

MEASURING SEPARATION IN EMERGENCIES

Measuring movement into residential care in Haiti following Hurricane Matthew: a pilot study

SUMMARY



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Families are the basic protective unit for children in society and, in almost all cases, provide the best environment for meeting a child's developmental needs. The separation of children from their families is one of the most significant impacts that humanitarian crises have on individuals' lives worldwide. Identifying safe and supportive interim care for children, and undertaking family tracing and reunification activities to reunite them with their family following a rapid-onset emergency, are two of the most significant protective and psychological interventions that humanitarian actors can carry out during an emergency.

Background to Measuring Separation in Emergencies

The Measuring Separation in Emergencies (MSiE) project is an interagency initiative under the Alliance for Child Protection in Humanitarian Action, funded by the USAID Office of Foreign Disaster Assistance (OFDA) and coordinated by Save the Children in partnership with Columbia University. The overall aim of the MSiE project is to strengthen emergency response programmes for unaccompanied and separated children (UASC) through the development of practical, field-tested approaches to enhance the assessment of the scale and nature of separation in emergencies.

To address this gap in data on UASC, in 2014 the Assessment and Measurement Task Force of the Global Child Protection Working Group (CPWG)¹ launched an interagency initiative to develop a project to generate rigorous statistics about UASC across a range of emergency settings. The project had several components, each of which had specific methods to measure separation. Three components were initially explored, with a fourth component, the residential care approach, being included following the initial pilots in 2014:

- 1. **Projection approach** aims to use existing population data from a given location, combined with empirical data from comparable emergencies, to generate models of UASC risk profiles characteristic of certain emergency types and phases, and to test or validate those projections against actual data in existing or evolving emergencies.
- 2. **Population-based estimation approach** aims to provide a population-based estimation of the prevalence, number and basic characteristics of UASC in a defined area, affected by the same emergency, at any given point in time.
- 3. **Community-based monitoring approach** incorporates a community-based monitoring system capable of continuous, ongoing measurement of trends in the frequency and basic characteristics of UASC in defined areas over time.
- 4. **Residential care approach** is designed to capture the scale of movements of children into residential care facilities as a result of an emergency.

¹ Later renamed the Assessment, Measurement and Evidence Working Group upon transition from the CPWG to the Alliance for Child Protection in Humanitarian Action in 2016.

Experience from emergencies in other settings has suggested that residential care facilities can play a significant role in absorbing children who have lost their primary caregivers. Such facilities should therefore be included in efforts to measure separation in order to gain a clear picture of the total impact of an emergency on separation. While governments have an ethical imperative to safeguard children living in residential care facilities, the lack of accurate and available data on how the magnitude and characteristics of this population may change as a result of an emergency makes it challenging for child protection actors to develop appropriate and pertinent prevention and response activities. Recognising this knowledge gap, the interagency Advisory Panel highlighted the need to develop and pilot an approach that aimed to measure the prevalence and characteristics of children going into residential care following an emergency. The design of the data collection approach was adapted from a study conducted in Cambodia in 2014 that estimated the number of children in residential care facilities.

This report focuses on the residential care approach, developed by Columbia University, and field-tested in Les Cayes, the capital of the Sud Department, in April 2017. The pilot was undertaken immediately following the field-testing of the population-based estimation, which was carried out from February to March. Multiple data collection methodologies to gather evidence on the number and characteristics of children moving into residential care facilities following Hurricane Matthew were used. The Save the Children International office in Haiti hosted the pilot research.

Haiti context

There are an estimated 32,000 children living in residential care facilities in Haiti.² In recent years, the Haitian government has made considerable efforts to promote family-based care, thereby reducing reliance on residential care. Residential care facilities in Haiti are predominantly privately run and funded, for the most part, by foreign donors that are often small foundations, non-governmental organisations, churches or individuals.

The central research question was therefore to determine the feasibility of evaluating movement into residential care following a rapid-onset emergency. The residential care approach would allow for a broader picture of the total population of separated children. Specific characteristics of interest included age, sex, parental status, original location, date of arrival, person who placed the child in the facility, and reason for separation. The date of arrival was also analysed to determine when the child had arrived in relationship to the emergency (ie, before or after).

The research team attempted to conduct a complete census of residential care facilities in the Les Cayes commune. Using a two-stage process, the team

² Mulheir G, Cananagh M. Orphanage Entrepreneurs: The trafficking of Haiti's invisible children. Lumos. 2016.

created a comprehensive list of residential care facilities that met a pre-defined operational description of what a residential care facility constituted. According to the definition, a residential care facility is any facility that offers overnight care primarily to children under the age of 18 years, with at least one salaried staff or volunteer caregiver.

Challenges and findings

The team gathered the names, addresses and contact information of the 17 residential care facilities known to and visited by IBESR as of November 2016. Several challenges were encountered in administering the study that impacted the overall results. First, the team encountered challenges common to research in residential care facilities in general. These included:

- concerns related to child safety and well-being
- · accessibility of the residential care facilities
- identification of unknown or unregistered residential care facilities
- lack of a registry or case files of the children
- assessment fatigue
- security restrictions
- time limitations due to the defined working hours of both Save the Children and IBESR.

Second, the team was presented with challenges specific to the Haitian country context that required additional substantive scrutiny. These included:

- concerns around child trafficking based on documented past and present in-country experience
- · reported child abuse in certain institutions
- planned de-institutionalisation programming underway in the region.

For these reasons, this pilot did not generate robust data about movement into residential care in Haiti at this time. There are key areas of learning that can be identified from the field-testing of the residential care approach in Haiti, which have implications for further development and future implementation of the residential care tools. Each area of learning is outlined in the report, along with recommendations for future piloting. Caution should be exercised if similar approaches are replicated in another emergency.

Copies of the full report – part of a series on pilots of tools developed under the OFDA-funded Measuring Separation in Emergencies Project, implemented by Save the Children and Columbia University on behalf of the Alliance for Child Protection in Humanitarian Action – are available from savethechildren.org.uk and alliancecpha.org



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