1. **Disrupted bonds and connections.** Isolation, separation, emotional and physical barriers to connectedness
2. **Undermining relationships.** Harmful care arrangements and environment
3. **Disrupted collective efficacy.** Collapse or neglect of religious networks, peer support groups (young people, mothers, grassroots activists...), traditional healing practices and resources, customary justice and conflict- mediation systems.
4. **Perceived helplessness and dependency.** Agencies, organisations and others 'helping' not encouraging participation and self-agency.

### Positive bonds and network-related outcomes will depend on increased capacities and on reduced perceived vulnerabilities:

1. **Meaningful supportive networks:** children, adolescent young people and families/caregivers have an increased positive sense of belonging to protective networks. Engagement and facilitation with community-based mechanisms and traditional practices to support relief and protection. Supporting families and caregivers to enable their protective capacities (supporting rather than teaching).
2. **Social competences and support seeking skills: children, adolescents, young people and families/caregivers have increased support-seeking skills and social competences** (strongly linked with Pillar 3). Learning how to identify the need for social support, who to turn to, how to communicate, and how to engage with people from different backgrounds, are valuable abilities, especially for young people.
3. **Promoted connectedness: children, adolescent, young people and families with an increased feeling of connection to loved ones.** Being re-connected enhances the sense of safety (strongly linked with Pillar 1) and contributes to achieving meaningful protective networks.
4. **Networking and collective efficacy: Youth/community members/families have an increased ability to engage in and influence community actions.** Feeling that collective actions are useful and lead to positive outcomes promotes a sense of individual and collective efficacy, and of empowerment (strongly linked with Pillar 3). In turn this contributes to strengthening connectedness and group cohesion.

Interventions adapted to children, young people, families and communities which address capacities and resources for each separate outcome should be provided at all layers of the IASC MHPSS intervention pyramid, from practical support for community networks, reactivation and engagement (Level1), through families, schools and peer support (Level 2), to focused case management and clinical family interventions such as family therapy (Levels 3 and 4).



### 3 FEELING ACKNOWLEDGED, WORTHY - ROLES AND IDENTITIES

Being aware of, and feeling acknowledged for who we are, what we do and/or where we come from is essential to build individual and collective identity. Having skills, capacities and resources which contribute to valued **gender and diversity roles**<sup>3</sup> also strengthens our self and collective efficacy, and contributes to acquiring positive coping mechanisms, as well as longer-term adaptive and transformative responses.

#### External and internal key factors contributing to perceived vulnerabilities:

1. **Identity confusion and labelling.** Instability and constant adaptation of roles, with risks of alienation, marginalisation, discrimination and stigmatization, expectations linked to gender roles, undermining of self-confidence, acceptance or esteem; intergenerational or inter-ethnic tensions.
2. **Perceived helplessness and disrupted livelihoods.** Dependency, deprivation and survival-led negative coping strategies, means of subsistence, gender and diversity roles, deprivation of skill-building opportunities and alternatives, unemployment and dependency on basic needs, all might lead to frustration due to incapacity to fulfil an established role and responsibility

#### Positive roles and identity-related outcomes will depend on increased capacities and reduced perceived vulnerabilities:

1. **Meaningful gender and diversity roles and positive identity construction: Girls and boys and young people report increased self-esteem and self-acceptance.** Internal reflections on personal image can greatly influence self-esteem and perceptions of personal ability and self-efficacy. Acquisition of appropriate life skills is key to developing self-confidence and building meaningful roles and identities. Families and communities have also an important role to play in building positive identities and roles for girls, boys and young people.
2. **Perceived autonomy: Young people/families have perceived self-sufficiency and autonomy to pursue life projects.** Perceived autonomy and self-sufficiency contribute to a sense of efficacy and self-esteem, decreasing perceived vulnerabilities
3. **Perceived efficacy: Increased perceived capacity for young people to engage in and lead their own projects, contributing to family and community development.** Perceived control over outcomes contributes to an increased sense of efficacy, autonomy and confidence, leading to the promotion of self-esteem and acceptance. Youth skill-building and livelihood interventions have a powerful role in supporting opportunities to define what we would like to do, and who we would like to become (linked with Pillar 5).

Interventions adapted to girls, boys, young people, families and communities addressing capacities and resources for each outcome, should be provided at all layers of the IASC MHPSS intervention pyramid, from participatory analysis of gender and diversity related roles and priorities (Level 1) ensuring integrated livelihood and education interventions, through safe spaces (Level 2) for girls, boys and youth engagement, focused cognitive, emotional, social and learning skills (Level 3), to focused or clinical management of psychosocial maladaptive roles and confusion (Levels 3 and 4).

<sup>3</sup> Gender and diversity roles link with Gender and Diversity as defined by Tdh; refers to the combination of factors that make up an individual or group's identity, including biological sex, socially constructed gender norms, age, (dis)ability, sexual orientation, ethnic background, race, religion, etc.- See Tdh *Policy on gender and diversity*. Tdh Lausanne, 2019



## 4. FEELING RESPECTED - JUSTICE AND RIGHTS

Feeling respected and considered (or on the contrary disrespected, deprived and affected by political violence, oppression, abuse of power, or the victim of direct human rights violations) plays a key role in a person's sense of justice. The healing characteristics of justice are an essential, but often neglected pillar of well-being and resilience building processes. MHPSS interventions which avoid acknowledgement and understanding of cultural, and structural underlying vulnerability conditions, and of socio-political injustice, may pathologise (that is to regard or treat as psychologically abnormal) and be harmful. For example, anger as a normal and adaptive emotional response to injustice, but it is often labelled as deviant and repressed, leading to further mental health deterioration. Frustration and disappointment, stemming from a failure to achieve social justice must be acknowledged.

Actions limited to understanding and advocacy without direct tangible support necessary to address violations, access to basic needs and a larger fulfilment of culturally and self-defined human needs, can enhance perceived helplessness, hopelessness (linked to Pillar 5) and deprivation of dignity.

### External and internal key factors contributing to perceived vulnerabilities:

1. **Human rights violations and political violence.** Social justice implications on psychosocial suffering, cultural appropriateness of human rights and moral values understanding and respect. Dignity deprivation.
2. **Structural and underlying conditions of vulnerability. Perceived helplessness.** Prolonged exposure to deprivation of basic needs, political and structural violence, as well as invisible or labelled and marginalized groups, these impact on youth and adolescent roles and identities (link with pillar 3), Humanitarian foreign aid always poses the risk of perpetuating structural dynamics of power.

### Positive justice and fairness-related outcomes will depend on increased capacities and reduced perceived vulnerabilities:

1. **Information and access to rights: Children and young people/families/communities have increased understanding of their rights, of justice system dynamics and power structures.** Consciousness of discrimination, power dynamics and structural injustice boosts people to access collective resilience in response to identity-threatening situations. Knowledge regarding laws, rights, how to navigate systems to address injustice, claim and access rights, all these contribute to reducing perceived vulnerabilities and helplessness.
2. **Perceived agency: Children, young people/families/communities have increased capacities to address rights violations and injustice.** Strengthening capacities and age-appropriate internal resources to deal with frustration, the choice of priorities and actionable solutions is essential. Interventions which support the identification of common concerns and the conception of group responses to address them, these promote a sense of efficacy and reduce the likelihood of negative coping mechanisms
3. **Perceived acknowledgement and dignity: Children and young people/families/communities report an increased sense of dignity; Young people report having increased space to express themselves; Children, young people, families and communities reported being consulted and treated with dignity** within humanitarian interventions and being involved in feedback mechanisms. A respectful humanitarian approach and dignified informed participation in decision-making are paramount in restoring dignity.

Interventions adapted to girls, boys, young people, families and communities which address capacities and resources for each outcome, should be provided at all layers of the IASC MHPSS intervention pyramid ; from humanitarian staff training on power abuse and accountability, participatory analysis and appropriate information dissemination regarding systems and access to rights (Level 1), to safe spaces and youth engagement methodologies for youth-led expression and collective support initiatives (Levels 2 and 3) and non-pathologising clinical interventions such as transcultural psychotherapy (Level 4).



## 5. FEELING HOPEFUL - HOPE AND MEANING

Feeling hopeful about the future is essential for human development, motivation and well-being. All individuals require a coherent narrative, or story, in order to make sense of and give meaning to their lives. Life projects and goals based on cultural, religious and spiritual identities are paramount in defining a meaningful future and giving hope. It might be seen as an ultimate step for resilience, but it also becomes a means to building resilient individuals and communities, as having hope and a sense of meaning is also the key to fulfilling the four previous pillars (hope and meaning provide strength to achieve emotional stability in adverse situations, to build supportive networks and to define or redefine meaningful roles and identities, thus fostering dignity and acknowledgement).

### External and internal key factors contributing to perceived vulnerabilities:

1. **Lack of meaning, sense of unsettlement or aimlessness.** Disruption to the sense of continuity of life, worldviews and systems of belief.
2. **Hopelessness.** Damaged trust after deprivation and cumulative injustices.

### Positive hope and meaning-related outcomes will depend on increased capacities and reduced perceived vulnerabilities:

- a) **Sense of meaning: Girls, boys and young people/families/communities have increased capacity for developing realistic plans and objectives to build or continue meaningful life projects; young people with increased engagement in transformative peer support actions.** Supporting resources, capacities and agency, strengthens the freedom of individuals, families and communities to pursue activities and life projects. Self-defined meaning helps to establish a coherent narrative that allows people to make sense of their lives.
- b) **Hope: Girls, boys, young people/families have increased or renewed “zest for life”.** Developing coherent plans and setting achievable and measurable goals help to build life projects that can help to mitigate negative coping capacities when faced with threats, and in promoting self and collective efficacy in order to build hope and a meaningful future.

Interventions adapted to girls, boys, young people, families and communities addressing capacities and resources for each outcome, are to be provided at all layers of the IASC MHPSS intervention pyramid, from participatory analysis of strengths, values, cultural, religious and spiritual systems of belief (Level 1), through space spaces for peer mentoring and support and appropriate case management goals (Levels 2 and 3) to culturally adapted clinical management of impairing distress or disorders (Level 4).

# Unaccompanied and separated children Wellbeing and resilience-based interventions

**Unaccompanied children (UAC) / unaccompanied minors (UAM):** are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

**Separated children (SC):** are those separated from both parents or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other extended family members. It is important to differentiate unaccompanied and separated children from **orphans**, who are defined as children, both of whose parents are known to be dead. In some countries, however, a child who has lost only one parent is also called an orphan<sup>1</sup>.

**Unaccompanied children and youth on the move (UACY):** Adolescents and youth (15 to 25 years old) travelling alone, seeking in search of better economic opportunities, safety from abuse, or cultural practices. In some cases, they have been separated from their family members during migratory routes and trafficking channels, but also might be traveling alone since their home country seeking better opportunities to support their family staying behind.

TdH interventions in emergencies, as for other humanitarian actors, is more and more likely to operate in situations with pre-existing migration patterns either at the point of departure, in transit countries or at an end destination, or contemporary emergencies resulting from massive migration flows. Field experience teaches that in such contexts sometimes unaccompanied youth, specially male, slip through the cracks in humanitarian assistance, traditionally more focused on unaccompanied ad separated children or vulnerable families. There are important distinctions among unaccompanied children and youth on the move whose objective is to provide for their family and accidentally unaccompanied or separated children during conflicts or massive displacements. It is important to note the differences when designing appropriate interventions and support, but in all cases, protection assistance should be provided when necessary, regardless profiles or reasons of separation.

<sup>1</sup> *Interagency guiding principles on unaccompanied and separated children*. ICRG, 2004. Field handbook on unaccompanied and separated children. Interagency working group on unaccompanied and separated children



PILLARS	RISKS AND CONSIDERATIONS	INTERVENTIONS	CAPACITIES AND RESOURCES REQUIRED
<p><b>SAFETY, SECURITY, EMOTIONAL STABILITY</b></p>	<ul style="list-style-type: none"> <li>Physical integrity and care arrangements</li> <li>Mental health and psychosocial distress due to stranded situation, traumatic experiences at destination, during the route or in country of origin</li> <li>Life threatening negative coping strategies for survival</li> <li>UASC in detention</li> </ul>	<ul style="list-style-type: none"> <li>Ensure safe emergency care arrangements and basic needs coverage (food, NFI and medical assistance)</li> <li>Counselling or clinical mental health support</li> <li>Legal age appropriate information and support</li> </ul>	<ul style="list-style-type: none"> <li>Case Management trained and skilled staff (UASC guiding principles and field handbook, lessons learned from Tdh Greece interventions)</li> <li>Counselling and clinical mental health capacities (safe and quality internal or external referral and coordination with services)</li> <li>Legal orientation and support capacities (safe and quality internal or external referral and coordination with services))</li> <li>Ensure capacity to provide emergency support (food and non food items)</li> </ul>
<p><b>BONDS, RELATIONS AND NETWORKS</b></p>	<ul style="list-style-type: none"> <li>Implications of degree and reasons of separation (voluntary, having contact or not with family members, separated for protecting reasons, living with extended family)</li> <li>Harmful care arrangements (exploitative or discriminating hosting family)</li> <li>Improved care arrangements since separation (where FTR process would be harmful)</li> <li>Risks related to peer networks and peer pressure involved in criminal activities or negative coping strategies</li> <li>Isolation and barriers to access education or spaces for social connections</li> </ul>	<ul style="list-style-type: none"> <li>Family tracing and reunification procedures when appropriate and through informed participation and decision making along the process</li> <li>Facilitate effective access to communication and connection to loved ones (family or peers), including material support (phone calls, internet, video...)</li> <li>Analyse and provide appropriate alternative care arrangements (foster families, supported independent living or residential care as last resort and depending on national laws)</li> <li>Psychosocial and material support coverage for foster families (basic needs, NFI, livelihood and/or food security opportunities) – this should be done through wider FSL programming or through tailored case management analysing pull factor risks</li> </ul>	<ul style="list-style-type: none"> <li>CM and MHPSS skilled and trained staff for age appropriate interventions (children, adolescents and/or youth)</li> <li>Family support and mediation skills</li> <li>Caregivers' support</li> <li>Ensure capacity of material support for communication means</li> <li>Ensure capacity of material food and non food items support for foster families or independent living</li> <li>Project staff trained and skilled for appropriate alternative care arrangements interventions <ul style="list-style-type: none"> <li>✓ Project staff trained and skilled and appropriate budget on foster care interventions, analysis contextualization and appropriate interventions mitigating risks (Foster care guidance)</li> </ul> </li> <li>✓ Project staff trained and skilled and appropriate budget on supported independent living interventions analysis contextualization and appropriate interventions mitigating risks (Tdh Greece lessons learned)</li> </ul>

			<ul style="list-style-type: none"> <li>Facilitate access to formal, non-formal and informal education or safe spaces for social bonding</li> <li>Facilitate peer support sessions</li> </ul>	<ul style="list-style-type: none"> <li>Project staff trained and skilled and appropriate budget for residential care interventions (ratio of workers and services)</li> <li>Age appropriate engaging methodologies for bonding (recreational, arts – <i>You Create</i>, sports for protection, leisure, MGS...)</li> </ul>
<p><b>ROLES, RESPONSIBILITIES AND IDENTITIES</b></p>	<ul style="list-style-type: none"> <li>Implications of reasons of separation for age and gender appropriate interventions strengthening roles and responsibilities</li> <li>Negative coping strategies for survival and ensuring to provide for family members staying behind (risks of conflict with the law)</li> <li>Labeling, discrimination and marginalization at country of origin, transit or destination</li> <li>Migrant children in detention without understanding the reasons</li> <li>Stranded situation in transit without access to developmental and skill-building opportunities or alternatives</li> </ul>	<ul style="list-style-type: none"> <li>Facilitate contextualized and tailored life skills sessions (self esteem, self acceptance, problem management, decision making, employability skills...)</li> <li>Facilitate safe spaces for peer support and mentoring</li> <li>Age appropriate engaging methodologies</li> <li>Prioritize skill building and livelihood support for children and youth at risk of negative coping strategies</li> <li>Mapping all formal, non formal and informal education opportunities and facilitate individual and tailored support (direct intervention or referral)</li> <li>Mapping of all formal and informal livelihood opportunities and facilitate individual and tailored support (direct or referral)</li> </ul>	<ul style="list-style-type: none"> <li>Peer support and mentoring skills and techniques</li> <li>Formal, non-formal and informal education tailored interventions</li> <li>CM and MHPSS staff trained and skilled to work with adolescents and youth</li> <li>Engaging methodologies (arts, sports, recreational...)</li> <li>Skill building programme (mapping and tailored support to provide appropriate alternatives)</li> <li>Capacities to provide legal information, orientation and training to strengthen competences</li> </ul>	



<p><b>JUSTICE AND RIGHTS</b></p>	<ul style="list-style-type: none"> <li>• Labelling, marginalization and discrimination</li> <li>• Migrant children in detention</li> <li>• UASC in conflict with the law due to negative survival coping strategies</li> </ul>	<ul style="list-style-type: none"> <li>• Legal age appropriate information, orientation and support</li> <li>• Early identification and support of children in conflict with the law or detention</li> <li>• Facilitate peer support with other children and youth in similar situation</li> <li>• Facilitate safe spaces and engaging methodologies of their interest to express frustration, anger, sharing and raising voices</li> <li>• Non-pathologising MHPSS interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Capacities and skills for child and youth-friendly appropriate legal training, orientation or counselling</li> <li>• Training capacities regarding systems and access to rights</li> <li>• Engaging methodologies adapted to the context (sports, arts, creativity, leisure, theatre of the oppressed...)</li> </ul>
<p><b>HOPE AND MEANING</b></p>	<ul style="list-style-type: none"> <li>• Disrupted narrative of life and development, uncertainty about future, hopelessness, exacerbated by: <ul style="list-style-type: none"> <li>✓ Loss of family members</li> <li>✓ Rejected by loved ones</li> <li>✓ Marginalised, exploited or abused by family, community or peers</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Sustainable care solutions is achieved when the political, legal, economic and social conditions needed for children to maintain life, livelihood and dignity have been secured.</li> <li>• Peer mentoring programmes with children successfully stabilized into appropriated care arrangements .</li> <li>• Case Management support to define individual clear and realistic objectives and goals</li> <li>• Education and livelihood integrated interventions are essential to provide opportunities to learn and gives children the skills and competence to meet their needs and protect themselves and build hope for the future</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive and multisectoral interventions</li> <li>• MHPSS and CM skilled staff to promote active and dignified participation in planning realistic goals and defining priorities based on strengths and resilience capacities</li> <li>• Strengths and resilience based integrated interventions</li> </ul>



## Case management care assessment & planning Wellbeing pillars checklist

PILLARS	QUESTIONS	CARE PLAN ELEMENTS
<p><b>SAFETY, SECURITY, EMOTIONAL STABILITY</b></p>	<ul style="list-style-type: none"> <li>✓ Life threats (physical, emotional, sexual) – immediate (today or tomorrow)?</li> <li>✓ Does the child feel safe in the current care arrangement?</li> <li>✓ Does the child look distressed, isolated, withdrawn, agitated, different behaviour as usual?</li> </ul>	<p><b>CARE PLAN RESPONSES</b></p> <ul style="list-style-type: none"> <li>✓ Emergency alternative care</li> <li>✓ MHPSS referral</li> <li>✓ Medical services referral</li> <li>✓ Nutrition services referral</li> <li>✓ Referral for People with Special Needs (PSN)</li> <li>✓ Basic counselling</li> <li>✓ Food and/or NFI emergency support</li> </ul> <p><b>GOALS</b></p> <ul style="list-style-type: none"> <li>✓ Make it safe/r – emergency support and best interest determination</li> <li>✓ Improved sense of safety</li> <li>✓ Increase access to services</li> <li>✓ Increased information (services, protection...) knowledge</li> </ul>
<p><b>BONDS, RELATIONS AND NETWORKS</b></p>	<ul style="list-style-type: none"> <li>✓ If UASC - assess degree of separation and the appropriateness of care arrangements (family care? FTR? Need to look for another foster family or alternative care?)</li> <li>✓ Assess important people for the child (teacher, siblings, friends, other adult family members... ) and type of bonds. Ask if there is any other relevant people the child would like to establish contact with?</li> <li>✓ Assess existing peer support network and networks. (Any friends? Where the child turns to when having problems?)</li> </ul>	<p><b>CARE PLAN RESPONSES</b></p> <ul style="list-style-type: none"> <li>✓ Transferring to, or initiating FTR</li> <li>✓ Establishing and facilitating family contact and link (when disrupted and if desired by the child) – telephone, pictures, video...</li> <li>✓ Basic family counselling and/or mediation</li> <li>✓ Referral for MHPSS services</li> <li>✓ Caregiver-child emotional bonds and attachment support (early stimulation and childcare development)</li> <li>✓ Peer psychosocial support networks. Prioritize offering participation in group support for cases of:                             <ul style="list-style-type: none"> <li>- Teen pregnancies</li> <li>- Child heads of household</li> <li>- Neglect cases - Caregivers peer support (stress management and coping strategies in challenging situations) &amp; parenting skills</li> </ul> </li> </ul>

		<p><b>GOALS</b></p> <ul style="list-style-type: none"> <li>✓ Reducing family/household negative roles and dynamics identified</li> <li>✓ Increasing emotional support</li> <li>✓ Increasing peer support network</li> </ul>
<p><b>ROLES, IDENTITIES AND RESPONSIBILITIES</b></p>	<ul style="list-style-type: none"> <li>✓ Assess the roles of the child and family in the household (breadwinner? Child head of household? Child labour risks and degrees?)</li> <li>✓ Roles of fostered children in the family: domestic work? Child labour? Early marriage? – Reasons for it?</li> <li>✓ Caregivers' capacity to fulfil parenting roles?</li> <li>✓ Reasons and degrees of neglect cases?</li> <li>✓ Role of the child/youth/family within the community – what does the child like to do or what would like to do?</li> <li>✓ Child involvement in negative coping strategies? (Theft, criminal activities, sexual exploitation, prostitution, WFCL, CAFAAG ...)</li> </ul>	<p><b>CARE PLAN RESPONSES</b></p> <ul style="list-style-type: none"> <li>✓ Counselling</li> <li>✓ Peer support networks referral</li> <li>✓ Access to education (formal or informal)</li> <li>✓ Referral for life skills sessions (adolescent groups)</li> <li>✓ Referral for vocational training</li> <li>✓ Referral for MHPSS services?</li> <li>✓ Economic strengthening/IGA meeting desired expectations, realistic plans development, existing but disrupted livelihoods</li> </ul> <p><b>GOALS</b></p> <ul style="list-style-type: none"> <li>✓ Reduce negative coping strategies identified</li> <li>✓ Mitigating reasons of neglect identified</li> <li>✓ Mitigating specific child labour risks (hours, exposure, education and health services, information...)</li> <li>✓ Increased skills (learning, professional, social, emotional, cognitive...)</li> </ul>
<p><b>JUSTICE AND RIGHTS</b></p>	<ul style="list-style-type: none"> <li>✓ Assess any discrimination? Stigma?</li> <li>✓ Has the child or the family appropriate information regarding access to services?</li> <li>✓ "I don't deserve" feelings?</li> </ul>	<p><b>CARE PLAN RESPONSES</b></p> <ul style="list-style-type: none"> <li>✓ Listening, understanding</li> <li>✓ Providing information. Information is power</li> <li>✓ Counselling</li> </ul> <p><b>GOALS</b></p> <ul style="list-style-type: none"> <li>✓ Improved access to information and services</li> <li>✓ Increased self-protection capacities</li> </ul>
<p><b>HOPE AND MEANING</b></p>	<ul style="list-style-type: none"> <li>✓ Involvement of community leader required? (i.e. community-based solutions for Foster care network)</li> <li>✓ Does the child or the family participate in any community initiative or network?</li> <li>✓ Does the child or the family think about the future? Sources of hope? Optimism?</li> </ul>	<p><b>CARE PLAN RESPONSES</b></p> <ul style="list-style-type: none"> <li>✓ Referral for community interventions</li> <li>✓ Referral for peer support networks</li> <li>✓ Family reunification</li> <li>✓ Food security, livelihoods and economic strengthening</li> <li>✓ Second chance education or employment opportunities</li> <li>✓ Counselling</li> </ul> <p><b>GOALS</b></p> <ul style="list-style-type: none"> <li>✓ Increased capacity to develop realistic plans</li> <li>✓ Increased community participation</li> </ul>

## Sexual gender-based violence Wellbeing pillars checklist for interventions with child survivors

Sexual abuse is an abuse of power over a child and a violation of a child’s right to life and normal development through healthy and trusting relationships. The World Health Organization (WHO) defines child sexual abuse as:

*“The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who, by age or development, is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person”<sup>1</sup>*

PILLARS	RISKS / CONSIDERATIONS	INTERVENTIONS	CAPACITIES AND SECTOR RESOURCES
<b>SAFETY, SECURITY, EMOTIONAL STABILITY</b>	<ul style="list-style-type: none"> <li>• Health risks (injuries, STD...)</li> <li>• Mental health and psychosocial distress</li> <li>• Safety risks for family or aid staff</li> <li>• Reject from home</li> <li>• Disorientation and uncertainty about risks and services</li> <li>• Being mother</li> </ul>	<ul style="list-style-type: none"> <li>• Medical emergency treatment</li> <li>• Protection and safe space for temporary accommodation if necessary</li> <li>• MHPSS first emergency phase support sessions</li> <li>• Early identification (72h) and efficient coordination among services</li> <li>• Information provision and consultation regarding all steps and procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Case Management trained and skilled staff for SGBV (Caring for child survivors guidelines)</li> <li>• Health capacities (PEP kits, trained personnel with sensitive communication skills)</li> <li>• Appropriated confidential spaces (for medical and psychological assistance)</li> <li>• Safe spaces for temporary accommodation</li> <li>• MHPSS capacities and trained staff for SGBV</li> <li>• Information sharing and data protection protocols and system in place</li> <li>• Operational referral pathways accessible, known and updated (minimum required: health, MHPSS, CM, temporary care arrangements and legal support/police)</li> </ul>
	<ul style="list-style-type: none"> <li>• Reject from family/caregivers</li> <li>• Sexually abused by a family member</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure appropriate and supportive bonds and networks</li> </ul>	<ul style="list-style-type: none"> <li>• Peer support techniques and skills</li> <li>• Family mediation techniques and skills</li> <li>• Caregivers’ focused support</li> </ul>

<sup>1</sup> Caring for child survivors of sexual abuse. Guidelines for health and psychosocial service providers in humanitarian settings. International Rescue Committee, 2012. World Health Organization, Social Change and Mental Health, Violence and Injury Prevention, Report of the Consultation on Child Abuse Prevention, pp. 13-17, Geneva, 29-31 March 1999.

<p><b>BONDS, RELATIONS AND NETWORKS</b></p>	<ul style="list-style-type: none"> <li>Psychological impact on non-offending caregivers and family members</li> <li>Stigmatization in community</li> <li>Withdrawal from school</li> <li>Risks of reject of children born out of rape if pregnant</li> </ul>	<ul style="list-style-type: none"> <li>Non-offending caregivers and family members psychosocial support</li> <li>Facilitate peer network and bonding and engaging activities</li> <li>Provide group sessions with other similar cases (if appropriate) and facilitate peer network</li> </ul>	<ul style="list-style-type: none"> <li>Safe care arrangements and protection services including MHPSS support and engaging activities, and methodologies (arts, creativity, leisure...)</li> <li>Conscientization education techniques in schools (inclusive and supportive environment, early identification, and referral)</li> <li>ECD and mother-child attachment support (if the survivor has other babies or planning if pregnant)</li> </ul>
<p><b>ROLES, RESPONSIBILITIES AND IDENTITIES</b></p>	<ul style="list-style-type: none"> <li>Reject from home, stigmatization and school withdrawal – risks of negative coping mechanisms for survival</li> <li>Disorientation, confusion and self-blame.</li> <li>Gender roles and implications of SGBV survivors</li> <li>Pregnancy and new role as mothers</li> <li>Risks of increasing stigmatization through specific targeted interventions providing socioeconomic support for SGBV cases</li> </ul>	<ul style="list-style-type: none"> <li>Emotional and cognitive life skills support (self-regulation, self-acceptance, conflict and problem management, trust, self-esteem, legal management, trust, self-esteem, legal...)</li> <li>If mothers/pregnant and withdrawal from school: alternative skill-building opportunities and alternatives (formal, non-formal or informal education, vocational training and livelihoods) <ul style="list-style-type: none"> <li>Such interventions should be part of an individualized care plan or wider skill-building interventions available to avoid risks of specific targeted support and stigmatization</li> </ul> </li> <li>Facilitate peer support and mentoring among similar cases</li> </ul>	<ul style="list-style-type: none"> <li>Life skills sessions to adapt (self-regulation, self-acceptance, conflict and problem management, trust, self-esteem, legal information, sexual and reproductive health, self-protective capacities...)</li> <li>CM and MHPSS trained and skilled staff for SGBV cases</li> <li>Formal, non-formal or informal tailored education programmes available</li> <li>Livelihood tailored opportunities available</li> <li>Legal competences for counselling and accompaniment through reporting and legal process</li> <li>Capacity to deal with gender sensitive SGBV cases of boys and girls abused</li> </ul>
<p><b>JUSTICE &amp; RIGHTS</b></p>	<ul style="list-style-type: none"> <li>Re-victimization during reporting and legal process</li> <li>Retaliation risks for the survivor, the family or aid staff when case is reported</li> <li>Stigmatization in the community</li> <li>Receiving inappropriate, non-professional and harmful support during the process, or not support at all, will increase frustration,</li> </ul>	<ul style="list-style-type: none"> <li>Legal counselling and accompaniment</li> <li>Dignified and informed decision making and respect of boundaries and principles</li> <li>Systematic informed consent and confidentiality respect</li> <li>Do not avoid or neglect customary justice, but coordinate and ensure appropriate and dignified treatment for the survivor along customary practices</li> </ul>	<ul style="list-style-type: none"> <li>CM staff skilled and trained including legal knowledge, counselling and appropriate accompaniment capacities and skills</li> <li>Internal experience and training for coordination and complementarity among customary and formal justice systems for SGBV cases.</li> <li>MHPSS specialised services during legal procedures for dignified treatment and fostering informed decision making</li> <li>Information sharing and data protection protocols in place</li> </ul>

	<p>sense of abandonment and confusion</p> <ul style="list-style-type: none"> <li>• Customary law procedures within the community might avoid official reporting or sensitive support to the survivor</li> </ul>		
<p><b>HOPE AND MEANING</b></p>	<ul style="list-style-type: none"> <li>• Sexual abuse contributes to disrupted sense of continuity of life</li> <li>• Hopelessness and difficulty in setting objectives</li> <li>• Self-blame and confusion</li> </ul>	<ul style="list-style-type: none"> <li>• Case Management building on strengths and protective factors of survivors (highlight informed participation and decision making)</li> <li>• Provide alternatives and new opportunities for emotional and social bonding, as well as education and livelihoods)</li> <li>• Specialised mental health clinical support to rebuild hope if required</li> <li>• Systematic participatory monitoring of CM objectives and goals</li> </ul>	<ul style="list-style-type: none"> <li>• MHPSS clinical specialised capacity for SGBV survivors</li> <li>• Multidisciplinary team and effective coordination</li> </ul>



## Module 4 - Questions that can be included in an evaluation on pillars with the child/peer/community

### FEELING SAFE

#### Physical security

- Is the child's life in immediate danger when identified? Age factor, main risks?
- Is there reason to believe that the safety and security of the CYM is not assured in the community (violence in the community, harmful traditional practices, problems in the workplace, popular perceptions of violence and abuse, risk of recruitment by armed forces or groups)?
- Does the CYM have safe sleeping/housing at the time of identification?
- Does the CYM eat if hungry?
- Does the CYM have any health problems? Does the child have any injuries? Does the child have any intellectual, physical or sensory impairments or disabilities? If it is a girl, is she pregnant?

#### Emotional security

- How does the child feel in general? (Fatigue, exhaustion, depressive symptoms, nightmares, fear, anxiety, signs of low self-esteem, etc.)
- Are there urgent distressing problems and difficulties in regulation? (Overwhelming or overwhelming feelings such as fear, hypervigilance, sadness, frustration, aggression, anxiety, stress... can the child be a danger to self or others?)
- Is the child a victim of violence or abuse? (Physical, psychological, sexual) or is the child threatened, or living in an environment at risk of violence?)
- Does the child have access to the information he/she needs?

### FEELING CONNECTED

- If so, what is the degree of **separation of the parents/family**? Is family tracing and **reunification an urgent priority**?
- Is the **family of origin safe and secure** for the CYM?
- Is the **CYM with other relatives during transit or at destination**?
- Who are the **important and trusted resource persons for the CYM (and what are the connections)**? **Who does the CYM call upon in case of need, normally and now? Who would he/she like to be able to call upon**?
- Does the **CYM participate in social activities**?
- Does the CYM seem to have **social interaction skills**, correct interpretation of others' behaviors and emotions, and a sense of being comfortable in his/her own skin and with others?

- **Is he or she withdrawn?**
- Does the CYM have friends? Does the CYM have **positive peer relationships**? Does he/she have problems with peers?

## FEELING WORTHY AND RECOGNIZED

### General role and identity

- What is the current living arrangement and conditions (type of accommodation; privacy, roles, tasks...)?
- What is (or was, if separated from the family) the role of the CYM in his/her household?
- If the child on the move has voluntarily separated from his/her family, what are the underlying causes? What are the objectives of the migration and the life project? What are the parents' wishes (if known)? What are the wishes of the CYM?
- Does the CYM have a feeling of tension linked to the expectations of his family? Feeling of helplessness?
- How does the CYM deal with life's setbacks and difficulties?
- What are his/her strategies for finding appropriate solutions to conflicts with others?

### Role/education

- What education has the CYM received? Is the CYM enrolled in an education program and does he/she attend classes regularly?
- What skills would the CYM like to acquire? Are there options and opportunities for the child regarding education?

### Role / work / livelihood

- Does the child work? Describe the type of work, the frequency of work, and its impact on the child's well-being. If the child works, how is the money earned used/what does the child spend the money on?
- What is the CYM livelihood?
- Other activities/role.

- What does the child do in his/her free time? Describe the child's interests?
- Does the child participate in any activities that may be considered against the law? i.e., is the child engaged in any negative activities or coping strategies?
- (Theft; association with armed or criminal groups; sexual exploitation or prostitution/survival sex; economic exploitation/worst forms of labor; theft...).
- Does the CYM have confidence in his/her ability to act? His/ her agency?

### FEELING RESPECTED

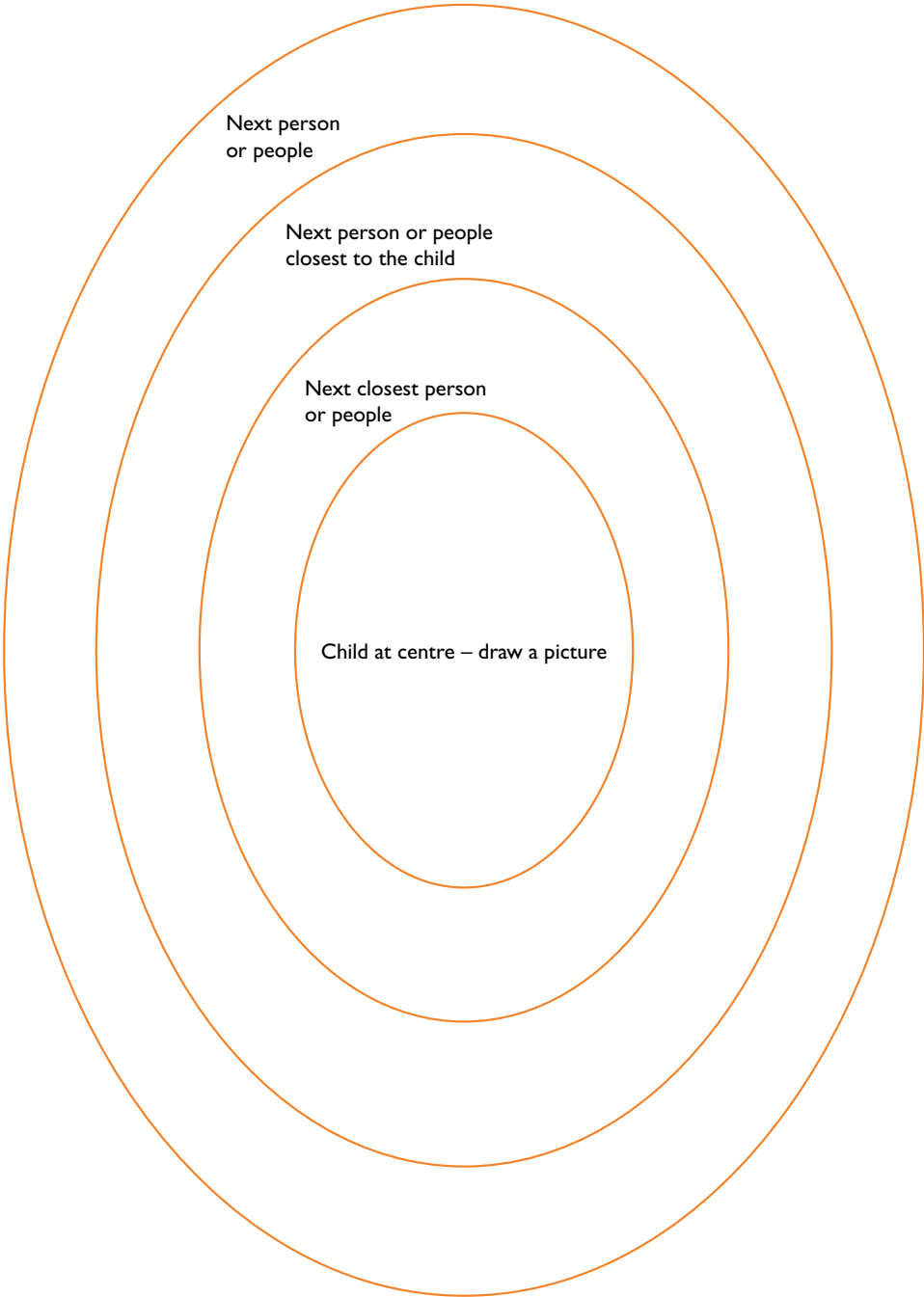
- Does the CYM have access to the essential **information to access the necessary** services and where to go for protection? Does the CYM have **access to the necessary information on risks and services along his/her journey**? Does the CYM have access to **essential information in terms of legislation and administrative** procedures if he/she ends up in a place different from his/her place of origin (transit/destination)?
- Does the CYM have a birth certificate? Does the child have other registration or identification documents? Is the child missing any **documentation necessary for protection and/or access to services** (now and/or in the future)? How does this affect his or her well-being?
- Does the CYM (and/or family) feel **discriminated against in accessing services**? Does the child (and/or family) feel targeted by any group?
- Does the CYM (and/or family) show signs of not feeling «respected»?
- Is the CYM **excluded from community activities or groups**? Does he/she experience discrimination, prejudice or bullying in the community?
- Is the CYM (and/or family) **accepted by the community**? Are they isolated?
- Does the CYM (or family) face inappropriate **demands for services in exchange for support**?

### MAINTAINING HOPE

- Does the CYM **think about the future** (short and/or long term?)
- Does the CYM have any **life plans**? Are they related to migration and are these expectations related to migration?
- Does the CYM have **realistic ambitions**? (Short or long term?) Does he/she have plans to get there?
- Is the CYM **optimistic about his/her life and future**?

# Module 4 - Tools to facilitate the collection of information on psychosocial well-being status

## Annex 1: Who Matters? <sup>18</sup> Example









## Annex 2a: My individual file

Name:  
 Date:  
 Name of animator:  
 Centre:

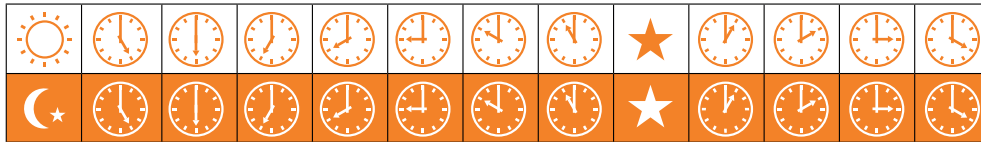
### How I see my reality...

My different relationships.



Normal relationship 	Distant relationship 
Strong relationship 	Reference person / someone I admire 
Conflict 	Relationship of fear 

## Annex 2b: My activities



My activities during the week			
Activities	Where?	When do I do them? How often?	How do I feel?

My activities during the weekend			
Activities	Where?	When do I do them? How often?	How do I feel?

\*How do I feel?:



Happy



Sad



Normal



I like it



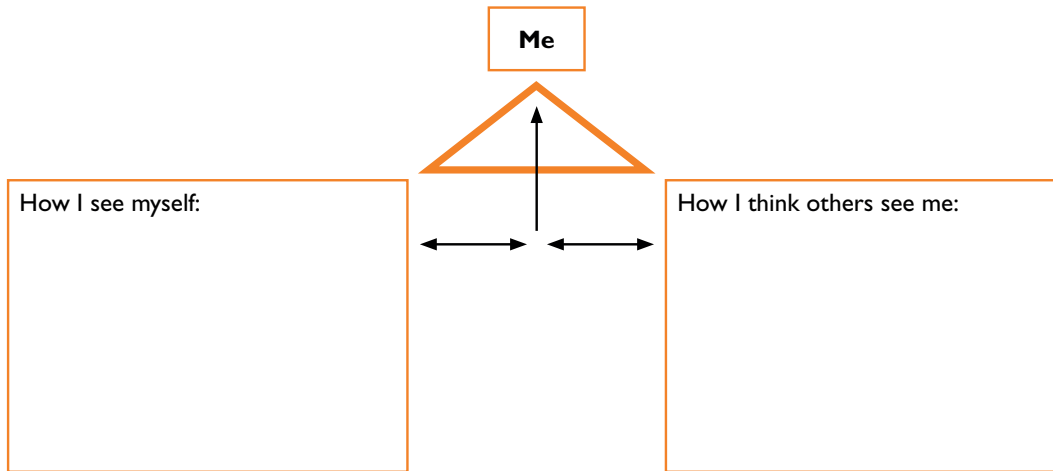
I hate it



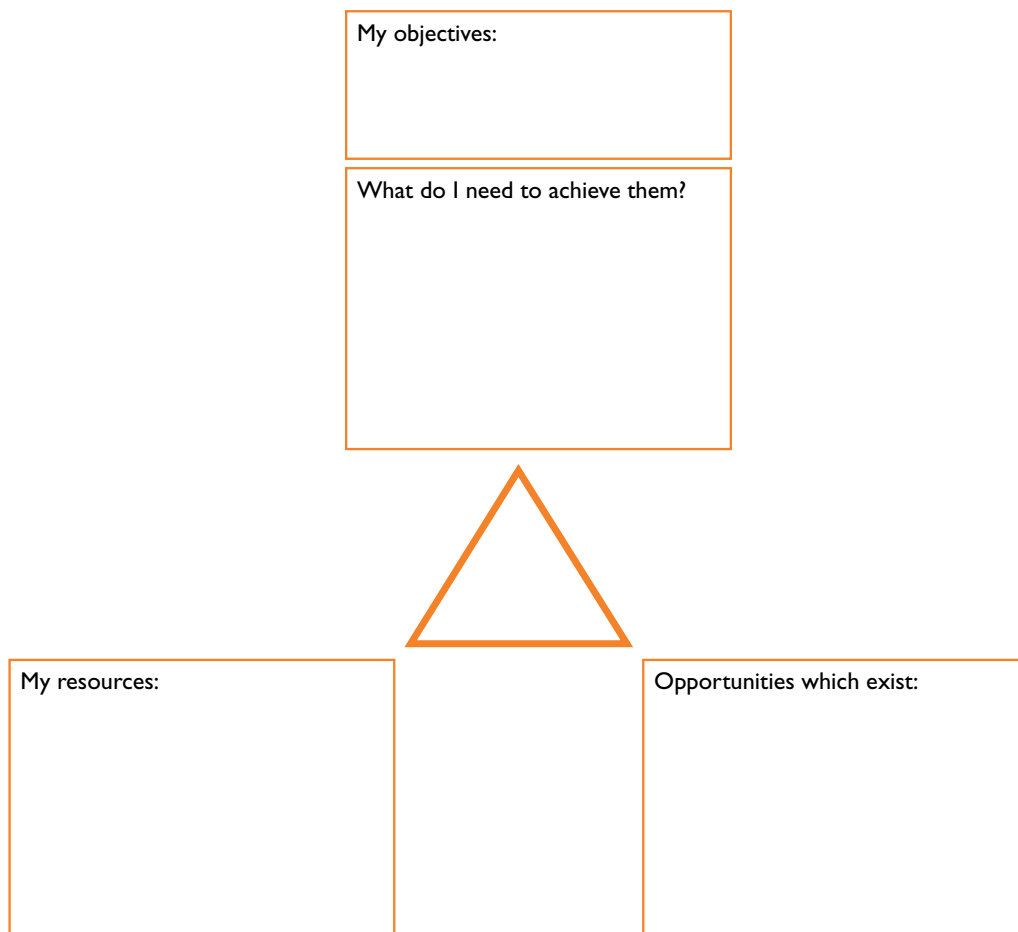
Scared

Mark with the activities you think are the most important

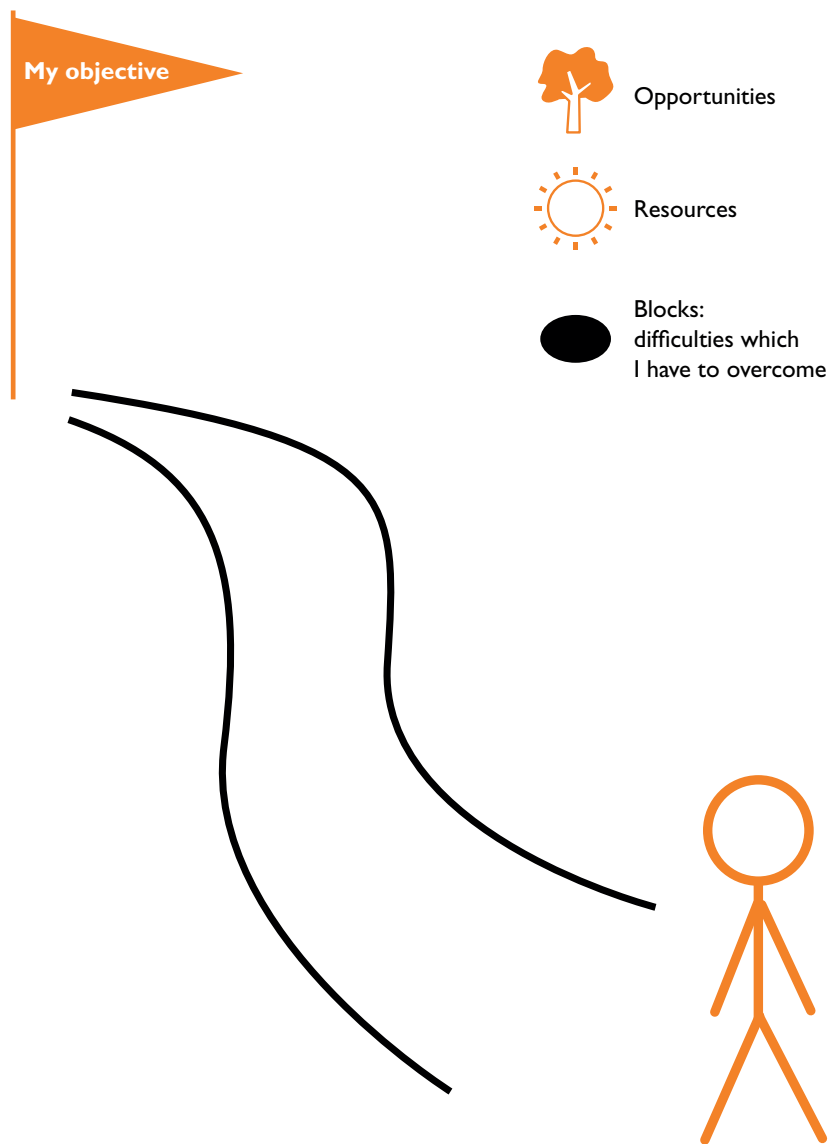
## Annex 2c: Identity



## Annex 2d: Motivation



## Annex 2e: What are the necessary steps to achieve my objective?





## Annex 2f: My future

My own special plan

My next meeting to talk about this is

## Module 4 - Child evaluation guide

In this guide, there is a variety of activities that can be carried out with children and youth to elicit their opinions and feelings about the issues they face, the people they trust, and ideas for improvement. Tools 1 and 2 are designed for younger children (ages 8-12), and Tool 4 is designed for older children (ages 13-17). Tool 3 can be used with both age groups. Each tool is followed by a note-taking tool to assist facilitators in organizing the collected data.

### Tool 1: Mapping of communities

**Suggested age range: 8-12 years**

**Time:** 30 minutes maximum

**Objective:** In this activity, children will draw a map of the community/village/camp where they live. After drawing this, children will be asked to show on the map where they feel safe/unsafe, physical hazards and routes they regularly take.

This activity allows us to:

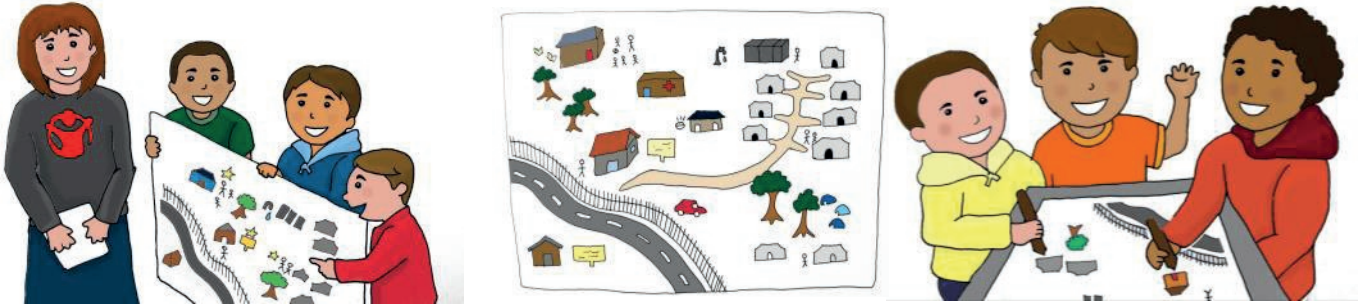
- Identify places where children feel safe and unsafe (both due to physical and social risk/hazard factors).
- Develop some understanding of the key places that characterize children's daily lives, how they feel about them, and how they relate to each other.
- Key questions to be answered in this exercise:
  - o What are the most significant barriers or problems that children currently have in their lives?

#### Preparation:

- Prepare a very basic sample map to show the children, showing an imaginary community with houses, a school, latrines, a watering hole, and a few other features.
- Make sure you have enough sheets of paper on the flipchart for each group to have at least one.
- Make sure you have colored felt pens/pencils for the children (enough so that each child has several colors).

## Instructions:

*Nota bene: for this activity you may want to have the children work in two groups of five so that all children have more opportunity to contribute.*



1. Explain that the next activity will be to make a map of where the children live in the camp, showing some important features. Show the sample map you have prepared (explain that this is a different place and that they do not need to copy it - they should draw the part of the camp they live in).
2. Share a large sheet of paper and felt pens/colored pencils to each group.
3. Ask the children to draw a map of the part of the camp they live in, pointing out important things like where they live, where they go to school, where they play, where they get food, where they go to the bathroom, etc. Give them about ten minutes to do this.
4. For each of the important places that children draw on the map, ask them if the children feel safe there. Explain that sometimes children can face risks or threats that make them feel unsafe, and we want to understand what these are so we can try to make camps safer for children. Explain that the things that make children feel unsafe can be physical dangers (e.g., steep hills, dangerous buildings) or people (e.g., if people scare children when they are in a particular area; if aid workers treat people badly). Note where children report feeling safe and unsafe, and why. Ask more probing questions to find out if there are particular groups of children who feel unsafe.
5. Ask the children to mark on the map the routes they take every day - for example, on a typical day, what places do they visit? And how do they get there? Children could show their routes by drawing lines on the map.
6. Ask the children if they ever feel unsafe traveling between these places. Make a note of the places on the routes where children feel unsafe and the reasons.
7. Ask the children if they have any suggestions on what could be done to make the children feel safer at camp. Take note of the children's suggestions.
8. Thank the children for drawing the maps and indicating where they or other children sometimes feel unsafe. Explain that we want to help humanitarian organizations work in ways that keep children safe, and that this information will be very useful.

Notes on the risk maps		
<p><i>Location identified by children:</i></p> <p>1. e.g., tents.</p>	<p>Do the children feel safe here?</p> <p>Yes/No</p>	<p>Why do the children feel safe/unsafe?</p>
<p>Location identified by children:</p> <p>2.</p>	<p>Do the children feel safe here?</p> <p>Yes/No</p>	<p>Why do the children feel safe/unsafe?</p>
<p>Location identified by children:</p> <p>3.</p>	<p>Do the children feel safe here?</p> <p>Yes/No</p>	<p>Why do the children feel safe/unsafe?</p>
<p>Location identified by children:</p> <p>4.</p>	<p>Do the children feel safe here?</p> <p>Yes/No</p>	<p>Why do the children feel safe/unsafe?</p>
<p>Location identified by children:</p> <p>5.</p>	<p>Do the children feel safe here?</p> <p>Yes/No</p>	<p>Why do the children feel safe/unsafe?</p>
<p><i>Routes identified by children:</i></p> <p>1. e.g., walk from the tent to the latrine</p>	<p>Do children feel safe using this route?</p> <p>Yes/No</p>	<p>Why do the children feel safe/unsafe?</p>

Routes identified by children: 2.	Do children feel safe using this route? Yes/No	Why do the children feel safe/unsafe?
Routes identified by children: 3.	Do children feel safe using this route? Yes/No	Why do the children feel safe/unsafe?
Other notes		

## Tool 2: Flower Activity

**Suggested age group: 8- 12 years**

**Time: 30-45 minutes**

**Purpose:** To explore children's and youth's perspectives on who they seek and receive support from during times of conflict, hardship, or distress and the types of support they do or do not receive.

**Preparation** - Do a trial version so that children can understand what you are asking them to do

### Instructions:

1. Ask children to draw a flower (NOTE: Boys may not want to draw a flower, in which case they can draw a sun) with petals that go around the center of the flower.
2. Explain that the center of the flower represents the child and that each petal on the flower represents the person/group of people/organization/support network they are seeking and getting support from in their community.
3. Ask the children/youth to draw petals around the center of the flower to represent the people they seek support from in times of conflict, difficulty or distress:
4. Make sure they understand that the size of the petal is important: Petals should be drawn

larger for the people they seek support from most often and/or the people who support them most. The names/characteristics of the people (e.g., parents, friends, teacher, etc.) should be written inside the petal. Petals should be drawn smaller for people they occasionally seek support from and/or for people who provide less support - again, make sure the names/characteristics of people are inside the petal.

5. Ask the children to make sure to write/ask the facilitator to help them write the name of the person/support system in each petal.
6. Ask the children to explain their drawing.

**The facilitator should try to have the following discussion:**

- Why do you feel more comfortable using these people? - What makes them helpful and makes you trust them?
- What features make it harder for you to ask someone for help?
- When you turn to these people, what kind of support do you want to receive?
- Do you get that support?
- Is there anything missing?
- What about other children and youth - what is their role in supporting other friends or relatives of their age?

**Note taking:**

	Child 1	Child 2	Child 3
Petal 1 (B. M. S)			
Why			
Petal 2 (B. M. S)			
Why			
Petal 3 (B. M. S)			
Why			
Petal 4			
Why			
Petal 5			
Why			

### Tool 3: Dot (or cumulative) voting

**Groupe d'âge suggéré:** 8-12 ans 13-17 ans (pour les groupes plus âgés, c'est l'occasion de discuter de Suggested age group: 8-12 years 13-17 years (for older groups, this is an opportunity to discuss coping strategies)

**Time:** approximately 35 minutes

**Purpose:** Dot voting allows children to identify the most important barriers and problems they face, expressed by ranking the problems with dots (each child gets three votes). Children prioritize the issues, which can help us understand whether our current response strategies and programs are addressing these priority issues.

This activity allows us to:

- Obtain a list of problems prioritized (i.e., the biggest problems) by the children.
- With detailed notes, gather information about the reasons for these problems.
- With detailed notes, collect children's suggestions on what could be done to address these problems.
- Key questions to answer in this exercise:
  - o What are the biggest problems or barriers that children currently face in their lives, in their context?
  - o What services and information do children currently receive, what are they missing/ what services and information should they have and how would they prefer to receive them?
  - o What do they think are possible solutions to these problems?
  - o Who do they think could help solve these problems? Who do they think is responsible?
- For the 13-17 age groups, you may want to gather information about negative coping strategies that children and their families use when faced with these problems.

#### Preparation:

- Prepare symbols that represent the problems we think children are most likely to encounter <sup>1</sup>
  - o Add any new problems that were addressed during your first activity with the children..
- Glue each image on a separate piece of flipchart paper with the name of the problem written above the image, e.g., health, food, school, etc. (to assist the facilitator and note taker). Tape the flipchart papers to the walls around the room at an appropriate height so that the child-

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1 Voir annexe 1 pour les exemples utilisés en Ouganda. Ils devront être adaptés au contexte.

ren can reach them and see the images clearly (or they can be spread out on the floor).

- Gather enough sticky pads (or post-it) so that each child can receive three sticky pads for the exercise. If you do not have sticky notes, try using a stamp pad, and children can mark a fingerprint (NB: fingerprints can be very sensitive with refugee or displaced children who have undergone negative registration processes) or ask children to make a dot with a marker.

### Instructions:

1. Steps are a little different for 8-12 year olds and 13-17 year olds:
  - **For 8-12 year olds:** Have the pre-prepared posters available and do a gallery walk with the children (if not, they can also all sit in the middle of the room if it is easy for them to see each poster clearly from there) explaining that the posters on the wall/floor may relate to some of the issues the children are feeling right now. Give brief explanations of each poster but without too much detail (so as not to influence the results). For example, for the image of health problems, explain that it is about getting sick, taking medicine, seeing a doctor. The image that represents education is about being able to go back to class, feeling safe at school, etc. (5 minutes). Then ask the children if there are any other big problems in their lives right now that are not represented by the posters. Put a blank poster on the wall for each new issue identified. The facilitator should write the name of the problem and draw a symbol representing the problem on each new poster. (2 minutes).
  - **For children ages 13-17:** Let them choose the issues and write/draw them on each sheet of paper - they will use them for the dot voting activity.
2. Give each child a sticker dot each. Ask them to stick their sticker on the poster that represents their biggest problem.
3. When finished, give them another sticker and ask them to do the same thing, explaining that they can put the second sticker next to the first one if it is really a big problem or on another poster representing another problem. Repeat with a third and final sticker, until the child has placed three sticker dots on the posters. In this way, children vote for the biggest problems they face. (5 minutes) [modify with fingerprints or markers with markers if you do not have stickers].
4. Once the children have used all three stickers, the facilitator should choose the three posters that have the most sticker dots. These now represent the three biggest problems.

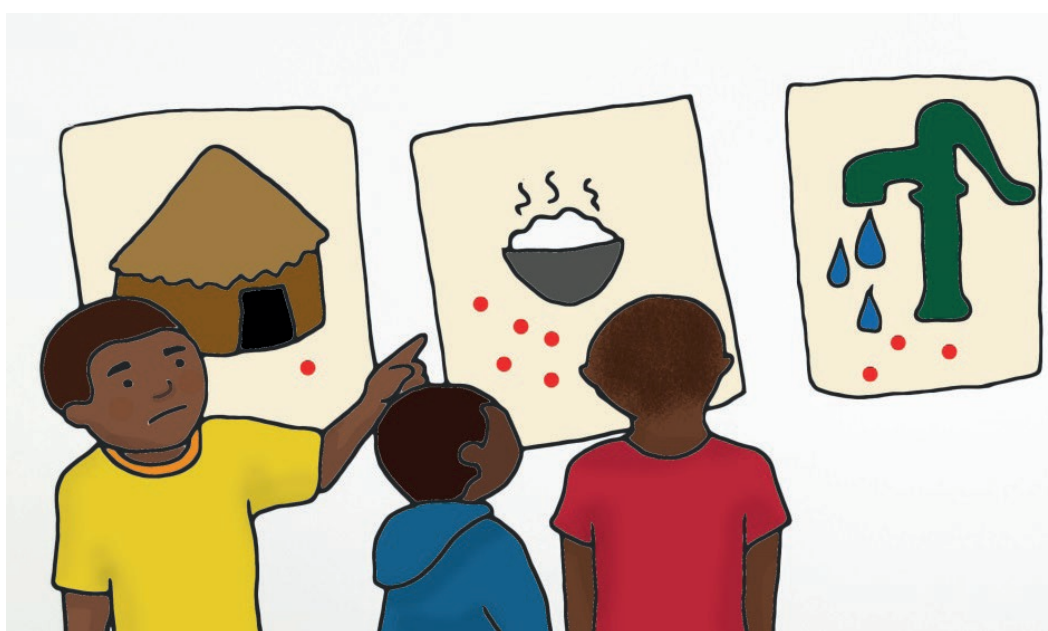
*Move these posters to the wall at the front of the room / on the floor / on the table. Facilitator: From the game we just played, it looks like the biggest problems for you right now are \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_. Is that correct? Are there any other problems bigger than these three that we haven't talked about in this game?*

5. The facilitator should write down each of the biggest problems expressed by the children (if any) and repeat the last three priority problems. (2 minutes).
6. Ask the children to explain in more detail why these are problems. For example, Facilitator: Many children said that food was a big problem. Why is this a problem? What are the bad things? Write out the detailed explanations. (10 minutes).
7. **For older children (ages 13-17):** for the top three problems, ask the children what they or their families do to deal with them. For example, if children say that lack of food is a big problem, ask them what they or their family do when there is not enough food? Do they have to do anything



that makes them unhappy or puts them in danger? (5 minutes).

8. **For all the children:** explain that you want to hear the children’s ideas now about how to solve these problems. Start with the biggest problem and ask, «What do you think can be done to help solve this problem or reduce the harmful effects it has on children?» Make sure the children know that there are no right or wrong answers. Write down what the children suggest.
9. Once the children have shared some ideas, ask, «Who do you think has the power to make these changes happen?» Note what the children say.
10. Repeat steps 9 and 10 for the remaining two problems. (Steps 9-11: 10 minutes).
11. Thank the children for telling us about the problems they face and their ideas about how these problems could be solved.



**Note taking: Dot (or cumulative) voting**

Need/Problem	# of votes (dots)	Comments on the problem	For the top three problems: coping strategies used when faced with a problem - ages 13-17 only	For the top three problems: ideas about how the problem could be solved and by whom
School/ Education				

Health				
Housing/shelter				
Money				
Food				
Water				
Toilet				
Abuse/violence				
Safe places to play				

#### **Tool 4: Short group discussion**

**Suggested age range: 13-17 years**

*Please note: It is assumed that older teens may perceive mapping communities as too childish; however, if staff feel this will not be the case, you can also use mapping communities with the older group. As an alternative, it is suggested that a short group discussion be used.*

**Time: 45 minutes maximum**

**Objective:** A short introductory group discussion with the older children to understand what they think about their life in the village/camp.

This activity allows us to:

- Collect information about the children's experiences in the camp/village and what they think about their life in the village/camp.
- Answer key questions such as:
  - What are the biggest obstacles or problems children face in their lives right now, in the context of living in a child-headed home/foster family?
  - How does this affect them and their siblings (if they have any)?
  - Who else is affected and most affected by these barriers and problems? What groups of people?
- Generate extra to the predetermined list of problems that will be used during the dot voting activity.

**Instructions :**

1. Explain that we will begin with a brief discussion about the children's experiences and their lives in the camp/village.
2. Explain that we would like to hear from everyone, but it is important that they speak by taking turns. Ask them to respect the other members of the group by giving them time to speak and not to share secret things said during the discussion with others afterwards. Explain that there are no right or wrong answers, so it's okay if they have different thoughts or opinions.
3. Continue the group discussion, asking probing questions if necessary to get more details. Be sure to take detailed notes of the discussion.

Key suggested questions	Potential exploratory questions
1. How do you spend your day?	2. Are there types of activities that girls/boys do more of than before? 3. Any activities they do less of than before? 4. Are there things you normally did at home that you can't do here? 5. What did you like to do before you came here? Which of these activities do you think you could do here?

<p>2. What are your main concerns or worries? What do you think would help?</p>	<p>a. Is there anything you see or hear that makes you happy?</p> <p>b. Is there anything you see or hear that makes you sad?</p> <p>c. What kind of things make you angry?</p> <p>d. How do you solve your problems?</p>
<p>Who or where do you turn to when you have problems?</p>	<p>e. Do you prefer to talk about your problems?</p> <p>f. Do you go to your mates? your family? a parent?</p> <p>g. What do you do to alleviate your problems?</p>
<p>3. Do you have any new responsibilities now that you live here? (Things you do to support your family that you were not doing before).</p>	<p>a. Are there particular groups of children who have a heavy load of responsibilities?</p> <p>b. Is there a difference between the responsibilities/tasks that girls and boys have?</p>
<p>4. Now that you live here, what places do you go to? Why do you choose to go there? [We are trying to find out if they go to these places because of the comfort and proximity to home or why they don't leave the house]?</p>	<p>a. What is good about these places?</p> <p>b. What is not good? Are there any places you don't like to go? Why or why not?</p> <p>c. Where do you feel safe in your community?</p> <p>d. Where do you feel unsafe?</p>
<p>5. Since you left home, have there been any changes in what you eat?</p>	<p>a. Where do you get food?</p> <p>b. Are there any problems with getting enough food?</p>
<p>6. How has living here affected the children's health?</p>	<p>a. Are there places where children can get medical help if they need it?</p> <p>b. Are there any new types of harms that children face here in the camps?</p>
<p>7. Can girls/boys go to school here?</p>	<p>a. Are there particular groups that cannot go to school? Why or why not?</p>
<p>8. How has living here affected the way the children think and feel?</p>	<p>a. Do you know where to get help and support if you need it?</p> <p>b. Who do children get support from when they are scared or sad?</p>
<p>9. Do you know any youth who live away from their parents? alone or with people who are not their family?</p>	<p>c. Where are they?</p> <p>d. Why can't they be together with their parents?</p> <p>e. Who supports them?</p>

4. At the end of the discussion, thank the children for sharing their thoughts with us. Explain that this is really useful information that will help humanitarian organizations understand the experiences that children face in the camps.
5. Note any issues that the children talked about that you do not already have on the list of pre-defined issues for the dot voting activity.



## Module 4 - Replication guide for the training on «Supporting the well-Being and psychosocial resilience of CYM»

Replication guide for the training "Supporting the Psychosocial Well-being and Resilience of CYoM".

Date :

Country :

Participant :

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Training of trainers on psychosocial support for CYoM - Saly, Senegal, March 2022  
**DAY 2**

**Session 1: Defining child well-being**

- Key messages identified:
- Adaptation of the methodology required :
- Support needs for replication (methodology and content)
- Relevant technical sheet(s) received:
- Other comments :

## Session 2: Elements of the MHPSS framework for choosing the best approach to psychosocial support

- Key messages identified:
- Adaptation of the methodology required :
- Support needs for replication (methodology and content)
- Relevant technical sheet(s) received:
- Other comments :



### Session 3: Capacities related to the 5 pillars of well-being

- Key messages identified:
  
- Adaptation of the methodology required :
  
- Support needs for replication (methodology and content)
  
- Relevant technical sheet(s) received:
  
- Other comments :



#### Session 4: The application of the pillars to the challenges faced by CYoM

- Key messages identified:
- Adaptation of the methodology required :
- Support needs for replication (methodology and content)
- Relevant technical sheet(s) received:
- Other comments :

*Group part (per country) of the exercise*

**Day 2**

Revision to be planned for the replica at country level (agenda, content, support sheets, methodology of exercises):





# protejem

PROTECTION OF CHILDREN AND YOUTH ON THE MOVE

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