**Tdh Program Contribution 2017-2020 / Strategic Plan 2016-2020**

**Program Indicators**

**[Program]** Migration

**[Result]:** Upon 4 major flows, at primary and at different stages of their migratory journey, children and young people benefit from quality institutional services and community mechanisms that are coordinated to prevent forms of trafficking and early and / or forced migrations, alternative solutions to migration, reduce the risks encountered during migration, strengthen the protection and self-protection capacities of children and young migrants, and improve services integration in host countries as well as and return / reintegration services.

**Target:**

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| **Indicators**  | **Indicator 1.2.a****Number of institutional services contributing to the protection of children and young people affected by migration for which quality has been improved in areas of origin, transit or destination where Tdh is involved.**aggregate indicator | **Indicator 1.2.b****Number of groups at community level for which practices have been improved in order to better respond to the needs of children and young people affected by migration in terms of protection.**aggregate indicator | **Indicator 1.2.c****Number of resources players at the community level whose practices have been improved to better respond to the needs of children and young people affected by migration in terms of protection**aggregate indicator |
| **Specific Descriptions** | **Institutional services** : structures administered by the State, international agencies, NGOs, including Tdh, or other civil society organizationsdelivering directly or indirectly child protection services .**Includes (indicative list):*** Local child protection state services (e.g. Centres of Social Promotion) ( each centre separated)
* District social service unit
* Emergency Welcome Centre
* Foster home approved by the State
* Border police
* School sector Protection services
* Child-friendly spaces

**It does not include:*** Educational Institutions
* Financial Institutions
* National Directions:
* Ministry

**Quality improvement:** positive changes in the quality of services contributing to the protection of children and young people affected by migration.  | **Grouping** :Formalized or non-formalized Group of people, at community level, which interact with children and young people affected by migration. Example: groups of women, parents-student associations , landlords associations, local Council of a Rom community , basic community organizations, groups of children and young people.**Practices** : Conventional or emerging proceeding ways to carry out **groups actions** within a community based on geographic , cultural or social criteria. The notion of practice covers what the group does in terms of structure. Practices are more or less formal (but not formal in terms of administrative recognition), codified, standardized, controlled, ritualised, etc.Example:Reception of children by landlords, accompaniment on the route, connecting them with potential employers, group mobility. **Improvement** : positive development of a practice in regard to the protection of children and young people.  | **Resource people :** individuals, within a community playing a protective role with children and young people affected by migration. Examples: "godmothers" taking care of in street situation; landlords welcoming children on the move, local notables (e.g. priest) involved in the protection of children; conveyor who look after the children met on the way.**Practices :** Convention or emerging proceeding ways, to carry out **individuals actions** within a community based on geographic , cultural or social criteria. The notion of practice covers what the individual do during their interpersonal relations or jobs. Practices are more or less formal (but not formal in terms of administrative recognition), codified, standardized, controlled, ritualised, etc.This isn't an isolated individual action but a phenomenon requiring the action to be repeated again. **Improvement :** positive development of a practice in regard to the protection of children and young people. |
| **Common Definitions** | **Child protection: see definition in the guidance.****Children:** under 18. **Young people:** 18-24 years**Children and young people affected by migration** : children and young people belonging to one of the 4 categories as defined in the document "What protection for children and young people affected by mobility in West Africa" (O. Feneyrol, 2011, regional platform, Dakar)1. Children **and young people** on the move (engaged in a migration process)
2. Children and young people who are potential migrants (living in environments highly affected by the migration of children and young people and/or migration compelled environments forcing them to move for economic, social, cultural, historical, or political reasons, etc.)
3. Children and young people whose kin (siblings, guardians) have migrated (children left behind)

Children and young people temporarily or permanently out of migration (integrated, reintegrated, return **Areas of origin, transit and destination** : geographical areas where children and young people affected by migration live, passing by or stay.* Area of origin : place of initial departure for the child in move, returning or exposed to migration as well as for the parents/guardians of the child 'left behind';
* Destination area : place in which the child in move is passing by or chooses to settle, acknowledging the fact that this destination can change during the course of his journey;

Transit area </bx> : Short-term or transitional place for a children during its journey. A destination area can become a transit area if the child ultimately continues his journey to another destination. |
| **What it measures** | This indicator informs on Tdh contribution through its interventions to the strengthening of institutions in the field of protection of children and young people affected by migration.  | This indicator allows to measure the improvement of protective practices, concerning children and young people, carried out by a collective at community level after an intervention of Tdh. | This indicator allows to measure to what extent Tdh interventions contribute to the improvement of practices at the community level, which if they are not institutionalized, play a fundamental role in the protection of children.  |
| **Unity and disaggregation** | Unit: serviceDisaggregation* By type of services (public entities; other services mandated by a public authority or other institutional services)
* By geographical administrative unit
* By age category
 | Unit: GroupDisaggregation * By type of practice: preventative/responsive
* By geographical administrative unit
 | Unit: resource personDisaggregation * by age (under 18; over 18) ; by genre ;
* By type of practice: preventative/responsive
* By geographical administrative unit
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| **Calculation mode**  | Addition of services (per unit) for which an improvement can be proved. | Simple addition of groups for which improvements in practice have been demonstrated. | Simple addition of resource players fro whom improvements in practice have been demonstrated. |
| **Sources and methods of collection** | Individual interviews with representatives /members of the services based on a tool of pre-post assessment containing scoring criteria for of the service,.Individual interviews with children and young people having had interaction with or received services from aforementioned services based on the same pre-post assessment tool.A baseline with a mapping and a pre-assessment is required. | Semi-structured interviews representing a significant and relevant sample of a group members after initial observation or documentation. Observation and interview will be based on an assessment tool containing criteria allowing to estimate practices.Sources: members of a group  | Semi-structured individual interview with one resource player after initial observation or documentation. Observation and interview will be based on an assessment tool containing criteria allowing to estimate practices.Sources: resource players  |
| **Tool** | * Mapping Services tool,
* Tool to measure the quality of institutional services (with a system of scoring with color code) (Yes, partially, no)
 | * Questionnaire for semi-structured interview
* Methodology of observation
 | * Questionnaire for semi-structured interview
* Methodology of observation
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| **Frequency** | * Baseline and End-line project
 | * Ad-hoc (observation/documentation)
* Annually (semi-structured interviews)
 | * Ad-hoc (observation/documentation)
* Annually (semi-structured interviews)
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| **Roles and Responsibilities** | Collect: Project coordinator Treatment and analysis: Project Coordinator with the support of the M & E staff | Collect: Community development agent (CDA) (depending on the set-up of the project) or otherwise the project coordinatorTreatment and analysis: CDA or project coordinator with the support of the M & E staffSupervision: Regional migration program coordinator | Collect: Community development agent (CDA) (depending on the set-up of the project) or otherwise the project coordinatorTreatment and analysis: CDA or project coordinator with the support of the M & E staffSupervision: Regional migration program coordinator |
| **Issues related to quality** | Risk of bias if the assessment of the service improvement is carried out only with only representatives of the institutions. Risk that Tdh staff enjoy de facto positively the progress of the service, without the improvement being substantial Risk that NGO or CSO without a long-term mandate on protection of children and young people or another mode of sustainable status despite their minor role* Target NGOs and CSOs with a sustainable mandate or operating mode
* Triangulate information by carrying out interviews with children and young people who had an interaction with services and received support (see sources and methods of collection)
* The three indicators must be considered together, which will allow to check the consistency between the conclusions
 | Risk of bias if the assessment of the improvement of the practices is only based on individual testimonies.Need to ensure the continuity and sustainability of the improvement of the practice in question.* Triangulate, when resources permit, by conducting interviews with children and young people affected by considered practices.
 | Risk of bias if the assessment of the improvement of the practices is only based on individual testimonies.Need to ensure the continuity and sustainability of the improvement of the practice in question.Triangulate, when resources permit, by conducting interviews with children and young people affected by considered practices . |
| **Analysis Questions** | The following questions could be investigated during the redaction of the narratives summaries:* What were the substantial improvements noted in the quality of thoses services quality?
* In which geographical administrative units were improvements most noted?
* What types of services have more effective results in terms of improvement?
* Which approaches operated best?
* What were the obstructing and auxillary factors?
* How was Tdh's contribution decisive in improving the quality of services?
* How was the experience of children and young people ?how did they like the service provided?
 | The following questions could be investigated during the redaction of the narratives summaries:- What were the substantial improvements noted in the practices?-In which administrative units were the improvements most noted?What types of practices (prevention-protection) recorded the most significant improvements?-Can we note a difference between groups of children, young people and adults looking at the improvement of their own practices?- ⇥Which methods/approaches operated best?-What were the obstructing and auxillary factors ?-⇥How was Tdh's contribution decisive in improving the quality of services?-How was the experience / participation of children and young people ?How did they perceive/contribute to the practice they received? | The following questions could be investigated during the redaction of the narratives summaries:- ⇥ What were the substantial improvements noted in the practices?-⇥In which administrative units were the improvements most noted?-⇥What types of practices (prevention-protection) recorded the most significant improvements?-⇥Can we note a difference between groups of children, young people and adults looking at the improvement of their own practices?- ⇥Which methods/approaches operated best?-What were the obstructing and auxillary factors ?-⇥How was Tdh's contribution decisive in improving the quality of services?-How was the experience / participation of children and young people ? How did they perceive/contribute to the practice they received? |
| **Resources** | Collect: Project coordinator Treatment and analysis: Project Coordinator with the support of the M & E staffMobilization : 1 week per year | Collect: Community development agent (CDA) (depending on the set-up of the project) or otherwise the project coordinatorTreatment and analysis: CDA or project coordinator with the support of the M & E staffSupervision: Regional migration program coordinator Mobilization: 2 weeks per year | Collect: Community development agent (CDA) (depending on the set-up of the project) or otherwise the project coordinatorTreatment and analysis: CDA or project coordinator with the support of the M & E staffSupervision: Regional migration program coordinatorMobilization: 2 weeks per year |