



Alliance for
Child Protection in
Humanitarian Action

MEASURING SEPARATION IN EMERGENCIES

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



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The work reported here was coordinated and managed by Save the Children. Columbia University was the intellectual and methodological lead. The pilot was conducted in collaboration with Save the Children International in Haiti.

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ABBREVIATIONS

CPWG	Child Protection Working Group
IBESR	Institut du Bien Être Social et de Recherches
MSiE	Measuring Separation in Emergencies
NGO	Non-governmental organisation
UASC	Unaccompanied and separated children

EXECUTIVE SUMMARY

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 methodological 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.

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.



Photo: Matt MacFarlane

4. **Residential care approach** is designed to capture the scale of movements of children into residential care facilities as a result of an emergency.

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 (NGOs), 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 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 the Institut du Bien Être Social et de Recherches (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.

² Mulheir G, Cananagh M (2016)

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.

BACKGROUND

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. Separation may occur accidentally as a consequence of the emergency, for instance during sudden displacement, or deliberately when adults are forced to make difficult decisions about what they feel is in the best interests of their family. Separation may also occur by force, such as in abduction, trafficking or forced recruitment. In addition, the actions of humanitarian organisations themselves can unintentionally result in separation, for example, during medical evacuations. Secondary separation, for example from an interim caregiver, may occur when the capacity of caregivers to cope is eroded over time.

The family is central to protecting the child from threats and risks, and in providing an environment to support the healthy development of the child. An unaccompanied³ or separated⁴ child is therefore vulnerable and at greater risk of violence, abuse, exploitation or neglect. Identifying safe and supportive interim care for a child, 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. Yet despite investments in service provision, there are no known tools or approaches to determine a representative estimate of the number of unaccompanied and separated children (UASC) in a given humanitarian emergency. Without a sense of how many children are separated, practitioners must rely on a mix of generalised assumptions and selective information to design and target their activities. In addition, advocates for separated children are limited in their ability to secure funding, as they cannot provide donors with accurate information on the scale of the problem.

The rule of thumb used by most child protection actors is that separated children comprise approximately 3–5% of the displaced population in an emergency context. This estimate was developed in the 1980s based on a review of separation in nine humanitarian crises in the 20th century, but it has not been tested against the full range of variables since this time.⁵ In addition, the Child Protection Rapid Assessment (CPRA) Toolkit was designed to gather context-specific information

³ Unaccompanied children (also referred to as unaccompanied minors) are children, as per the definition in the Interagency Guiding Principles on UASC, 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.

⁴ Separated children are children, as per the definition in the Interagency Guiding Principles on UASC, who have been 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 adult family members.

⁵ Ressler E, Boothby N, Steinbock D (1988)

on a range of child protection issues, including UASC six to eight weeks following an emergency event. However, the CPRA produces qualitative data that is not representative of an entire affected area. More specifically, it summarises key informant estimates of child protection issues such as separation. It is therefore indicative of the issue but does not provide accurate estimates of the nature and scale of separation that are representative of an entire affected population. It is therefore still not possible to provide reliable data upon which to develop programme strategies and leverage funding.

To address this gap in data on UASC, in 2014 the Assessment and Measurement Task Force of the Global Child Protection Working Group (CPWG)⁶ 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. Through a close partnership with an Advisory Panel composed of practitioners, policymakers and donors, researchers from Columbia University in New York led a thoughtful study design process that culminated in the recommendation to pilot a household survey as well as a community-based monitoring system to measure the prevalence of separated children in emergency settings. These two approaches were first tested in the eastern Democratic Republic of Congo (DRC) in 2014.

Following the completion of the DRC studies, a number of key questions and areas for improvement were identified. Most importantly, the Advisory Panel and the research team concluded that the differences between conflict-related chronic emergencies, such as in eastern DRC, and rapid- or slow-onset natural disasters, necessitated a second pilot of both the population-based estimation and the community-based monitoring system in natural disaster settings. Additionally, the panel identified the need to complement the population-based estimation with information on the movement of children into residential care following an emergency event in order to ensure as full a picture of separation as possible.

⁶ See previous note on the transition.

INTRODUCTION

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 project is steered by an interagency Advisory Panel, including members of the Inter-agency Working Group on Unaccompanied and Separated Children and the Assessment, Measurement and Evidence Working Group of the Alliance for Child Protection in Humanitarian Action. 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 assess the scale and nature of separation in emergencies.

The humanitarian community has significant experience and expertise in working with unaccompanied and separated children. However, the lack of robust data available on UASC in emergencies makes it extremely difficult to:

- generate adequate and timely funding
- design and implement appropriate programmes
- strengthen relevant child protection systems and influence national and international policies and laws related to separation.

Save the Children, Columbia University and members of the interagency Advisory Panel have worked together to pilot tools that can more effectively measure separation in emergencies. The aim is to strengthen emergency response programming for UASC through the development of practical, operationally sound approaches that can be used in most emergency contexts to generate robust measurement and assessment of the scale and nature of separation. At the project outset, a set of four key questions (for all stages of an emergency) provided a broad framework for discussion on the required focus of these new approaches to measurement:

1. How many UASC are there?
2. Where are UASC now, where have they come from, where are they going?
3. What are the causes of separation, which children are most vulnerable to them and why?
4. What are the main needs of UASC? What protection risks are they facing?

Informed by desk research and consultation with a range of stakeholders, technical child protection input from the Advisory Panel members, and guidance on appropriate methodologies from Columbia University, consensus was gained at a 'Methodology Kick-Off Workshop' on the methodological approaches to be explored. Participants agreed that the priority would be to focus on the estimation

of UASC, but that additional questions (for example, the patterns and causes of separation and the needs of UASC) would also be addressed where, and to the extent, feasible. Three approaches were initially explored with a fourth approach, 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 settings as a result of an emergency.

The MSiE project has been implemented in two phases. During Phase 1, the population-based estimation and the community-based monitoring approaches were both piloted in the Democratic Republic of Congo in 2014. Following positive results, lessons learned and recommendations from reports published in 2014, Phase 2 was planned, involving a second field test of the community-based monitoring approach in Ethiopia during a slow-onset drought in 2016, as well as a test of the population-based estimation approach in Haiti in a rapid-onset emergency situation following Hurricane Matthew in 2017. The emergency in Haiti also presented an opportunity to pilot the residential care approach and its set of tools alongside the population-based estimation approach.

Experience from emergencies in other settings has suggested that residential care facilities can play a significant role in absorbing children whose primary caregivers died or were otherwise unable to provide care. 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 a sudden-onset emergency make 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.

PILOT CONTEXT

On the 3rd and 4th of October 2016, a category 5 hurricane, known as Matthew, struck the Grande Anse and Sud Departments in southwestern Haiti. Hurricane Matthew was the strongest hurricane to hit the region in a decade. The Tiburon peninsula in southwestern Haiti sustained the most extensive damage. Hurricane Matthew caused 546 deaths, 460 people were injured, and 132 were missing. The hurricane displaced approximately 175,500 people and left 1.4 million Haitians in need of humanitarian assistance, including 592,000 children.⁷ The storm caused widespread destruction to property, infrastructure, agriculture and livestock. An estimated 90% of homes in the southern peninsula, which includes both the Sud and Grande Anse Departments, were affected and hundreds of schools were damaged or destroyed.⁸

As a result of the widespread impact of the hurricane, it was decided that the second iteration of the population-based estimation approach as well as the residential care study should be piloted in the Sud Department. Encompassing an estimated 775,000 people, with 37% aged 15 years or under, the Sud Department

Figure 1: Map of Haiti



⁷ Save the Children (2017)

⁸ IOM Sit Rep; WFP Sit Rep

is one of the poorest areas of Haiti.⁹ Due to the precarious security situation in Grande Anse immediately following the hurricane, as well as the fact that Save the Children did not have a field office in the region, which would have been challenging logistically, it was decided that the Sud Department would be the primary region of focus for the pilot.

Residential care in emergencies

Support for residential care facilities is often a primary response following a disaster. While the construction of institutions may be an understandable reaction in the wake of a rapid-onset emergency, research increasingly demonstrates that this practice is in fact not the best approach, and that institutions, once established, proliferate long after a disaster.¹⁰ The existence of residential care facilities often acts as a pull factor, encouraging vulnerable caregivers to place their children in them in order to access basic services in the hope that the children will be better cared for, thereby actually increasing the number of separated children. This was the experience following the 2004 tsunami in Indonesia when the government, supported by the international community, established 17 new childcare homes in the province of Aceh to care for the presumed ‘tsunami orphans’.¹¹

Placing children in residential care facilities with strangers in locations far away from their communities following an emergency event can have unintended and damaging consequences for their long-term psychological well-being and recovery. In addition, a growing body of evidence demonstrates that placement of children into residential care has serious negative implications for the healthy cognitive, emotional and physical development of a child. There is a falsely held belief that emergency events result in a high number of orphans. However, the majority of children who become separated from their families are most often taken in under the care of relatives, neighbours or friends who spontaneously (informally) foster them.¹²

Residential care in Haiti

There are an estimated 32,000 children living in residential care facilities in Haiti.¹³ 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 (NGOs), churches or individuals. However, since the devastating earthquake

⁹ ACAPS Department Profile

¹⁰ Save the Children (2003)

¹¹ Martin F, Sudraja T (2006)

¹² Ressler E, Boothby N, Steinbock D (1988)

¹³ Mulheir G, Cananagh M (2016)



Photo: Matt MacFarlane

of 2010, it has become increasingly apparent that the good intentions of many international donors, charities and volunteers are actually reinforcing the residential care system by continuing to channel funding into it.¹⁴ It is estimated that tens of millions of dollars go towards Haitian residential care facilities on an annual basis, which is driving the establishment of facilities on a purely for-profit basis.¹⁵

The majority of children in institutional care have been placed there for a combination of reasons: specifically, poverty combined with other household stressors such as inadequate housing, disability or lack of access to health and education services. According to a 2013 study by the Institut du Bien Être Social et Recherches (IBESR) (the Institute for Social Welfare and Research), less than 15% of 760 identified institutions are officially registered with the Haitian authorities¹⁶ and more than 80% of children living in them have at least one living parent.¹⁷ As only 15% are officially registered, the majority do not abide by government regulations and therefore do not publish accounts or budgets. There is also no official system to record children entering or leaving residential care,¹⁸ despite the existence of legislation¹⁹ that requires an institution's management to inform IBESR when a child enters or leaves an institution. Because of this situation, following Hurricane Matthew in 2016, child protection actors and the national CPWG agreed that Haiti would be an appropriate location to pilot the residential care approach.

¹⁴ Ibid

¹⁵ Ibid

¹⁶ IBESR (2013)

¹⁷ Mulheir G, Cananagh M (2016)

¹⁸ Ibid

¹⁹ Law No. CL/2014-0010

DESIGN AND METHODS

Research questions

The central research question was to determine the feasibility of evaluating movement into residential care following a rapid-onset emergency, and to do so alongside the population-based estimation approach, which aimed to provide information on the prevalence, number and basic characteristics of UASC in a defined area affected by the same emergency at any given point in time. Using both tools together in the same location, 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).

Sampling

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 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.**

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. In 2012, the Haitian government, specifically IBESR, which is responsible for the welfare of children, conducted a countrywide mapping and assessment of existing institutions to determine the total number operating throughout the country, as well as to facilitate an assessment of each institution in order to better regulate those that met minimum standards. In the Sud Department, 50 institutions were identified during the 2012 mapping. As several years had passed since that assessment, the research team expected the number of institutions to be higher. As a result, this official list was supplemented by key informant interviews in several communities in the Les Cayes commune. A few of the data collectors met with community members to identify facilities that may have been unknown to IBESR or that may have fallen outside of their definition of a residential care facility, such as transit centres. Informants included shopkeepers, religious leaders, and people who lived in close proximity to residential care facilities reported by other informants. Ten additional facilities that were not on the IBESR list of institutions were identified through these interviews.

Data collection and tools

After finalising the list of residential care facilities, the research team trained 10 local data collectors to carry out the study over a two-week period. The research was carried out over a total of seven business days due to Easter holidays. As per government protocol, a representative from IBESR accompanied the data collectors to all residential care facilities. At each facility, the data collectors attempted to administer four separate tools: a group count tool, a record review tool, interviews with staff, and interviews with children 10 years of age and older (see Table 1). The use of different tools allowed the researchers to compare and triangulate multiple sources of information. All tools required informed consent from the residential care facility director before proceeding. In addition, during the interviews with children, each child was asked for their individual consent.

Table 1: Tools for data collection

<i>Tool</i>	<i>Respondents</i>	<i>Description</i>
Group count	All children present	A direct count of children in each residential care facility, which included gathering them into a group and having them self-identify whether they were in the facility before the emergency event by raising their hand.
Record review	Child records	A review of individual case files to determine basic characteristics of each child as well as other information, including the date of arrival, whether they arrived after the emergency event, and their area of origin.
Staff interview	Staff present	An interview with up to two staff members at each residential care facility. Questions addressed the number and profile of children before and after the emergency event.
Child interview	All children 10 years of age and older present	An interview with any child at least 10 years of age who was present at the time of the visit. Questions focused on basic characteristics, as well as other information, including how long they had been living in the residential care facility, the reason they were living there, and the living status of their mother and father.

FINDINGS

Due to missing data and other limitations, the findings from this study do not provide sufficiently complete information about the scale and nature of children entering residential care in the Les Cayes commune following Hurricane Matthew. However, the study did generate significant learning regarding the feasibility of the tools. The findings are therefore organised around three elements of feasibility that affected the quality of the data:

- institutional accessibility
- children's availability
- government's role.

Comparability of the findings from the four different tools is also discussed.

Institutional accessibility

Accessing residential care facilities can be challenging. Directors and staff of residential care facilities often have concerns about sharing information with outside organisations, including government bodies. Although the presence of official representatives from IBESR may have helped to lessen those concerns, several residential care facilities refused to participate in the study (n=5, 18.5% of the known 27 residential care facilities). Four out of the five that refused, however, were part of the same organisation and were managed by the same director. The results should therefore be interpreted in light of potential selection bias towards cooperative residential care facilities.

Among the 22 residential care facilities that were willing to participate, only seven (32%) had any records or case files available for the children living in the facility. This finding is not surprising, given that only 15% of residential care facilities in Haiti are registered and therefore might not abide by government legislation in keeping records of children. The reasons cited for not having case files available included files being stored offsite or in a locked room (with the person who had the key not being available). At one facility, it was claimed that case files had been destroyed by Hurricane Matthew. Several did not permit the research team access to case files due to their internal confidentiality procedures, a noteworthy practice. Even within the seven facilities where records were available, the quality of the records was poor, with information being incomplete or contradictory, for example children whose arrival dates were listed as prior to their date of birth.

Children's availability

Two of the tools (the group count and the child interview) required direct child participation. However, two factors impeded the research team's ability to complete child interviews with all of the children:

- The residential care study was conducted during school hours in the second week of data collection. This meant that in most of the residential care facilities children were unable to leave their class to participate in interviews. They were, however, able to briefly group together for the group count to be taken (the group count took approximately 15–30 minutes to complete, depending on the size of the facility). At the two residential care facilities where the group count was not conducted it was because the majority of children were participating in offsite activities during data collection. Note that during the first week children were more often available to participate in interviews because they were on school break over the Easter holiday.
- Due to security and safety concerns, Save the Children Haiti's operating hours were 8am to 4.30pm, making it difficult to visit the residential care facilities during out of school hours. Also, it was not possible for drivers to drive during the night due to understandable safety concerns.

Because of IBESR staff's competing responsibilities, data collection was further restricted to take place from only 9am to 2pm each day.

These limited working hours overlapped with the school day. The overlap was particularly problematic for the child interviews, as it was considered ethically inappropriate to remove children from class for interviews. As a result, in slightly fewer than half of the residential care facilities visited (n=10 residential care facilities), staff reported that at least some eligible children could not be interviewed. The exact proportion of children who were not interviewed cannot be calculated because there was no master list of all the eligible children.

Government role

In recent years, IBESR has made considerable efforts to regulate institutions. In line with the national child protection strategy (2016–2018), IBESR's area of responsibility focuses on four key priorities: combating the trafficking of children, de-institutionalisation, combating violence against children, and strengthening the managerial capacity of IBESR.

In order to gain access to residential care facilities it was necessary that a government representative accompany the research team. Since there were two teams, two staff from IBESR, including the acting director, supported the research team in their data collection efforts. While it is likely that the team would not have gained access to many of the facilities without the presence of IBESR, it is equally possible that IBESR's presence compromised aspects of the study's design. For

instance, in several cases the residential care facility director was phoned at least 24 hours in advance to inform him or her of the date the team would be arriving. Such an action is problematic because it gives time for the director or staff to recruit a larger number of children to the facility if they perceive that a financial benefit or gift in kind may be given. Advanced notice might have also allowed the facility to make alterations to their normal practice, such as developing scripted responses or adjusting the number of children present. In a few other cases, the data collection was rushed in order to complete it prior to 2pm. While the government was supportive, some of these actions may have influenced the quality of the data being collected.

Comparability across tools

The prevalence of new arrivals since Hurricane Matthew varied significantly across the four tools, ranging from 0.69% according to child interviews to 20.96% according to staff interviews (see Table 2, page 19). All reports of new arrivals were concentrated in 16 out of the 22 residential care facilities where data was collected, including one facility that opened after Hurricane Matthew. Among these 16 facilities, none consistently reported the number of new arrivals across all four tools. Only four consistently reported the number of new arrivals across two of the tools (the group count and staff interviews).

Since the child interview tool was only applied to children aged 10 years or older, some differences were expected in the prevalence of new arrivals detected by the child interview tool, compared with the other tools (which were not restricted by age). In addition, although the group count was applied to children of all ages, younger children may not have been able to adequately recall or self-identify their arrival date. Also, results may have been biased due to some children being absent from the group count.

It is also worth noting that among the six remaining residential care facilities where no new arrivals were reported, there was agreement across the tools. Still, there were discrepancies in reports about the current child population at all institutions, including those with no new arrivals.

Table 2: Comparison of tools for counting children arriving after the emergency event

<i>Tool</i>	<i>n</i>	<i>Children arriving after hurricane</i>		<i>Current child population</i>		<i>Percentage of children arriving after hurricane</i>	
Group count	20 residential care facilities	32		762		4.20%	
Record review	7 residential care facilities	9		440		2.05%	
Child interview ²⁰	432 children (at 22 residential care facilities)	3		432		0.69%	
Staff interview ²¹	33 staff	136 (lower)	183 (upper)	809 (lower)	873 (upper)	16.81% (lower)	20.96% (upper)

Table 3: Comparison of tools for counting children arriving after the emergency event at a single institution

<i>Tool</i>	<i>Children arriving after hurricane</i>	<i>Current child population</i>	<i>Percentage of children arriving after hurricane</i>
Group count	5	62	8.06%
Record review ²²	<i>data missing</i>	<i>data missing</i>	–
Child interview	1	47	2.13%
Staff interview	2	70	2.86%

²⁰ Child interviews were conducted only with children at least 10 years of age or older. None of the other tools had age restrictions.

²¹ When possible, staff interviews were conducted with multiple staff members per residential care facility, leading to a range of values even at a single facility. For this reason, lower and upper bounds of the aggregated data are both reported.

²² Records were stored offsite and not available to the research team.

DISCUSSION

The residential care approach was designed to capture the scale of movements of children into residential care facilities as a result of the emergency. Overall, the findings indicate that the application of the tools to measure the movement of children into residential care facilities following Hurricane Matthew was not successful. This outcome in turn raises questions about the suitability of the tools for humanitarian contexts, questions which are further explored through the identification of limiting factors below.

The research team encountered several challenges in administering the study, which can be grouped into two separate categories. First, the team encountered challenges common to research in residential care facilities and humanitarian settings in many locations. 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 that was underway in the region.

General challenges in conducting residential care research

Time limitations and security restrictions

Regarding challenges common to research in residential care facilities and to research in humanitarian contexts across different locations, several considerations must be taken into account. Carrying out research on residential care is often a challenging undertaking due to the sensitivity of the subject matter. Undertaking such research during a humanitarian emergency is likely to add even more specific complexities to the facilitation of the research as a result of existing factors that are often heightened as a result of the emergency, such as insecurity, staff safety concerns, or accessibility issues.

Each specific country context will be unique, and therefore, sufficient planning and oversight will need to be in place during future iterations of this approach. For instance, in Haiti, night-time travel was understandably restricted due to staff safety and security regulations, which made it difficult to interview children who were, for the most part, in school. In future iterations of this research, it will be important to verify whether weekend working hours would be both feasible and within the parameters of security regulations. Unless children are out of school or weekend working hours are possible, scheduling time with children to conduct interviews will be difficult. It may be more realistic to forgo child interviews and instead conduct a hand count of the children to determine the number of arrivals, which is less disruptive during school hours than conducting an interview.

Child safeguarding

Importantly, ethical considerations must be taken into account, as well as any concerns relating to child safeguarding or the well-being of the children associated with the research. Any potential risks to children need to be thoroughly assessed and weighed against the potential harm of conducting such research. During the preparatory phase of the research in Haiti, a couple of NGOs working in child protection explained that children in certain institutions had previously reported being physically beaten for speaking to assessors who visited the institution. Unfortunately, where institutional abuse and neglect of children are prevalent, the possibility of children being reprimanded by staff for speaking to researchers is a serious concern that must be taken into account during any risk/benefit analysis so that a preventive and responsive risk mitigation strategy can be developed. When replicating this study, a risk/benefit analysis and a risk mitigation strategy must be developed prior to beginning data collection.

Further to the above point, all the data collectors in Haiti were trained in urgent action referrals and direct observation. They were instructed to immediately report to their team leader any case where a child being interviewed was visibly upset or distressed and to stop the interview. Although no urgent action referrals or other child protection concerns were identified during this study, these issues underlined some of the particular sensitivities around doing research in residential care facilities.

Assessment fatigue

Haiti is a country that has experienced much attention from the international community, particularly since the devastating earthquake of 2010. Several child protection partners involved in the preparatory phase, albeit not community members or residential care staff themselves, indicated that there was a general sense of assessment fatigue prevalent throughout the country. Assessment fatigue is an important point and needs to be taken into consideration when conducting research in communities that have experienced the involvement of a great many NGOs.

A solution is to ensure that care facility staff are aware of the purpose of the study and that the aim is not to provide direct support, which will mitigate any expectations of assistance in the form of funding or non-food items. Additionally, it is important to identify what other information has been taken from residential care facilities prior to conducting the study and build on that information. Ensure that data collection is aligned with other assessments that may be undertaken in residential care facilities.

Records and case files

The absence of a registry or case files of individual children living at the residential care facilities is an issue that is likely not to be unique to Haiti. Although IBESR made significant progress in identifying and assessing institutions throughout the country in 2012,²³ only 15% of them met the minimum standards and followed government regulations with regard to record keeping. During the research, in some instances where records were kept, staff were unable to share information on the children due to internal confidentiality procedures. While the purpose of the record review component of the research was to aid in determining if information on each child's case file matched the information the child provided during their interview as well as that provided by the staff members, it may not be feasible to include that component in all contexts. In particular, that could be the case if it is expected that a facility might not meet minimum standards or have individual case files or a registry of the children.

Note also that the names and identities of the children are not collected. In contexts where facilities have strict confidentiality procedures and are unwilling to share basic information on each child, it is essential to provide the staff and director with information on the study, its purpose, and what the information collected will be used for. It will also be important to assure them that children's names will not be collected nor will any individual information be shared.

Challenges specific to Haiti

Child trafficking concerns

In addition to the more general challenges, the team faced further challenges specific to the Haitian context, and these are equally worth noting. In particular, the issue of child trafficking through institutions was raised as a serious concern. In Haiti, following the 2010 earthquake, it became apparent to the international community and the Haitian government that unregulated and unscrupulous institutions were recruiting children to profit from international adoption and child trafficking. In a 2016 report on trafficking in Haitian residential care facilities, it was

²³ Note that at the time of the research, IBESR had begun a second countrywide assessment in institutions to review minimum standards.

stated that the process of ‘papering orphans’, the fabrication of orphans using fraudulent documentation, and the wider exploitation that children experience in institutional care, fell under the internationally accepted definition of trafficking.²⁴ It was stated in a separate report that residential care facilities in Haiti had become sources for child traffickers.²⁵ That situation, combined with the wider IBESR-led ongoing assessment of institutions at the time of this research, raised concerns among a couple of the child protection NGOs that the current study would heighten mistrust of outside visitors, who might be seen as investigators by residential care facility staff or directors.

De-institutionalisation activities

Related to child trafficking, one NGO raised further concerns that conducting the present study against the backdrop of these issues would result in residential care facility directors being less likely to allow other partners to access their institutions in the future, thereby compromising planned de-institutionalisation efforts in the region.

Accessing residential care can be a highly sensitive undertaking, and there may be child safeguarding concerns that arise. It is essential, therefore, to identify the agency that holds the appropriate relationship with government and partners on activities related to residential care and which would be best placed to ensure access. Being accompanied to a facility by another partner or a government staff member, such as a social worker, may increase directors’ comfort with the proposed research.

Sampling methodology and tools

Finally, while there were no specific issues with the tools themselves prior to or during data collection that inhibited the collection of data, there are certain observations that can be made based upon the findings that require further attention. More specifically, while explanations for the relatively high prevalence of arrivals detected by the staff interview tool cannot be definitively determined from the data collected, one hypothesis is that the language used in the questionnaire was unclear or misleading. Another hypothesis is that staff perceived reports of new arrivals as a way to garner funding or other resources for the facility, and thus were motivated to over-report. Such hypotheses are certainly within the realm of possibility, as it is not uncommon for residential care facility staff or directors to inflate the number of children under their care in the hope of securing more funding for the institution. Overall, however, these theories are based on the findings and on experience from other contexts. They have not been substantiated using the available data.

²⁴ van Doore K in Mulheir G, Cananagh M (2016)

²⁵ Catholic Relief Services (2014)

In addition, there were challenges with the sampling frame used for the study. In Haiti, the research team was fortunate that IBESR had a relatively recent list of institutions in Les Cayes that served as a starting point for data collection. Despite this, however, it was necessary to supplement the initial government list with institutions identified by key informants. In many settings, government lists will be substantially more incomplete than in Haiti and key informant interviews may not be able to generate adequate coverage of the area of interest. Moreover, in large geographic areas, sufficient time for the study will need to be allocated given that key informant interviews are labour intensive. In order to use these tools to yield robust data, it may be necessary to limit the size of a study area, depending on the time and resources available to conduct the study.

Overall, it is likely that at least some of these challenges will be encountered in other humanitarian emergency contexts. Therefore, appropriate preparation, planning and a risk mitigation strategy need to be in place prior to conducting a study of this nature.

LEARNING AND IMPLICATIONS

There are key areas of learning that can be identified from field-testing the residential care approach in Haiti, which have implications for further development and future implementation. Each area of learning is outlined below along with recommendations for future piloting. The tools can also be easily adapted for use in a development context.

1. Time limitations, transportation and security

It is necessary to abide by organisational rules and regulations regarding safety and security. They are in place to ensure the safety of staff. Equally so, the government's working hours must be respected if government representatives are accompanying the research team to the field. Working within certain time limitations, however, will result in challenges in conducting child interviews, as children are likely to be in school.

Recommendation: To the extent possible, try to work around school hours so that children can participate in the interview process. For instance, in many countries, children start school early in the morning and finish around lunchtime. A possible solution would be to start the research process once school hours finish. Even if there is an organisational restriction on working hours due to safety and security regulations (ie, that all vehicles must return to base by 6pm), there will still be time to visit residential care facilities during the afternoon. If government representatives are planning to accompany the team, speak to them in advance to plan a possible alternative work schedule. Likewise, find out if it is possible to work on weekends when children will be out of school.

2. Records and case files

The majority of residential care facilities in Haiti did not have a registry or individual case files for the children in their care. It is likely that a lack of records will also be common in other countries. In Haiti, in many instances where case files existed, staff members were unwilling to share the information due to internal confidentiality procedures.

Recommendation: Adapt the approaches to the country context. If record keeping is not standard practice among residential care facilities in the country, simply make a note after each visit that records are not kept. This information is still useful in informing future programming, for instance, in case management programming. In circumstances where records are kept but staff are not willing to share information due to confidentiality procedures, take time to fully explain to staff the research and what the information will be used for, highlighting that the names of children will not be collected. An alternative solution is also to determine whether or not children in residential care facilities have been registered to receive humanitarian assistance such as food distribution from the World Food Programme. Such registration would be likely to result in over-registration; however, it is worth considering such registration records as an alternative if facility records are not available.

3. Child safeguarding

A growing body of evidence worldwide shows that children in institutionalised care often face neglect, abuse and exploitation. In Haiti, child protection partners raised particular concerns regarding the research in relation to potential repercussions for children from facility staff for speaking to data collectors. A detailed risk mitigation strategy was then developed specific to the risks.

Recommendation: Conduct a risk/benefit analysis. If research proceeds, it is paramount to develop a risk mitigation strategy with guidance from the government and child protection actors in country. Access to residential care can be sensitive in many contexts. When deciding whether it is appropriate to use this approach, consideration should be given to understanding the dynamics of residential care in context and to identifying potential negative and positive implications of the research. Before deciding to use the approach, consideration should also be given to whether or not potential risks can be effectively mitigated, ensuring that child safeguarding is the primary consideration. If the decision is made to use the approach, a risk mitigation strategy must first be developed.

4. Identification of residential care facilities and accessibility

In Haiti, IBESR had a fairly comprehensive list of residential care facilities. In many countries, however, this will not be the case and more time will need to be allocated to collecting information from community members to identify existing residential care facilities. In addition, due to the sensitive nature of conducting research in residential care facilities as well as the possibility that an external research team will be viewed as investigators, access to the facilities may be a challenge.

Recommendation: First find out if there is an existing list of residential care facilities. During the planning and preparation phase, ensure that sufficient time is allocated to collect information from community members on existing residential care facilities, and locating those facilities. Find out whether or not there is a department within government and/or an organisation in the country responsible for the oversight of activities related to residential care. If there is, it is likely that identifying residential care facilities, as well as accessibility to them will be less of a challenge, especially if a government representative or a local/international partner that already has a relationship with facility staff accompanies the research team.

5. Assessment fatigue

In the immediate aftermath of a rapid-onset emergency there is often an influx of NGOs, each operating within the boundaries of their own programming. It is therefore not surprising that communities might experience assessment fatigue.

Recommendation: Be respectful of communities. Work in an interagency capacity with the government, where possible, along with child protection actors, to ensure that activities focused on UASC are conducted in a collaborative and cooperative manner so as not to duplicate efforts.

6. De-institutionalisation and child protection work

In Haiti, a couple of child protection NGOs raised concerns that the study would disrupt de-institutionalisation efforts that were planned to take place in the region as a result of both assessment fatigue and wider hostility from residential care facility directors who, it was hypothesised, might view various assessment teams as external investigators.

Recommendation: Determine whether or not there are ongoing programmes, such as de-institutionalisation efforts, ongoing or planned in the region affected by the emergency. Work with other partners to determine how the research could complement any ongoing work, and plan how agencies could work together in their efforts to benefit all children in need of support. Where possible, agencies that have a relationship with residential care facilities might be well placed to lead the assessment, if this could complement other work and not put it at risk.

CONCLUSION

The aim of the residential care study was to capture the scale of movements of children into residential care facilities as a result of Hurricane Matthew. During rapid-onset emergencies, there is a significant risk that increased numbers of children will enter residential care, making children more vulnerable to neglect, abuse and exploitation. At present, there is no standardised approach for assessing the scale of new arrivals of children into residential care facilities following an emergency. This study was therefore the first known pilot of an approach to measure the movements of children into residential care following an emergency.

Despite the limitations of the study and the challenges encountered, its implementation provided a valuable source of learning. Caution should be exercised if these approaches are replicated in another emergency. Organisations considering similar studies should carefully weigh the pros and cons of conducting the assessment, identify the most appropriate agency to undertake the assessment, develop risk mitigation strategies for any risks identified, particularly those related to child safeguarding, and adapt the methodologies to the parameters of the context. In addition, findings should be evaluated for comparability across tools to assess the robustness of the findings. Unreliable data should not be used to inform policy or programme decisions.

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

This is part of a series of reports 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.

This report focuses on tools to measure separation of children into residential care in the Sud Region of Haiti, following Hurricane Matthew. The pilot was hosted by Save the Children International.