HUMANITARIAN EVIDENCE PROGRAMME

The impact of protection interventions on unaccompanied and separated children in humanitarian crises:
An evidence synthesis protocol

UKaid from the British people

Save the Children

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Picture
A young girl flies a kite in Za'atari camp in March 2016. Adeline Guerra/Oxfam.

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1. BACKGROUND

1.1 DESCRIPTION OF THE PROBLEM

Humanitarian contexts such as conflict, population displacement, and natural disasters can often lead to the separation of children[1] from their caregivers.[2] Children may become separated from their families during crises for a variety of reasons: accidentally during the chaos of the disaster; through abduction or recruitment into armed forces or armed groups; or because families send children to live with relatives for their own safety, place them in institutional care as a means of accessing resources, or send them to work to supplement household income.[3]

According to the Inter-agency Guiding Principles on Unaccompanied and Separated Children, separated children are defined as, 'those separated from both parents, or from their previous legal or customary primary care-giver, but not necessarily from other relatives. These may therefore, include children accompanied by other adult family members', whereas unaccompanied children are defined as, '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'.[4] It is important to note that unaccompanied and separated children (UASC) are not necessarily orphans as their family status is not immediately clear.[5]

1.2 WHY IT IS IMPORTANT TO DO THIS REVIEW

To a variable extent, children are dependent on others for care and protection, depending on their developmental stage, interlinking vulnerabilities and evolving capacities. Under international human rights law, all children have a right to enjoy special care and protection according to their status as children[6]. During conflicts and crises, all children face a dangerous and stressful environment that can have a significant impact on their physical, cognitive, social and emotional development. Because UASC have lost the care and protection of their primary caregiver, they are at heightened risk of abuse, exploitation, violence and neglect,[7,8] and are often prioritised for humanitarian interventions.[9, 10]

Programming for UASC in emergencies is considered to be a priority, life-saving intervention.[11] Historically, international and local non-government organizations have focused their programming on preventing separation, prioritizing family unity, and supporting interim alternative care pending reunification or the provision of long-term alternative care

[1] For the purposes of this research, children are defined in accordance with the Convention on the Rights of the Child, as 'a child means every human being below the age of eighteen years' (UNCRC (1989) Article 1). However, in divergence from the CRC, it does not exclude those who attain majority earlier under national law.

[2] A. Hepburn, J. Williamson, T. Wolfram (2004) Separated Children: Care and Protection of Children in Emergencies, Save the Children.

[3] Ibid.

[4] IAWG (2004) Inter-Agency Guiding Principles on Unaccompanied and Separated Children, IAWG.

[5] Ibid.

[6] UN (1989) Convention on the Rights of the Child. This is the core document that outlines the rights of children. It is ratified by 190 states.

[7] Maestral International (2011) Child Protection Systems: Mapping and Assessing East and Southern Africa.

[8] Ibid.

[9] Ibid.

[10] A. Hepburn, J. Williamson, T. Wolfram (2004) Separated Children: Care and Protection of Children in Emergencies, Save the Children.

[11] Thompson, H (2015) A Matter of Life and Death, on behalf of the CWPG, Pgs. 28 & 39

arrangements.[12,13,14,15] A recent shift from a thematic focus on 'UASC' to a systems approach, focusing on contextual definitions of vulnerability, has been based on the perceived limitations of this approach.[16] Separation is now seen to be one of a number of factors that increase vulnerability, and a broader range of programming responses are thus believed to be required to address the vulnerabilities and risks that children face.[17] Linking to services and supports is increasingly achieved through the implementation of a case management system.[18]

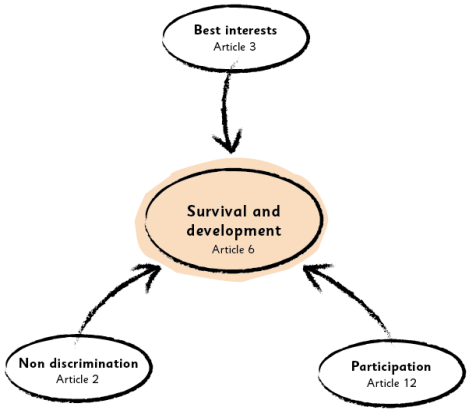
1.3 THEORETICAL FRAMEWORKS

Three theoretical perspectives are particularly relevant for framing interventions with unaccompanied and separated children:

1. Child rights
2. Ecological systems theory
3. Vulnerability and resilience

A. Child rights

Figure 1: The Four Principles of Convention of the Rights of the Child



The Committee on the Rights of the Child has identified four general principles that underpin the implementation of the Convention on the Rights of the Child (CRC)[19] and form the foundation for child rights programming. These principles can be represented in the form of a triangle, demonstrating their structural importance and interdependence.[20]

- **Survival and development (article 6):** Children not only have a right to life, but also to the means necessary for their survival and to the resources and supports that will enable them to develop their full potential and play their part in a peaceful, tolerant society. All the rights outlined in the CRC aim to achieve the conditions necessary to uphold the survival and development of all children at all times.
- **Non-discrimination (article 2):** All rights apply to all children without exception. States are obliged to put in place measures to prevent discrimination in any form.
- **Best interest of the child (article 3**): '*In all actions concerning children…the best interests of the child shall be a primary consideration.*' It is important that children's views are taken in to consideration in accordance with a child's evolving capacity.

[12] UNHCR Geneva (2014) Alternative Care, UNHCR.

[13] David K. Tolfree (2003) Community Based Care for Separated Children, Save the Children Sweden.

[14] A. Hepburn, J. Williamson, and T. Wolfram (2004) Separated Children: Care and Protection of Children in Emergencies, Save the Children.

[15] IAWG (2004) Inter-Agency Guiding Principles on Unaccompanied and Separated Children, IAWG. .

[16] K. Barnett and J. Wedge. (2010) Child Protection Systems in emergencies, pg. 1, published by Save the Children UK on behalf of the CPWG; Eynon, A. and Lilley, S. (2010) Strengthening National Child Protection Systems in Emergencies through Community-based Programming, pg. 7, published by Save the Children UK

[17] D. Tolfree (2003) Community Based Care for Separated Children, Save the Children Sweden.

[18] F. Wulczyn, D. Daro, J. Fluke, S. Feldman, C. Glodek, and K. Lifanda. (2009) Adapting a Systems Approach to Child Protection: Key Concepts and Considerations. Chapin Hall at the University of Chicago.

[19] UN General Assembly (1989) Convention on the Rights of the Child, United Nations.

[20] L. Gosling (2009) Foundation module 5: Advocacy, Save the Children.

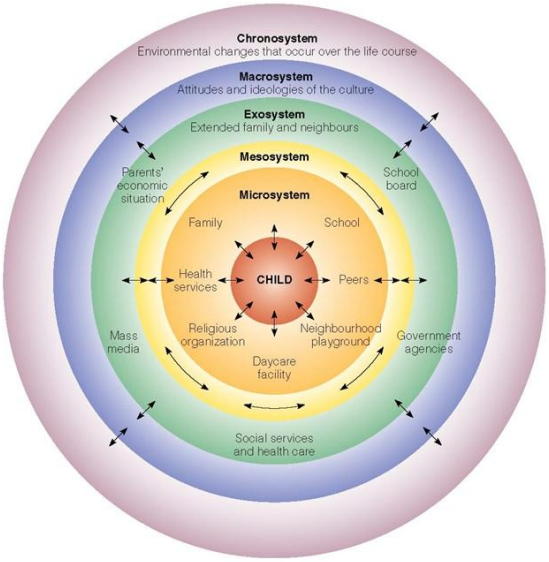
- **Participation (articles 12 & 13):** Children have the right to express themselves, to be heard and to have their opinions given due weight in accordance with their age and maturity.

Of particular relevance for UASC, the CRC upholds the family as the fundamental unit of society, and recognises that the child should grow up in a family environment.[21] States are required to afford special protection and assistance to children deprived of their family environment.[22]

Child rights provide a framework for both programming approaches with UASC and advocacy with states to ensure that national laws, institutions, policies and practices adhere to obligations established under international law.

B. Ecological systems theory

Figure 2: Ecological system theory



Ecological systems theory,[23] as depicted in Figure 2,[24] is also relevant as a theoretical basis for interventions with UASC. In ecological systems theory, the child is situated within a series of environmental systems. The child's individual characteristics interact with, influence and are influenced by the characteristics of the environmental systems around them. According to the theory, all of the systems contribute towards the creation of a protective environment for a child. The systems are:

- ***Microsystem***: the institutions and groups immediately around the child, including family, school, peers and community.
- ***Mesosystem***: the interactions between actors in the microsystem such as family and teachers, or family and peers.
- ***Exosystem***: the connection between the child's social environment and other settings that influence it, such as the caregivers work environment, which may indirectly impact the child.
- ***Macrosystem***: the culture in which the child lives, including identity, values, socioeconomic status, poverty, and ethnicity.
- ***Chronosystem***: the pattern of events and transitions over the course of a child's life. This may include the experience of an emergency or displacement, the impact of separation and loss, and the way that these shape a child's life course.

This system provides a framework that guides the identification of appropriate responses to separation. When a child is separated from their primary caregiver, it may be possible to draw on other elements of the child's microsystem to ensure on-going care and protection. The loss of the caregiver changes the dynamics of the mesosystem and may impact the child's life course. Factors in the child's macrosystem can interrelate with the individual characteristics of the child to promote or undermine the child's resilience and coping strategies.

[21] CRC (1989) Preamble.

[22] CRC (1989) Article 20.

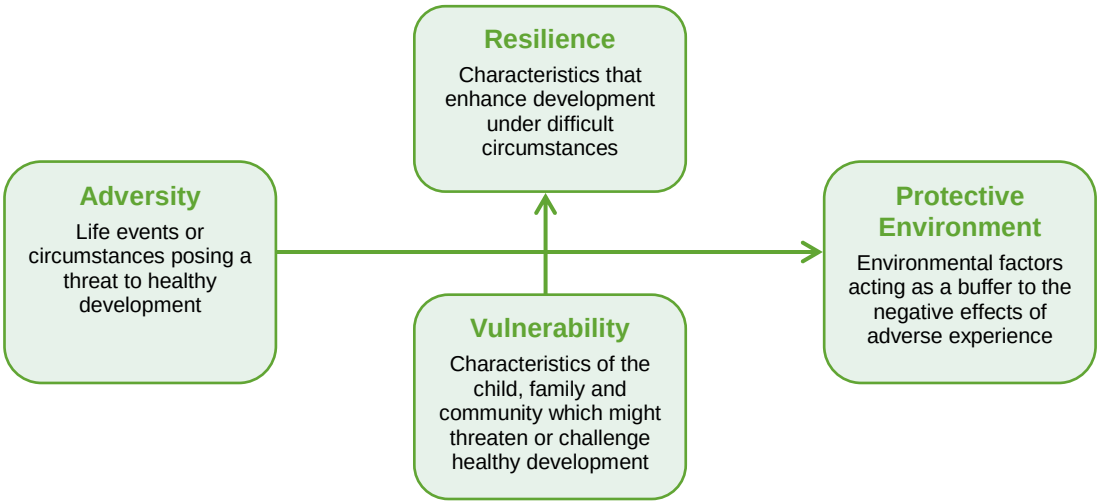
[23] Bronfenbrenner, U. (1979). The Ecology of Human Development: Experiments by Nature and Design. Cambridge, MA: Harvard University Press. ISBN 0-674-22457-4.

[24] http://imageck.com/226786344-bronfenbrenner-ecological-system-theory-of-development.html.

C. Vulnerability and resilience

The term 'vulnerability' refers to characteristics that threaten a child's development and increase the likelihood of abuse, neglect, exploitation and violence. Resilience is a characteristic whereby a child is able to adapt and cope with adversity. All children are both vulnerable and resilient: these elements are always changing depending on the factors that positively or negatively influence the child's environment and how the child interacts with them (Figure 3).

Figure 3: Factors that affect vulnerability and resilience



Specific factors have been found to increase vulnerability or build resilience in children at individual, family and community levels.

Individual characteristics such as developmental stage, gender, disability and social status are important factors that influence how children experience adversity. A child's physical, social, cognitive and emotional development influences how dependent she or he is on a primary caregiver, their understanding and interpretation of external events, and their sense of identity.[25] A child's gender is central to their sense of identity, prescribing social roles and life opportunities.[26] Often, girls face discrimination in access to basic services and social resources and participation.[27] Some children also face exclusion from playing a full role in society. Children with disabilities are particularly prone to exclusion, as are those from religious and ethnic minorities or from lower socio-economic backgrounds.[28]

The experience of separation or loss is a risk factor for increasing a child's vulnerability. Conversely, a close relationship with a consistent caregiver and support from extended family and community are environmental factors that can promote a child's resilience.[29]

[25] E. Patrice, S. Castle, and P. Menon (1996) 'Child Development: Vulnerability and Resilience', *Social Science and Medicine* 43(5): 621-635.

[26] S. Cross, and L. Madson (1997) 'Models of the Self: Self-Construals and Gender', *Psychological Bulletin* 122(1): 5-37.

[27] IAWG (2004) Inter-Agency Guiding Principles on Unaccompanied and Separated Children, IAWG.

[28] Ibid.

[29] A. Hepburn, J. Williamson, and T. Wolfram (2004) Separated Children: Care and Protection of Children in Emergencies, Save the Children.

1.4 DESCRIPTION OF INTERVENTIONS

Given the background in the previous section our **broad question** is**:**

What is the impact of protection interventions on unaccompanied and separated children, during the period of separation, in humanitarian crises in Low and Middle Income Countries (LMICs)?

The review will focus on evidence from interventions that are undertaken with children during the period of separation, rather than on outcomes such as reintegration following reunification, or long-term alternative care. The decision was taken to narrow the focus in this way in order to maximise learning on how to protect children whilst they are separated. Other research and evaluation undertaken with children following family reunification or placement in long-term alternative care will be considered applicable if they evaluate the outcomes of interventions that are undertaken during the period of separation.

The decision to focus on the period of separation was taken by the IAWG Advisory Committee for the following reasons:

- The HEP commissioning team stipulated a focus on interventions that apply after separation related to humanitarian crises, as opposed to interventions aimed exclusively or primarily at preventing separation or protection incidences;
- Separation is a vulnerability that exposes a child to a broad range of other protection risks. UASC may be considered at their most vulnerable and most in need of protection interventions during the period of separation, given that they lack the care and protection of their primary caregivers;
- Whilst reunification and reintegration may be a primary focus of programming with UASC aimed at mitigating their vulnerability, the majority of activities with UASC take place during the period of separation;
- It was thought that including a focus on reunification and reintegration would weigh the focus of the research towards this phase at the expense of an in-depth examination of the period of separation.

Child Protection in emergencies is defined as 'the prevention of and response to abuse, neglect, exploitation of and violence against children in emergencies.'[30] The Minimum Standards for Child Protection in Humanitarian Action synthesis the collective expertise of the sector and establish practice standards to work towards.[31] For UASC specifically, the provision of alternative care is considered to be an effective means of restoring a protective environment for the child and thereby reducing their exposure to abuse, neglect, exploitation and violence, and is therefore a significant child protection programming area for this group of children. Whilst mental health and psychosocial support involves programming across all humanitarian sectors, child protection agencies are usually prominent actors in delivering psychosocial interventions for children in humanitarian contexts, and coordinate with health on the delivery of mental health interventions. This is particularly relevant to UASC because of their heightened vulnerability as psychosocial interventions address the impact of abuse, neglect, exploitation and violence, and psychosocial wellbeing is considered a critical factor in reducing the risk of abuse, neglect, violence and exploitation to individual children. For the purposes of this research, programme interventions with UASC are therefore conceptualised as falling within three core domains of intervention:[32]

A. Mental health and psychosocial support (MHPSS); (mention the MHPSS HEP review – will be tackled as a stand-alone topic)
B. Interim alternative care;
C. Child Protection.

[30] CPWG (2010).

[31] CPWG (2013) Minimum Standards for Child Protection in Humanitarian Action.

[32] These domains are echoed in the section on UASC in Thompson, H (2015) A Matter of Life and Death, on behalf of the CWPG, pgs. 19 & 20.

All of these domains fall under the broad umbrella of child protection activities. The child protection 'domain' therefore focuses on activities that keep children safe from the range of child protection issues that are delineated in the Minimum Standards for Child Protection in Humanitarian Action: dangers and injuries; physical violence and other harmful practices; sexual violence; recruitment and use in armed forces and armed groups; and child labour.[33] Whilst the inclusion of child protection as a domain and as an umbrella term poses some conceptual challenges, this division is generally reflective of how humanitarian child protection activities are conceptualised by practitioners. Evidence will therefore be synthesised across all three domains. It is anticipated that all activities undertaken with UASC will fall in to one of these three broad categories. Where activities are identified through the research process that do not fall in to these categories, the researchers will consult with the IAWG UASC Advisory Committee to determine whether or not the activity can be considered to fall under the definition of child protection.

1.4.1 Overarching approaches to working with UASC

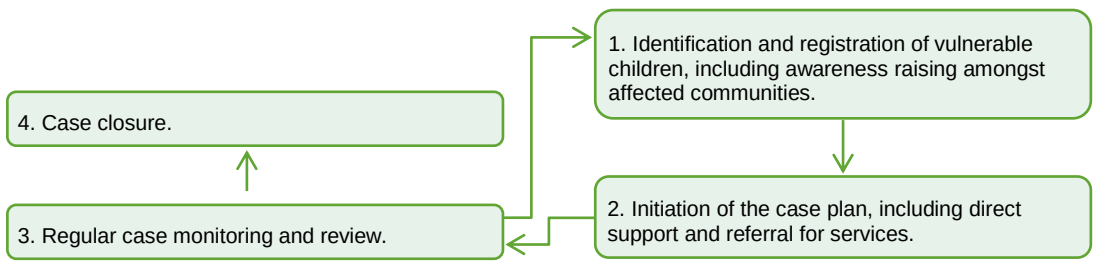
The Minimum Standards for Child Protection in Humanitarian Action[34] provide standards, indicators and activities for a number of different approaches to developing child protection strategies. Two of these approaches are considered of particular relevance when working with UASC:

- Case management (Standard 15)
- Community-based mechanisms (Standard 16)

From the child protection systems perspective, case management can be seen as the implementation of the 'formal' aspect of a child protection system, while engagement with community-based mechanisms constitutes support to the 'informal' aspects of the child protection system. Standard 17 on Child Friendly Spaces (CFS) is less relevant to programming with UASC; UASC may be encouraged to attend activities within CFS for additional monitoring and promotion of their psychosocial wellbeing, but CFS activities are seldom focused on UASC. Where appropriate, psychosocial activities implemented in CFS will be examined within the MHPSS domain. Standard 18 on the Protection of Excluded Children is also relevant as exclusion may be one of the drivers for vulnerability to separation, and once separated, UASC are more vulnerable to exclusion. However, addressing exclusion may be seen as an approach taken to activities within the other domains, particularly when ensuring that programming reaches a broad range of children, and that data gathered for monitoring and evaluation is disaggregated by age, gender, disability and ethnicity.

A. Case management

Figure 5: The case management process[35]



[33] CPWG (2013) Minimum Standards for Child Protection in Humanitarian Action. Please note that this list is extracted from Standards to Address Child Protection Needs, as those standards that constitute 'risks' to children.

[34] CPWG (2012) Minimum Standards for Child Protection in Humanitarian Action

[35] Ibid, pg. 137

In case management systems, vulnerability is typically defined more broadly than the category of separation, but where separation is an issue UASC are usually prioritised within case management systems. The emphasis on the assessment of child's individual needs aims to promote a more holistic approach than a narrow programmatic focus on family tracing and reunification and alternative care as a response to separation, by recognising the vulnerability of UASC to abuse, exploitation, violence and neglect. The development of a case plan promotes interventions that mitigate vulnerability and address these risks. Information management for individual children is a tool that supports effective case management. The use of an interagency information management system promotes coordination by supporting the sharing and exchange of information between relevant agencies and authorities in line with data protection and information sharing protocols[36]. Information management systems may provide a rich source of potential data on UASC within case management programming.

B. Community-based mechanisms

A community-based child protection mechanism is 'a network of groups or individuals who work in a coordinated way towards child protection goals.'[37] Research indicates that to be most effective, community-based mechanisms should link to formal systems, constituting a part of the services and support mapping that is integral to case management[38]. This will constitute a starting assumption for the research.

Community-based mechanisms are critical to ensuring the identification, monitoring and on-going support to UASC within a community, in the following ways:

- Support to the identification of UASC within the community, and referral for case management services.
- Support to children and families providing kinship and foster care placements within the community.
- Promote the inclusion of UASC within economic and social activities at community level.
- Mediate inter-relational problems and social stigma against UASC at the family and community levels.
- Use community-based system to support family tracing.

Additionally, the research incorporates a focus on long-term solutions such as family reunification and long-term alternative care, so that we can determine typical lengths of separation in different contexts, and how they may impact on the three child protection intervention domains listed above.

[36] CPWG (2012) Minimum Standards for Child Protection in Humanitarian Action, Standard 5 addresses this aspect of information management as well as others.

[37] CPWG (2012) Minimum Standards for Child Protection in Humanitarian Action, Standard 16: 143.

[38] CPC Learning Network (2011) An Ethnographic Study of Community-based Child Protection Mechanisms in Sierra Leone; (2013) Community-based Child Protection Mechanisms in Refugee Camps in Rwanda: An Ethnographic Study; (2012) Mapping Community-based Child Protection Mechanisms in Liberia: Montserrado and Nimba Districts.

1.4.2 Child protection domains of intervention

A. Mental health and psychosocial support (MHPSS):

*The **objective** of MHPSS interventions is to promote the mental health and psychosocial wellbeing of unaccompanied and separated children.*

Mental health and psychosocial support is defined as 'any type of local or outside support that aims to protect or promote psychosocial wellbeing and / or prevent or treat mental disorder.'[39]

Figure 4: The four layers of MHPSS interventions

In situations of adversity, secure attachment to a consistent caregiver is a critical component in building a child's resilience and emotional wellbeing.[40, 41] During the first two years of life, secure attachment influences the evolution of brain structures responsible for an individual's long-term social and emotional functioning.[42] Separation from a primary caregiver is likely to have a significant psychosocial impact on a child, with differing outcomes depending on the developmental stage of the child and other interrelating risk and protective factors.[43] This is particularly significant in an emergency, when children most need a trusted caregiver to provide protection and support. The psychosocial wellbeing of the child is influenced by risks and protective factors in their environment and the way in which these interact with the child's individual characteristics.

The Interagency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Humanitarian Contexts[44] provide a framework for MHPSS interventions, including those aimed at children. The guidelines delineate 4 layers of MHPSS interventions, as demonstrated in Figure 4. Interventions are interdependent and all layers should be implemented concurrently to maximise mental health and psychosocial wellbeing.

Whilst it is recognised that some UASC may be at heightened risk of experiencing psychosocial distress or mental health issues such as trauma, grief, depression and anxiety, the way in which these issues are experienced and interpreted is profoundly different across cultures and societies making it difficult if not inappropriate to develop 'one-size-fits-all' interventions.[45] Given the range of contexts in which emergencies occur, it is seen as critical that any interventions developed build on an understanding of these interpretations, and engage with local capacities and resources.[46] Thus we expect the exact nature of MHPSS interventions to differ in different circumstances, and we will take account of this in our

[39] IASC (2007) Guidelines on Mental Health and Psychosocial Support in Emergency Settings. IASC, Geneva.

[40] Holt et al (2008) 'The impact of exposure to domestic violence on children and young people: A review of the literature', *Child Abuse & Neglect* 32: 797–810

[41] Y. Deveci.(2012) 'Trying To Understand: Promoting The Psychosocial Well-Being Of Separated Refugee Children'. *Journal of Social Work Practice* 26(3): 367-383.

[42] M. Malekpour. (2007). 'Effects of attachment on early and later development', *The British Journal of Developmental Disabilities*, quoting Shore (1994), Vol. 53, Part 2, No. 105:81-95

[43] M. De La Soudière, J. Williamson, and J. Botte (2007) The Lost Ones: Emergency Care and Family Tracing for Separated Children from Birth to Five Years, UNICEF.

[44] IASC (2007) Guidelines on Mental Health and Psychosocial Support in Humanitarian Contexts.

[45] Ibid.

[46] H. Charnley. (2007) 'Reflections On The Roles And Performance Of International Organizations In Supporting Children Separated From Their Families By War', *Ethics and Social Welfare* 1(3): 253-268.

synthesis of data. The Unaccompanied and Separated Children Field Handbook[47] outlines MHPSS interventions aimed at UASC,[48] as follows:

Basic services and security:

- Ensure that child protection staff are trained in psychological first aid, and how to communicate with, listen to and support children.
- Keep children informed and involved in what is happening to them
- Restore a sense of normalcy by meeting basic needs and providing structured activities

Community and family supports:

- Promote rapid family reunification
- Provide interim alternative care
- Promote social networks and access to social activities such as those within child friendly spaces

Focused, non-specialised supports:

- Identify and agree local indicators of distress
- Build capacity of staff working with UASC to be able to identify signs of distress and the need for focused or specialised services
- Implement activities aimed at building resilience

Specialised services:

- Identify and support local resources to address mental health and psychosocial distress, as long as these are in the best interest of the child
- Refer to specialised care outside of the community if appropriate and necessary

B. Interim alternative care:

*The **objective** of care interventions is to restore a protective environment for a child who has lost the care and protection of their primary caregivers.*

Alternative care is defined as 'the care provided for children by caregivers who are not their biological parents. This care may take the form of informal or formal care. Alternative care may be kinship care; foster care; other forms of family-based or family-like care placements; residential care; or supervised independent living arrangements for children.'[49] Interim care is defined as 'care arranged for a child on a temporary basis of up to 12 weeks. The placement may be formal or informal with relatives, foster carers or in residential care such as an interim care centre. The child's care plan should be reviewed every 12 weeks (three months) in order for a longer-term plan and placement to be put in place. After this period, if a child is still in the same care situation, this should be referred to as longer-term care.'[50] In reality, the period that a child remains in interim care during a humanitarian crisis is usually significantly longer than 12 weeks. For the purposes of this research, interim care may be considered to extend beyond 12 weeks if no assessment has been made for referral in to long-term care. However, the timeframe of 12 weeks may be used as a quality standard with which to evaluate programme outcomes in care.

Alternative care is also often referred to under the umbrella of 'appropriate care'. Appropriate care refers to the quality of the child / caregiver relationship and whether this is appropriate to meet the needs of the child. It covers all forms of care, including care provided by the primary caregiver, thereby also encompassing family strengthening programming, positive

[47] IAWG UASC (forthcoming in 2016) UASC Field Handbook, developed by UNICEF on behalf of the IAWG UASC.

[48] Ibid, Matrix on Cross-sector Programmes.

[49] IAWG on UASC (2013) Alternative Care in Emergencies Toolkit, published by Save the Children on behalf of the IAWG on UASC, pg 9.

[50] Ibid, pg 12.

parenting interventions, and child protection mechanisms that respond to exploitation, abuse, violence and neglect within the household, including to remove children from a care situation if this is deemed in their best interest.

The 'adequacy' of care can also be used as an indicator for alternative care. Adequate care is 'where a child's basic physical, emotional, intellectual and social needs are met by his or her caregivers and the child is developing according to his or her potential. In an emergency context this means an absence of abuse, neglect, exploitation, or violence and the use of available resources to enable the child's healthy development.'[51] The appropriateness and adequacy of care are therefore ways of assessing the effectiveness of interim alternative care. This wording is reflected in the activity log frames detailed below.

A summary of evidence published in 2003 suggested that children commonly endured significant harms while living in residential care,[52] leading child protection agencies to prioritise family-based forms of alternative care and to advocate for placements in residential care to be made only as a last resort and for the shortest possible time.[53] The Guidelines for the Alternative Care of Children[54] provide the principles and framework for developing alternative care. In emergency situations, these emphasise the development of temporary and long-term family-based care options, and the use of residential care as a temporary measure only.

However, in humanitarian contexts, alternative care options may be limited or sub-standard, leading to an over reliance on informal and often under-supported care options within communities, as formal foster care options are developed. In humanitarian contexts evidence on the efficacy of family-based care alternatives in meeting children's physical, emotional, intellectual and social needs is limited[55]. In some situations, agencies rely on placement in institutional care while they seek to raise care standards within targeted institutions in the medium term. This itself can lead to additional problems of families purposely abandoning their children to established institutional care centres in hopes that the child will receive the support the family cannot provide.[56] Since family reunification is one of the most common objectives of programming with UASC, children are frequently placed in interim alternative care pending reunification with parents or former caregivers.[57] Given the difficulty of anticipating how many children will be reunified and how long this may take, particularly because of limited programme cycles, child protection agencies often fail to consider the long-term implications of care placements, or oversee a transition in care planning from interim to long term care.

The Alternative Care in Emergencies Toolkit[58] provides tools and guidance to assess, plan and implement interim care services for UASC in emergency contexts, including guidance on the establishment of and support to:

- Foster and kinship care. This includes[59]:
  - Monitoring children in family-based care
  - Promoting and supporting informal foster and kinship care
  - Developing formal foster care programmes

[51] Ibid, pg 9, quoting Tolfree, D (2007) Protection Fact Sheet: Child protection and care related definitions, Save the Children.

[52] For a summary, see A Last Resort: A Growing Concern about Children in Residential Care (2003), Save the Children.

[53] UNHCR Geneva (2014) Alternative Care, UNCHR.

[54] United Nations (2009) Guidelines for the Alternative Care of Children.

[55] Save the Children in Indonesia (September 2011) Key Achievements of Child Protection and Care Program in Moving Towards Family-Based Care 2005-11.

[56] A. Hepburn, J. Williamson, T. Wolfram (2004) Separated Children: Care and Protection of Children in Emergencies, Save the Children.

[57] UNHCR Geneva (2014) Alternative Care, UNCHR.

[58] IAWG UASC (2013) Alternative Care in Emergencies Toolkit, published by Save the Children on behalf of the IAWG UASC.

[59] Ibid, pg. 130.

- Small group residential care. This includes[60]:
  - Group care in camp, residential or group foster care
  - Use of interim care centres
  - Small group home specifications
- Child and peer-headed households. This includes[61]:
  - How to support child- and peer-headed households
  - Support for existing or new child- or peer-headed households

C. Child protection

*The **objective** of child protection interventions is to ensure the safety of UASC from abuse, exploitation, violence and neglect.*

All children living in humanitarian contexts are exposed to an increased risk of abuse, exploitation, violence and neglect. Separation increases children's vulnerability to these risks because UASC may lack the protection of a caregiver. Separated children may be exposed to trafficking for the purposes of sexual and labour exploitation both within communities as well as within the context of formal or informal care arrangements.[62] They are more vulnerable to abduction or recruitment in to armed groups and armed forces, to sexual violence and to the range of dangers and injuries within their environment. Implementation of case management systems and support to community-based child protection mechanisms are key approaches to mitigating vulnerability and reducing risks to UASC. Depending on the specific issues in context, these approaches may incorporate or link to programming on a broad range of issues, for example, to address child labour[63], mitigate the risk of sexual violence and ensure an appropriate response to survivors, support the release and reintegration of children associated with armed forces and armed groups, and promote access to services such as health, psychosocial support, and legal rights.

One of the most commonly implemented activities for UASC who need support to find or be reunified with their primary caregiver, is Identification, Documentation, Tracing and Reunification (IDTR). The process is as follows[64]:

- ***Identification***: the process of establishing which children may be separated from their caregivers and where they may be found.
- ***Registration***: the compilation of key personal data for the purpose of establishing the identity of the child and to facilitate family tracing.
- ***Documentation***: the process of recording further information in order to meet the specific needs of the child
- ***Tracing***: the process of searching for family members or primary legal or customary caregivers.
- ***Verification***: the process of establishing the validity of the relationships and confirming the willingness of the child and family member to be reunited.
- ***Reunification***: the process of bringing together the child and family for the purpose of establishing long-term care.
- ***Follow-up***: a range of activities to facilitate reintegration.

[60] Ibid, pg. 142.

[61] Ibid, pg. 147.

[62] J. Doyle (2010) Misguided Kindness: Making the right decisions for children in emergencies, Save the Children.

[63] The Minimum Standards for Child Protection in Humanitarian Action (Standard 12: Child Labour) defines child labour as ' work that is unacceptable because the children involved are too young and should be in school, or because even though they have reached the minimum working age (usually 15), the work that they do is harmful to the emotional, developmental and physical wellbeing of a person below the age of 18..

[64] IAWG UASC (2014) Guiding Principles on Working with Unaccompanied and Separated Children.

Within a case management approach, the initial stages (identification, registration and documentation) of IDTR mirror the early stages of the case management process (identification, registration, documentation, assessment, case planning[65]). Family tracing and reunification (FTR) then becomes a service for those UASC who are assessed as in need of support to find and / or be reunified with their families. This can be undertaken by referral to specialised FTR caseworkers, or by the child's case worker if they have the appropriate skills and mandate. As this research incorporates a focus on case management as a key approach to working with UASC, the term 'FTR' will be used to indicate where this is a service within or linked to a case management system.

1.5 HOW THE INTERVENTIONS MIGHT WORK

Table 1 summarises key activities that are often undertaken with UASC against the three domains of intervention examined in this research, and the outcomes that these activities work towards achieving. These do not constitute the entirely of activities undertaken with UASC, but are representative examples of activities that are commonly undertaken under the key approaches. These represent what the IAWG consider to be the most commonly implemented activities with UASC. Activities that achieve long-term solutions are included below insofar as they provide a parameter for the experience of separation.

Table 1: Examples of Common Interventions Undertaken with UASC

Domains of intervention	Approaches		Domain-specific Activities	Outcomes
1. Mental health and psychosocial support	Case Managementbdsvbvbvb	Community-based Mechanisms	Focused, non-specialised MHPSS support	Mental health and psychosocial wellbeing
			Focused, specialised MHPSS support	
2. Interim alternative care			Formal foster care	Restoration of a protective environment
			Interim care centres	
			Support to peer-headed households	
3. Child Protection			Release of children associated with armed groups and armed forces	Safety from abuse, exploitation, violence and neglect
			Prevention of sexual violence against children	
Long-term solutions			Family tracing	Permanent restoration of a protective environment
			Family reunification	
			Long-term alternative care	

Although they are overarching approaches, case management and community-based mechanisms are included here as activities that are relevant to each of the domains and long-term solutions.

Two approaches and ten key activities have therefore been selected for further elaboration below. Collectively, the outcomes, impacts and underlying assumptions are representative of those linked to a broader range of activities. However, it should be noted that it is not assumed, a priori, that that these will encompass all the activities undertaken with UASC in humanitarian contexts, therefore the scope of the research should not be limited to a focus on these activities. The research process is likely to come across a number of additional activities, any of which should be included in the review as long as they meet the other inclusion criteria.

[65] CPWG (2014) The Role of Case Management in the Protection of Children: A Guide for Policy & Programme Managers and Caseworkers.

For the purposes of defining key activities, the following decisions were taken:

- Community-based mechanisms and family tracing and reunification are considered to also constitute examples of layer 2 of the MHPSS pyramid: community and family supports, as per the breakdown in the UASC Handbook outlined on page 15 of this research protocol. Further examples were not, therefore, elaborated;
- Three forms of interim alternative care have been selected to represent the three types of care outlined in the Alternative Care in Emergencies Handbook and detailed on page 15 of this research protocol;
- Two examples of programming under the child protection domain were selected from the range of risks and vulnerabilities that may be the focus of programming. Release of children from armed groups and armed forces was selected as CAAFAG are usually also separated, and programming approaches with CAAFAG post-release are reflective of programming with UASC. Prevention of sexual violence was selected as an example of the range of issues that may be addressed, particularly through community-based work. This was chosen rather than response to sexual violence as response interlinks closely with case management.
- Family reunification and placement in long-term alternative care were selected to represent long-term care solutions for UASC. Family reunification was chosen as it is usually considered the option in the best interest of the child. Long-term alternative care was then chosen as the most viable alternative to family reunification for most children.

The logical framework for each activity is explored by examining:[66]

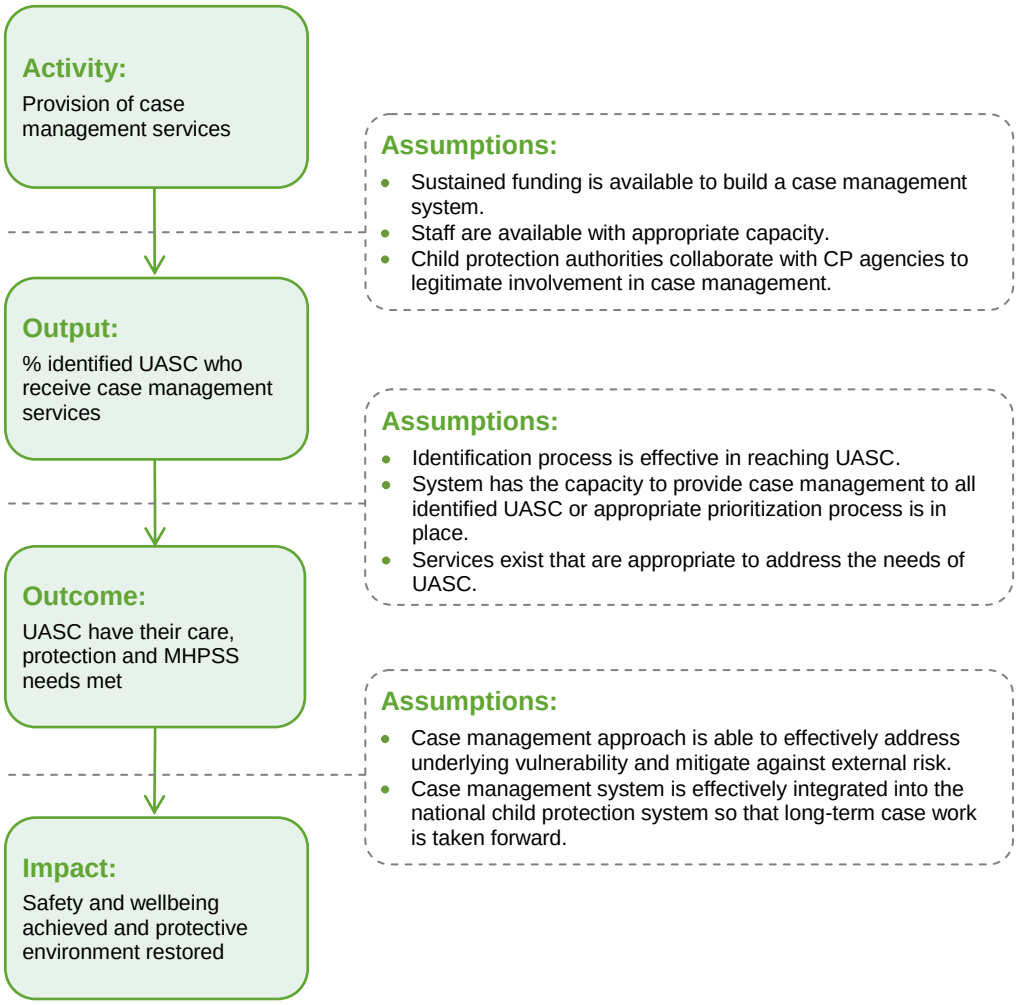
- ***Activity***: specific actions that contribute towards achieving the outcome
- ***Outputs***: specific, direct deliverables of the project
- ***Outcome***: what will change and who will benefit
- ***Impact***: higher level objective to which the intervention contributes
- ***Assumptions*** underlying the causal pathway

[66] DfID (2011) How to Note: Guidance on Using the Revised Logical Framework.

Approach 1: Child protection case management

As outlined above, case management systems involve the identification, documentation, and assessment of situation / needs of UASC. A case plan is then established and implemented, with regular review and adjustment according to changing needs and the evolving context. Once the objectives of the case management plan have been achieved, the case may be closed. MHPSS, care, and FTR may all be considered as services that are accessed through the case management system.

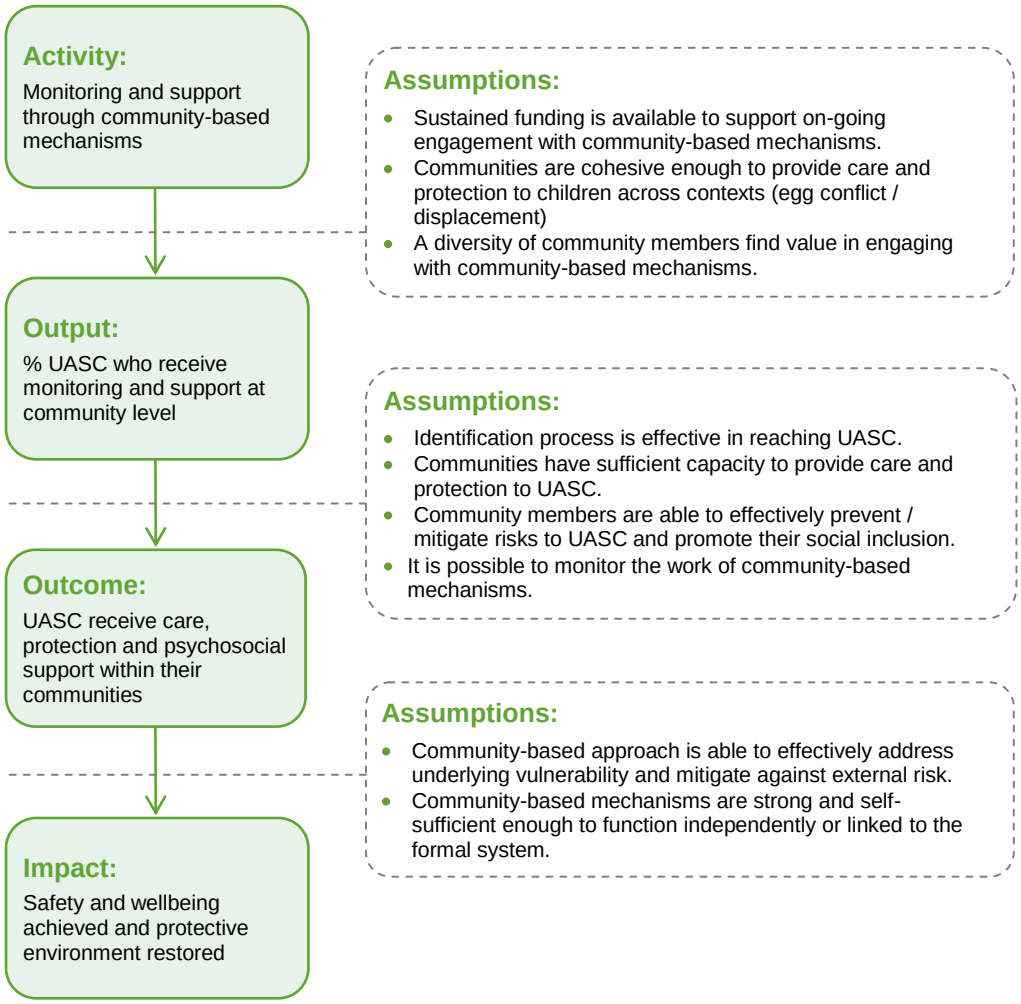
Figure 5: Child protection case management



Approach 2: Community-based child protection mechanisms

Community-based child protection mechanisms can be strengthened and supported to identify UASC, to provide support to care for UASC within the community, facilitate access to social and economic opportunities, mediate problems and address stigma.

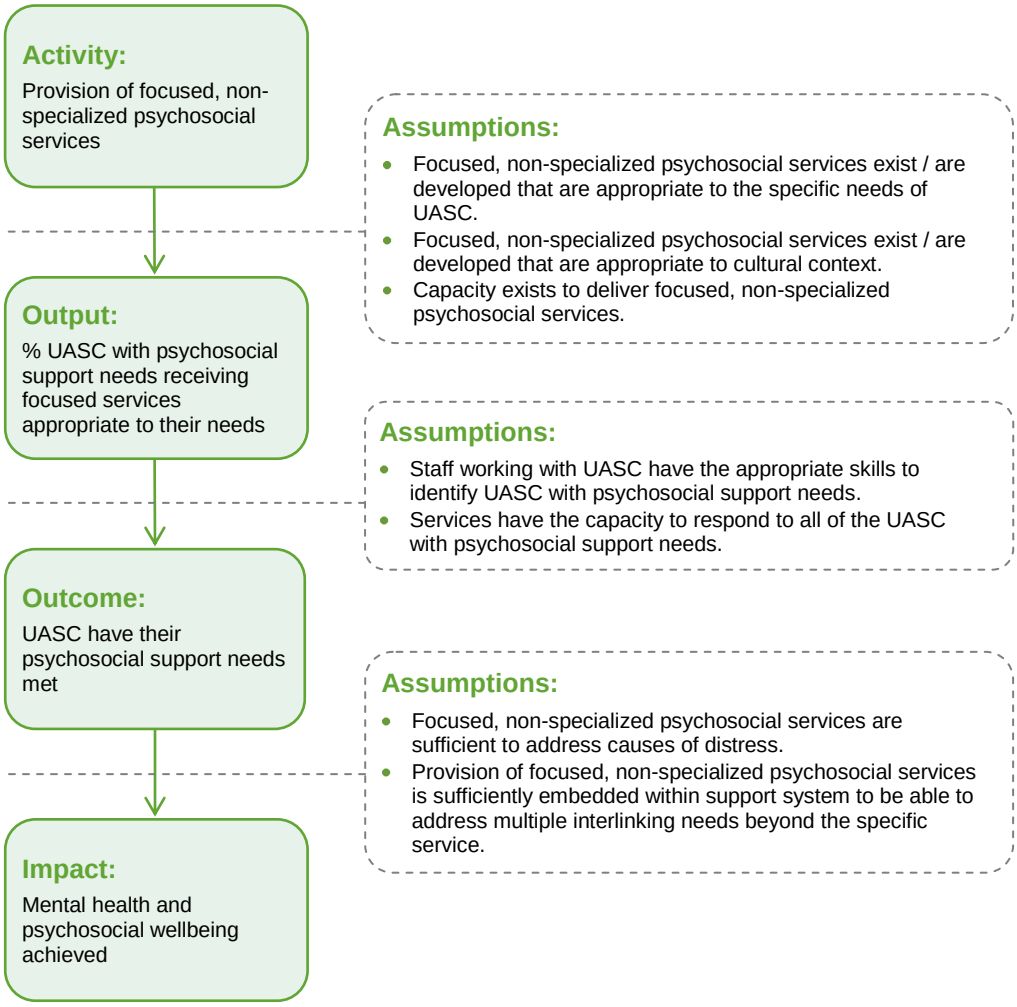
Figure 6: Community-based child protection mechanisms



Activity 1: Focused, non-specialized mental health and psychosocial support

Focused, non-specialised MHPSS for UASC should be defined according to cultural context, building on community supports and services. Local indicators of wellbeing and distress should be defined, and used as a basis to identify children, including UASC, who may require focused support Typical interventions may aim to build resilience, promote life-skills, and create peer support networks for children.

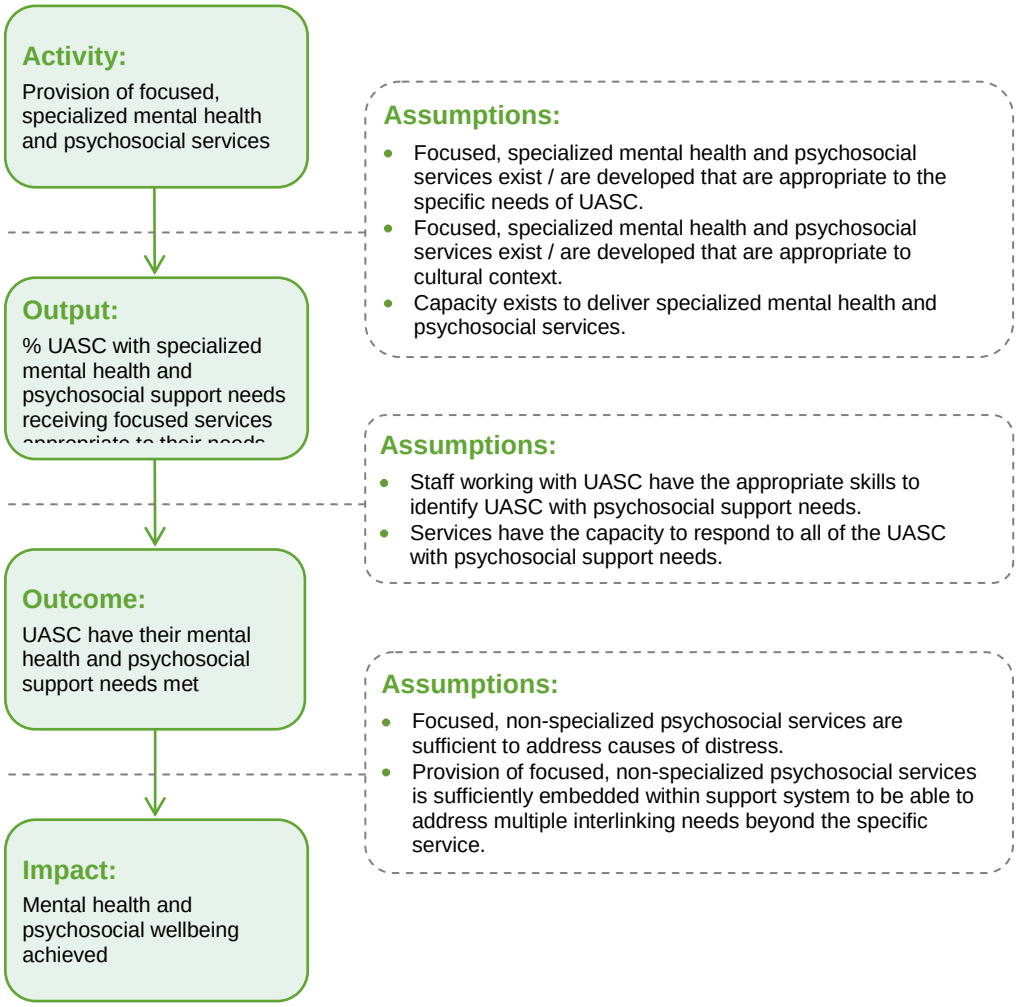
Figure 7: Focused, non-specialised psychosocial support



Activity 2: Focused, specialized, mental health and psychosocial support

Focused, specialised MHPSS for UASC should also be defined according to cultural context, building on community supports and services. Local indicators of wellbeing and distress should be defined, and used as a basis to identify children, including UASC, who may require focused support. Typical interventions may include the identification of individual and family strategies to cope with mental health issues or psychosocial distress, interventions to raise awareness and build community supports, and referral to external services such as paediatric counselling and psychiatry.

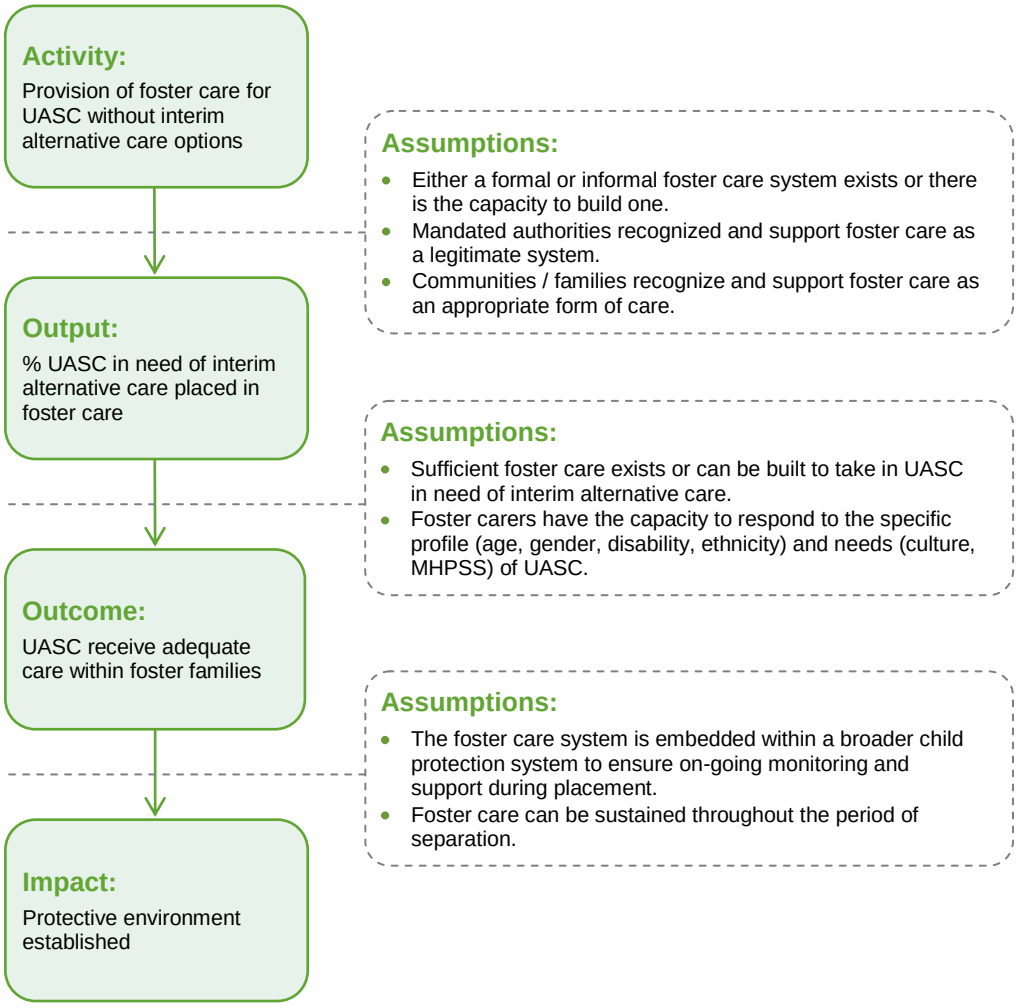
Figure 8: Focused, specialised, mental health and psychosocial support



Activity 3: Formal foster care

Formal foster care is a type of kinship and foster care that is regularised and monitored within a statutory care system. It typically involves additional recruitment, assessment, training and monitoring of foster families, and potentially the provision of support to families to provide care for children.

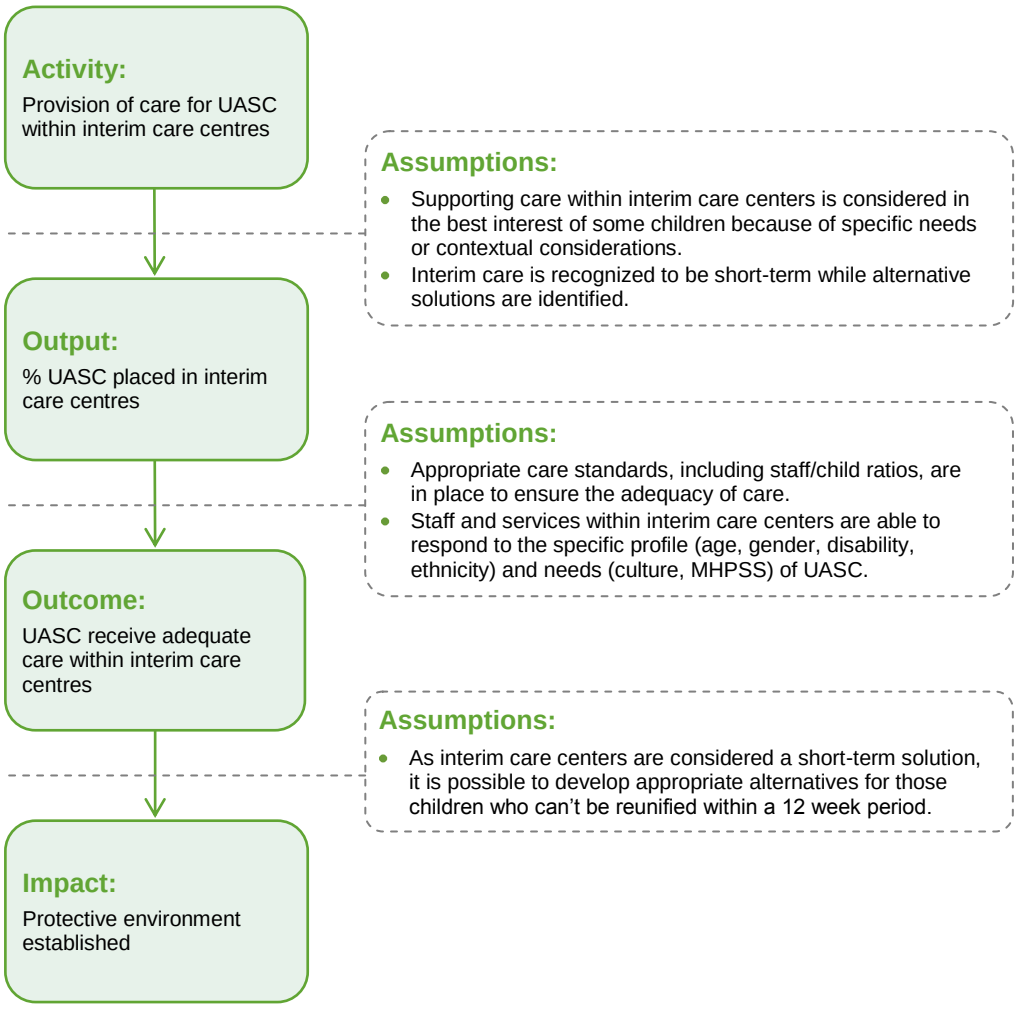
Figure 9: Formal foster care



Activity 4: Interim care centres

Interim care centres are a form of small group residential care that may be suitable for groups of children with specific short-term care and rehabilitation needs such as children leaving armed groups or armed forces. Current standards state that care should be organised in small groups within the centre. Interim care should be short-term and no longer than 12 weeks, with the aim of providing for the child's immediate care and social rehabilitation needs while long-term alternatives such as reunification, reintegration or placement in the community are explored.

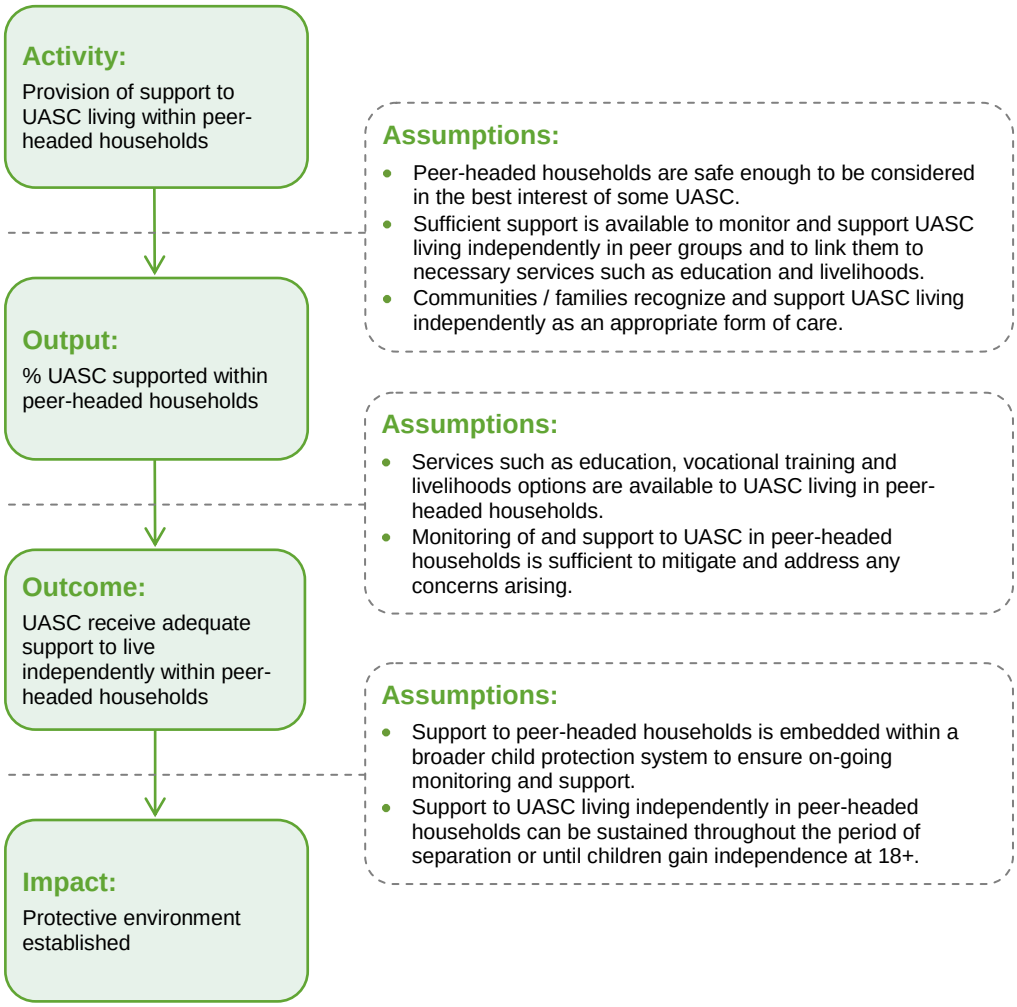
Figure 10: Interim care centres



Activity 5: Peer-headed households

Many children – particularly adolescent girls and boys or children with complex needs – may be 'hard to place' and/or may prefer to live independently.[67] Some are already living with sibling or peer groups. Peer-headed households will have differing vulnerabilities and support needs, and standards argue that support should be provided based on an assessment of individual and group needs. Monitoring and support should be provided at the community level wherever possible.

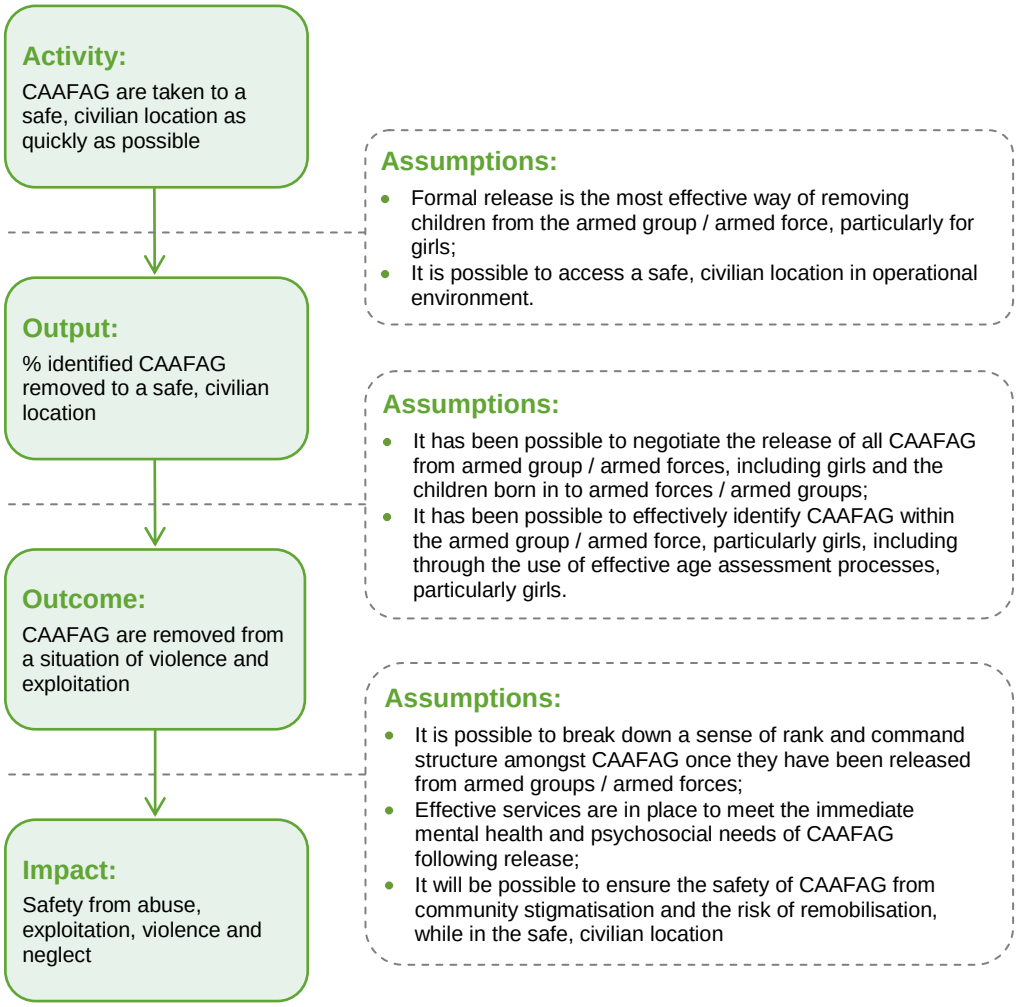
Figure 11: Peer-headed households



[67] A. Hepburn, J. Williamson, T. Wolfram (2004) Separated Children: Care and Protection of Children in Emergencies, Save the Children.

Activity 6: Release of children associated with armed groups and armed forces

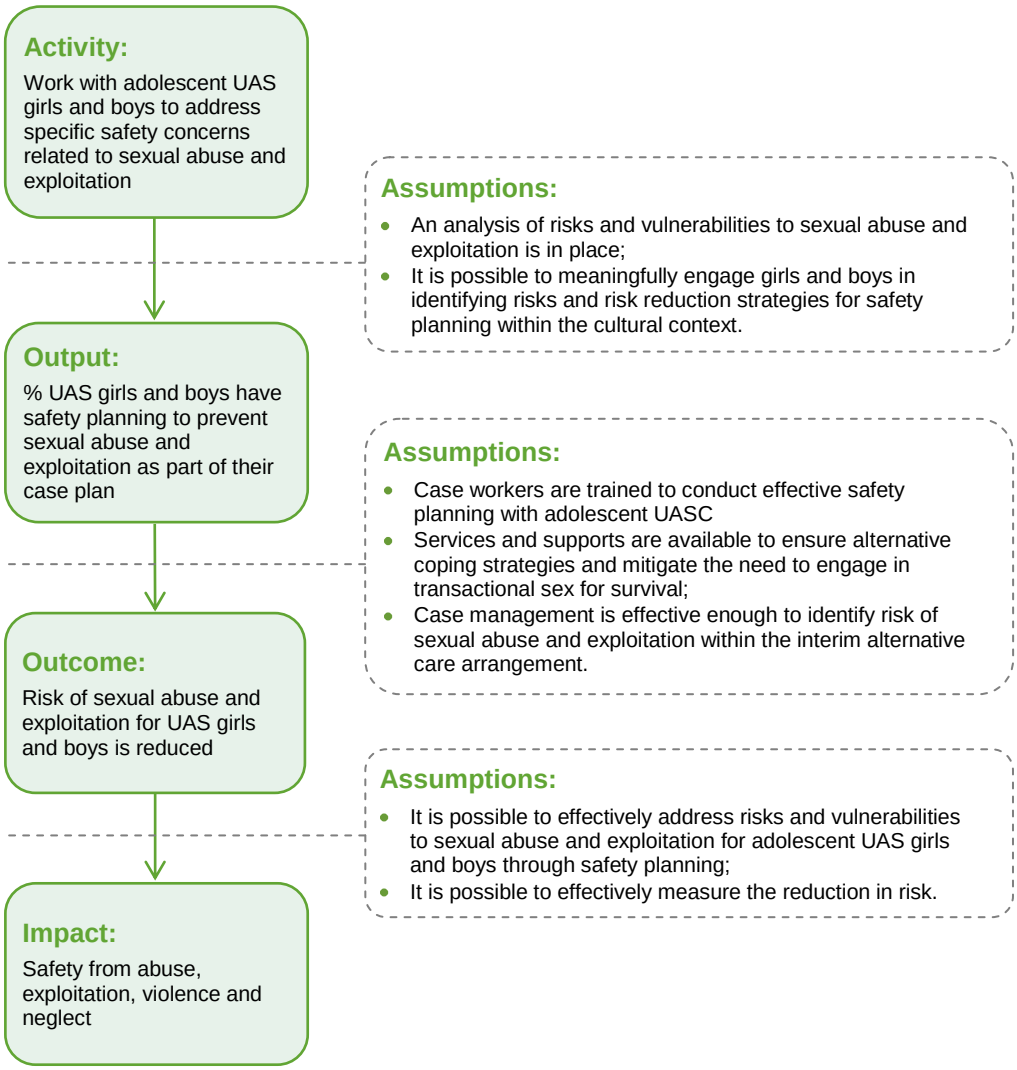
Boys and girls are associated with armed groups and armed forces in many contexts of armed conflict around the world, serving as combatants, in support roles as spies, porters, informants and cooks, and for sexual purposes[68]. Children become associated with armed groups and armed forces for a variety of reasons; by abduction and forced recruitment, because of a lack of alternative opportunities, or in fulfilment of an ideology. The majority of CAAFAG are also UASC, and the release process is usually followed by FTR and on-going support for the reintegration of children in their homes and communities.



[68] CPWG (2012) Minimum Standards for Child Protection in Humanitarian Action, Standard 11: Children Associated with Armed Forces and Armed Groups.

Activity 7: Prevention of sexual violence against children

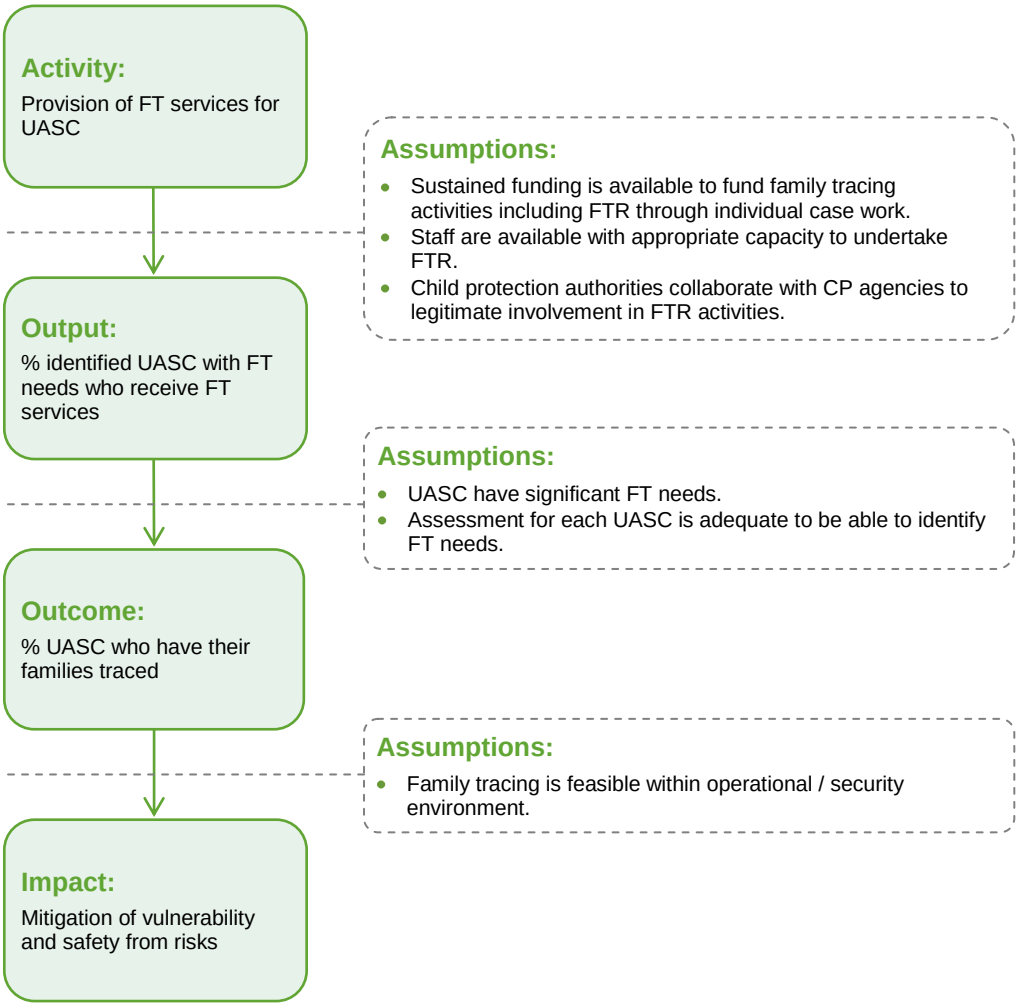
Sexual violence includes rape and other forms of sexual assault, sexual exploitation and trafficking for purposes of sexual exploitation, and may be perpetrated by caregivers or community members, those in positions of authority, or by members of armed forces and armed groups. During humanitarian crises, UASC are at heightened risk of sexual violence because of the weakened rule of law, their relative powerlessness as children and the lack of protection from a primary caregiver. Sexual violence is usually a hidden issue and child protection actors should always assume that it is happening and programme to prevent and respond to it.[69]



[69] CPWG (2012) Minimum Standards for Child Protection in Humanitarian Action, Standard 9: Sexual Violence.

Activity 8: Family tracing

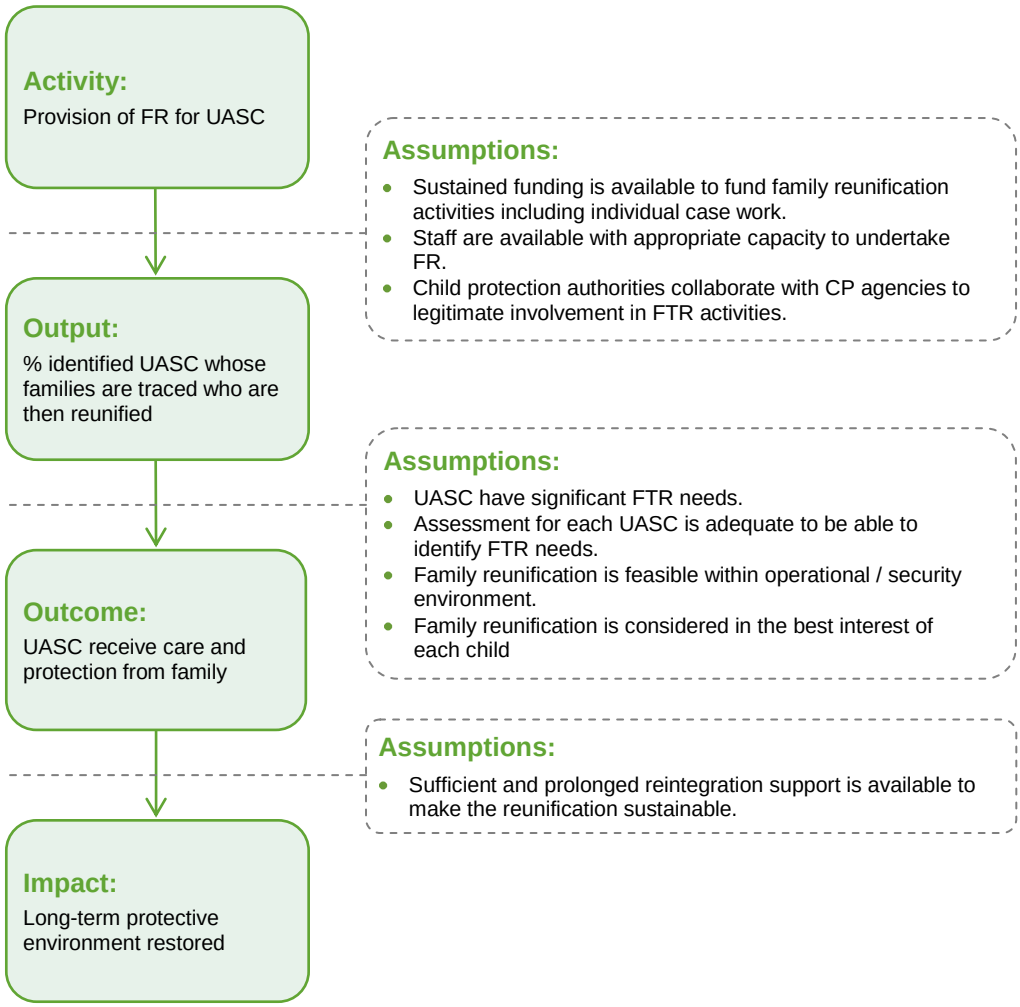
Family tracing is one of the most common interventions with UASC who need support to find and / or be reunified with their primary caregivers. Families can be traced informally through community networks, or formally through photo or radio tracing, or case-by-case tracing. Tracing may require coordinated information sharing between agencies and authorities across borders. Family tracing is included as an activity that takes place during the period of separation under the domain of child protection interventions, but the aim of family tracing is the permanent restoration of a protective environment.



Activity 9: Family reunification

If both the child and the family are willing and able to be reunited, and reunification is considered to be in the best interest of the child, reunification with a primary caregiver is generally the preferred long-term solution for UASC. Follow-up and on-going reintegration support should be provided to ensure that reunification is sustainable. For the purposes of this study, family reunification is included as it defines the end of the period of separation.

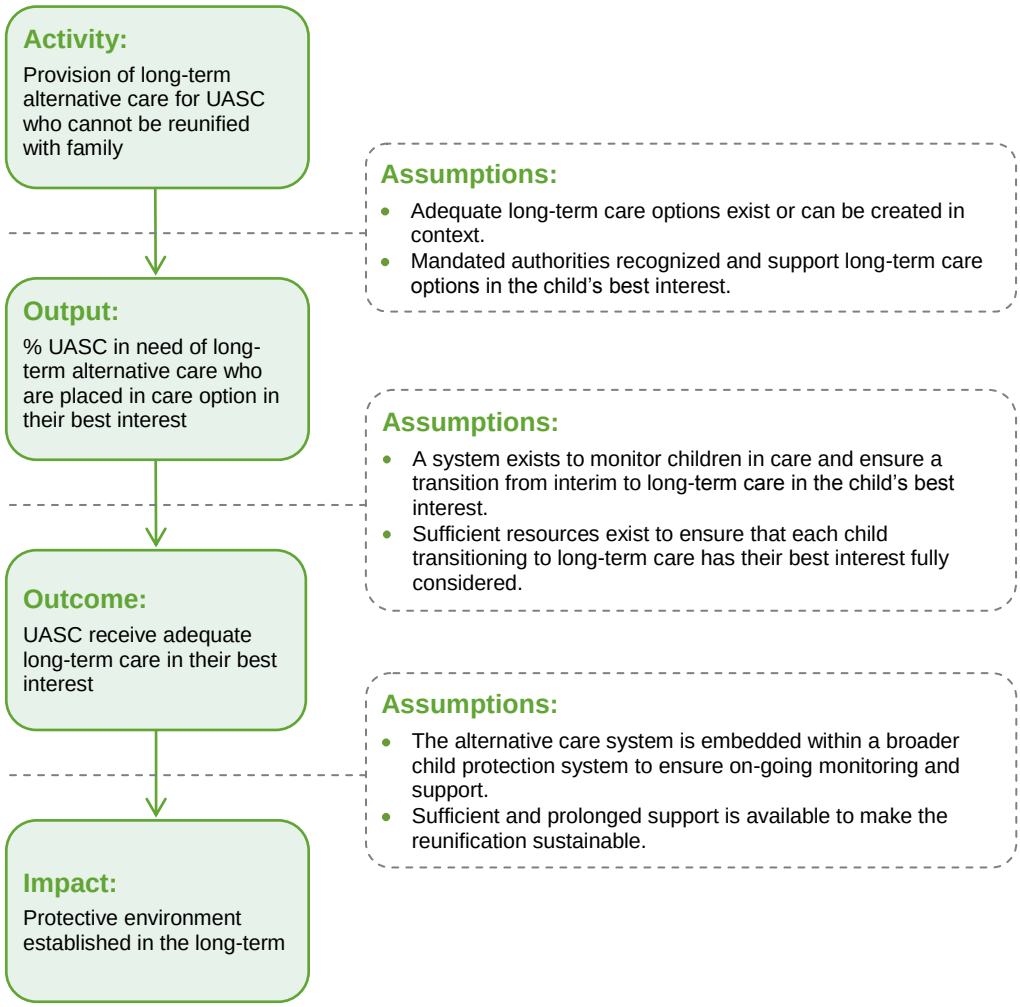
Figure 12: Family reunification



Activity 10: Long-term alternative care

If family tracing is unsuccessful, the child or family are not willing to be reunified for reasons that cannot be resolved, or reunification is not considered to be in the best interest of the child, long-term alternative care should be identified. Long-term alternative care options include long-term foster care, adoption, and support to live independently particularly for older children as they turn 18. Identification of the appropriate form of long-term care involves a consideration of the child's long-term needs, and of all the care options available to them. It may mean that the child remains in the same care placement but that this is now officially considered long-term. Current standards recommend that follow-up and on-going support should be provided to ensure that the placement is sustainable. However for the purposes of this study, long-term alternative care is included as it defines the end of the period of separation.

Figure 13: Long-term alternative care



2. OBJECTIVE OF THE REVIEW

Given this background, this systematic review will ask the overarching research question:

What is the impact of protection interventions on unaccompanied and separated children, during the period of separation, in humanitarian crises in Low and Middle Income Countries (LMICs)?

Specifically, we will examine this via the following secondary questions that focus on three domains of intervention:

1. **Mental health and psychosocial support (MHPSS):** What is the impact of protection interventions on the health and psychosocial wellbeing of UASC?
2. **Interim alternative care:** What is the effectiveness of interim alternative care arrangements at restoring a protective environment for UASC?
3. **Child protection:** What is the effectiveness of interventions to prevent UASC from abuse, exploitation, violence, and neglect?

We will also review evidence on programmes that seek to provide long-term solutions for UASC by providing a permanent protective environment, insofar as they provide information that is relevant to framing the experience of separation, such as average length of separation and likelihood of reunification.

The more specific detail provided above (see sections on ‘Description of Interventions’ and ‘How the Interventions might work’ and the frameworks for each activity) will guide decisions on eligibility.

We recognize that the outcomes of interventions for UASC may vary considerably. Understanding the contextual factors that create this variability is critical to answering the primary research question. Therefore, where the data warrant, we will conduct secondary analyses to examine which contextual factors are relevant. These factors include characteristics such as: type of emergency, age of the UASC, sex of the UASC, geographic region, if the child is a refugee or asylum seeker.

3. METHODS

3.1 SEARCH METHODS

Working with a librarian we will begin with relatively simple searches. The initial search strings for Medline are listed in Appendix A. In essence, they seek primary research on UASC in humanitarian crises, and the search strings provide the detail required to do this. We will refine the searches with more carefully determined search terms and adapt them to appropriate bibliographic databases. For example, we will use some papers identified to examine the indexing terms used in the databases to ensure a better choice of search terms. We will expand the search to include extra databases, based on consultations with HEP and other experts.

Searches will be conducted from 1983 onwards to include humanitarian situations from that date to the present. We choose this date, as it is immediately before the famine in Ethiopia in 1984 that led to important changes in how humanitarian aid agencies responded to emergencies.[70] According to Save the Children, an estimated 20,000 UASC sought sustenance in relief shelters during this famine, of whom 7,000 were eventually reunified.[71] The famine also highlighted the importance of effective collaboration between local authorities who knew the children and area, and international humanitarian organizations with the organizational and financial expertise.[72] As well, the famine precedes the creation of the Convention on the Rights of the Child (CRC) in 1989. Adoption of the CRC likely changed approaches and activities to deal with UASC,[73] so beginning the search in 1983 would ensure any changes are incorporated into our review.

The databases to be searched are:

- PyscINFO (OVID)
- GDNet Knowledge Base
- Google Scholar
- Scholars Portal Journals
- Cochrane Library
- Ovid Medline (Pubmed)
- EMBASE (Excerpta Medica dataBASE)
- ERIC (Education Resources Information Center)
- ASSIA (Applied Social Sciences Index and Abstracts)
- CINAHL (Cumulative Index to Nursing and Allied Health Literature)
- Web of Science
- IDEAS (Economics and Finance Research)
- LILACs (Literature in the Health Sciences in Latin America and the Caribbean)
- PILOTS (Published International Literature On Traumatic Stress)
- ReliefWeb
- Geobase
- Google advanced

[70] E. Davey, J. Borton, M. Foley (2013) A history of the humanitarian system: Western origins and foundations, Humanitarian Policy Group.

[71] Save the Children (1995) Children Separated by War, Save the Children, pg. 80, quoted in IAWG UASC (2016 – forthcoming) Unaccompanied and Separated Children Field Handbook, published by UNICEF.

[72] Lucy Bonnerjea (1994) Family tracing: A good practice guide, Save the Children.

[73] Ibid.

IAWG-UASC representatives will contact their own and other CPWG agencies asking them to share relevant internal reports. We will conduct a survey to gather information about their areas of current programming (see Appendix B). In addition, those participating in the survey will be asked to submit program evaluation reports or relevant research pertaining to the impact of UASC programming. This call for documents will include both published, peer-reviewed materials as well as grey (unpublished) literature. We will search specific sources of information in the grey literature including data from the Interagency Child Protection Information Management System, and UNHCR's proGress database. A list of these and other relevant websites is shown in Appendix C.

We will check the reference lists of all the papers that pass the initial screen of titles and abstracts (see below) for additional relevant material (i.e., the evaluations for which we get the full papers). We will also use Internet and other search tools, e.g., Google Scholar, to find potential papers that have cited the papers we identify, using the 'snowballing' technique. We will contact authors of papers to check if they have done more unpublished work, and if so ask them for copies of the reports. We will screen the extra studies identified using our eligibility criteria to decide whether they will be included in the review.

Finally, we will hand search several key journals to look for additional papers. The journals are:

- Disasters;
- PLOS Currents Disasters;
- Disaster Medicine and Public Health Preparedness;
- Peace and Conflict: Journal of Peace Psychology;
- Child and Family Social Work;
- Child Abuse and Neglect
- Global Public Health
- Intervention.

If we find a paper (e.g. in the reference list) that was not present in the initial search, we will use ULRICHs to identify the databases in which it was indexed and subsequently we will search that database.

Even though we will restrict our analysis to those in English, our search will include reports in all languages. Even those not in English often have an abstract in English. We will report how many titles and abstracts were not in English, and will read the abstracts to try to determine if we would come to different conclusions if we included the non-English reports.

3.2 CRITERIA FOR INCLUDING STUDIES IN THIS REVIEW

Inclusion Criteria:

1. In English
2. Is a primary empirical study (not an editorial, letter, news, or newspaper article)
3. Study participants: Children who are 'every human being below the age of eighteen years'[74].
4. Study participants: Separated children who have been 'separated from their previous legal or customary primary care-giver, not necessarily from other relatives' and/or unaccompanied 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.'[75]
5. Study evaluates an intervention during the time of separation in one of the three domains of interest: mental health and psychosocial support; adequate care; and child protection
6. Study is set in a LMIC during a Humanitarian crisis

Further justification for and interpretation of the criteria above can be found in Appendix D.

[74] UNCRC (1989) Article 1

[75] IAWG (2004) Inter-Agency Guiding Principles on Unaccompanied and Separated Children, IAWG, pg. 13

4. DATA COLLECTION

General strategy for data extraction and quality appraisal: We will follow standard procedures in systematic reviews, allowing for the range of types and quality of evidence in this area, and using the eligibility criteria for inclusion (see above). The first screening will be of abstracts and titles, and will apply the eligibility criteria. We will err on the side of including papers, to ensure we do not omit any that are relevant. We will obtain the full papers of reports that passed Screen 1, and conduct Screen 2, a second assessment of eligibility using the full papers. Two members of the team will independently conduct the two screens of each article. Discrepancies will be resolved by discussion, and if necessary, by a third person. The reports that pass both screens will be included in data analysis. The full papers (from both the academic and grey literatures) will be assessed for risk of bias independently by two reviewers. Various instruments to do this are available, e.g., from the Cochrane Collaboration, and will be adapted for our purposes. (Appendix E shows the instruments that will be used to assess risk of bias for the different types of studies we expect to encounter.) While different instruments can give different ranking of papers, we expect that even a relatively crude quality ranking of papers will allow us to do sensitivity analyses, i.e., to see if the broad conclusions of the review change depending on whether lower quality evaluations are included or omitted.

Data extraction will be done independently by two people. It will incorporate key items of data. The list of items is shown in Table 3.

When we believe evaluations may have additional data or analyses not provided in the report, we will contact authors and request the relevant information, which may require new analyses. We realise that the data for older studies may no longer be available, or the authors may be unable to send us further results; when this is the case, we will note it in the report.

5. DATA ANALYSIS

5.1 ANALYSIS AND GENERAL PLANS FOR SYNTHESIZING EVIDENCE

Given two or more studies in any subgroup with numerical outcomes, we will use standard meta-analytical techniques to pool quantitative data. These use weighted averages of measures such as relative risk or odds ratios for comparisons of proportions or weighted averages of differences in means or standardized differences (z-scores) for comparisons of continuous data. Where appropriate, figures such as funnel plots will be produced to detect publication bias. The meta-analysis will assess heterogeneity of the studies by computing, for example, the I^2 statistic. If the differences between the studies are substantial we will explore why by disaggregation or if possible a meta-regression, rather than computing a pooled effect measure. We will use the detailed information in the reports to identify the characteristics of the interventions, their implementations and their context that may be responsible for the differences. If meta-analysis is not possible, we will conduct a narrative synthesis.

For qualitative studies, as well as mixed methods studies that include a qualitative component, data will be analyzed using thematic analysis, an approach that has been used to examine qualitative data in other systematic reviews.[76] According to this model, data analysis takes place in three phases: 1) coding the text; 2) developing 'descriptive themes'; and 3) developing 'analytical themes'.[77] A combination of inductive and deductive coding will be used during the first phase of analysis, in order to assess the data based on both pre-determined categories as well as those that emerge from the data. The second phase of analysis focuses on identified themes based on descriptions found within the data, while the third phase focuses on interpreting the data and conceptualizing larger patterns of interaction. The overall objective of qualitative analysis within this study will be to identify key attributes of UASC interventions, the perceptions of effectiveness specified by research participants, and connections that can be drawn from the data regarding the impact of programming on the protection, care, and well-being of affected children.

For all included studies (quantitative, qualitative, mixed methods), we will distinguish whether studies aim to examine the impact of particular interventions or analyze process or contextual issues associated with particular interventions. The guidelines developed by the Cochrane Collaboration[78] will provide a framework for integrating findings across both qualitative and quantitative data.

Across studies, we will disaggregate data by the sex and age of children. In particular, we will note whether certain interventions have differential effects on children by age-related developmental stages. The combination of quantitative and qualitative results will conclude with an assessment of the overall strength of the existing evidence. At all stages of the process, especially in the data synthesis, the academic team will work closely with the project PI and the Advisory Group, as well as HEP representatives, to keep in mind the objective of providing useful advice to guide programming with UASC. We will also seek advice from others with experience in humanitarian aid to ensure credibility and usefulness of our work.

[76] J. Thomas and A. Harden (2008) 'Methods for the thematic synthesis of qualitative research in systematic reviews', *BMC Medical Research Methodology*, 8: 45.

[77] Ibid.

[78] Cochrane.org, 'Cochrane | Trusted Evidence. Informed Decisions. Better Health'. n.p., 2015.

5.2 ASSESSMENT OF RISK OF BIAS IN INCLUDED STUDIES (SEE APPENDIX E)

Given the nature of the topic, the standard risk of bias assessment tools may not be a good fit. Nevertheless, we will do the assessments of each report we include in our review. We will adapt the items in the CASP (Critical Appraisal Skills Programme) checklists to assess the risk of bias for the different types of studies. Details can be found at their web site[79] and the adapted items are in Appendix E.

5.3 REVIEW TEAM

Table 2: Members of the research team

Name	Title	Affiliation	Email
Katharine Williamson	Senior Humanitarian Child Protection Advisor	Save the Children UK	K.Williamson@savethechildren.org.uk
Debbie Landis	Child Protection in Emergencies Advisor	Save the Children Sweden	Debbie.Landis@savethechildren.se
Leigh-Anne Gillespie	Qualitative Research Assistant	McMaster University	gilleslb@mcmaster.ca
Harry Shannon	Professor Emeritus	McMaster University	shannonh@mcmaster.ca
Priya Gupta	Undergraduate Student	McMaster University	guptap7@mcmaster.ca

The development of the methodological aspects of the protocol was carried out by Harry Shannon and Priya Gupta with guidance and input from Katharine Williamson and Debbie Landis. The literature search and determination of eligible documents for inclusion will be carried out by the librarian Maureen Rice, Harry Shannon, Priya Gupta, and Leigh-Anne Gillespie (with technical support from Debbie Landis). Quality assessment, data extraction and synthesis will be carried out by Leigh-Anne Gillespie (with technical support from Debbie Landis), Priya Gupta, and Harry Shannon. The final report will be drafted by Priya Gupta under the supervision of Harry Shannon and with inputs from the rest of the team. Katharine Williamson and Debbie Landis will be responsible for the final edit, with the potential to engage an external consultant – Jennifer Morgan – if necessary because of time constraints.

5.4 POTENTIAL CONFLICT OF INTEREST

Harry Shannon and Priya Gupta have no conflicts of interest. Save the Children has an organizational position advocating that residential care should be used for children only as a last resort and for the shortest possible time, and prioritizing family-based care over residential care. However, the Save the Children members of the research team remain open to evidence that may critique family-based care as this should be applied to raising the standards of care. Katharine Williamson is PI on the OFDA-funded Measuring Separation in Emergencies Project. Katharine Williamson is also on the Steering Committee of the Interagency Child Protection Information Management System which is commonly used in support of case management of UASCs. All recommendations – and particularly those relating to measurement and to information management – will be reviewed by IAWG Advisory Group.

[79] http://www.casp-uk.net/#!casp-tools-checklists/c18f8

5.5 TIMETABLE

TIMELINE FOR UASC EVIDENCE SYNTHESIS			
#	**Week**	**Activities**	
	August		
1	24-28	Contract / timetable agreed	
2	31-4		
	September		
3	7-11		
4	14-18	Scoping review of literature completed (librarian), question refined (All + AG*)	
5	21-25		
6	28-2		
	October		
7	5-9		
8	12-16		
9	19-23		
10	26-30		
	November		
11	2-6	Development of full protocol (KW, HS, DL, PG)	
12	9-13		
13	16-20	One-page map of the reviewers' networks and ideas for dissemination of the full review (All + AG)	
14	23-27		
15	30-4		
	December		
16	7-11		
17	14-18	Revised protocol (KW, HS, DL, PG)	
	21-25		
	28-1		
	January		
18	4-8		
19	11-15		
20	18-22		
21	25-29	Literature search (peer-reviewed and grey literature) and determination of eligible reports for inclusion (HS, PG, DL, LAG)	
	February		
22	1-5		
23	8-12		
24	15-19		
25	22-26		
26	29-4	Quality assessments, data extraction and synthesis (DL, PG, HS, LAG)	Evidence findings completed and written up (All)

TIMELINE FOR UASC EVIDENCE SYNTHESIS			
#	**Week**	**Activities**	
	March		
27	7-11	Meeting of IAWG* to discuss findings and make recommendations (KW, AG)	Full draft of the review (All +AG)
28	14-18		
29	21-25		
	28-1		
	April		
30	4-8		
31	11-15		
32	18-22		
33	25-29		
	May		
34	2-6	Finalised review (KW, HS)	
35	9-13		

5.6 VARIABLES TO BE EXTRACTED

Table 3: List of variables to be extracted from papers

General Information	
First Author	Surname
Year of Publication	(YYYY)
Publication Type	Peer-Reviewed Journal Article Non-Peer Reviewed Journal Article Working Paper Book Unpublished Peer Reviewed Unpublished Non-peer Reviewed NGO Report (Distributed) Other Agency (Distributed) NGO Report (non-Distributed) Other Agency (non-Distributed)
Funder of Intervention	CDC USAID OFDA UNICEF UNHCR DfID WHO DEATD DFATD ECHO AusAid FEMA Private Funds Local Government Other (Name) Not Reported
Author Affiliation	Employee of intervening body Non-employee of intervening body Academic Not reported

Intervention Design	
Implementer (primary agency)	International NGO National NGO UN Agency National Government Local Government Military Other
Intervention Partner	With a local partner Without a local partner
Target Group	Unaccompanied Children Separated Children Girls Boys Internally displaced persons (IDP) Refugee/Asylum Seekers Orphans Age Range: ● Under the age of 5 ● Between the ages of 5-12 ● Between the ages of 12-18
Intervention Target	Mental Health and Psychosocial Wellbeing Interim Alternative Care Child Protection
Description of Intervention	Whole Community Family Non-Specific services

Timing	
Intervention Period	(MM/YY – MM/YY)
Time between the onset of the crisis and intervention	# of months
Time between separation and intervention	# of months
Length of Intervention	# of months
Continuation of Intervention Beyond Initial	Yes/No/Unclear

Context	
Disaster Type	Natural Disasters ● Geophysical (earthquakes) ● Hydrological (floods) ● Climatological (droughts) ● Meteorological (storms, tornadoes) ● Biological (Epidemics) Man-Made Disasters ● Armed conflict ● Industrial accident Complex Emergencies ● Food insecurity
Onset of Crisis	Slow Onset Sudden Protracted
Country of Disaster	
Country of Intervention	
Region	Sun-Saharan Africa Middle East and North Africa Central Asia South Asia East Asia and Pacific Latin America Caribbean and South America Oceania Europe North America

Study Design				
Study Type	Quantitative ● RCT/ quasi-RCT ● Case-Control ● Cohort ● Cross-sectional ● Non-Experimental	Mixed-Methods	Qualitative	Economic
Comparison Group	Yes/No/Unclear If so who?			
Method of Allocating Groups	Random/Systematic/None/Not Applicable			
Sample Size	Number of: ● Girls ● Boys ● <5 years ● 5-12 years ● 13-18 years ● Unaccompanied Children ● Separated Children ● Orphans ● Refugee/Asylum Seekers			
Sample Attrition (% of follow up)	Yes/No/Minimal			

Study Quality	
Selection Bias and Confounding	Yes/No/Unclear/Not Applicable
Spill Over Effects	Yes/No/Unclear/Not Applicable
Selective Reporting	Yes/No/Unclear/Not Applicable
Other Biases	Yes/No/Unclear/Not Applicable

Outcomes/Impacts	Examples
Mental health and psychosocial wellbeing	Contextually appropriate mental health Contextually appropriate emotional wellbeing Contextually appropriate social wellbeing[80]
Restoration of a protective environment	Appropriateness of interim alternative care arrangement Adequacy of interim alternative care arrangement Sustainability of interim alternative care arrangement
Safety from abuse, exploitation, violence and neglect	Safety from dangers and injuries Safety from sexual violence Safety from labour exploitation Safety from violence and exploitation within armed forces / armed groups
Permanent restoration of a protective environment	Child, family and community acceptance of reunification Access to on-going community-based supports and services Sustainability of reunification

[80] These domains mirror those documented in Ager, A., Robinson, S., & Metzler, J. (2014). Methodologies and Tools for Measuring Mental Health and Psychosocial Wellbeing of Children in Humanitarian Contexts: Report of a Mapping Exercise for the Child Protection Working Group (CPWG) and Mental Health & Psychosocial Support (MHPSS) Reference Group. New York: Columbia University, Columbia Group for Children in Adversity and Child Protection in Crisis (CPC) Network.

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We also had access to a protocol for a systematic review of WASH interventions prepared by Travis Yates, Jelena Vujcic, Myriam Leandre Joseph, and Daniel Lantagne. We have drawn heavily on that review, and included, e.g., the list of variables to be extracted, almost verbatim from that protocol.

7. APPENDICES

APPENDIX A: UASC SEARCH STRATEGY

The search will look for studies of UASC in disasters. The table below shows alternative terms for the general terms a) children; b) unaccompanied / separated; and c) disaster. It is followed by the search strings for Medline, which will be adapted to other databases.

General Term	Alternative Terms
Children	Baby Infant Child Minor Adolescent Teen
Unaccompanied/ Separated	Lone Orphan UASC SUAC Unaccompanied minor (UAM)
Disaster	Earthquake Flooding Tsunami Avalanche Mudslide Tidal Wave Famine War Drought Cyclone Hurricane Tornado Armed Conflict Genocide Volcano Refugee Humanitarian Crisis Conflict Displacement Protracted

The detailed search strategy for Medline is shown below. It will be adapted for other databases.

Medline-OVID

1. (unaccompanied adj3 (infant* or babies or child* or minors or adolescents or teen*)).tw.
2. (family reunification or family tracing).tw.
3. (child soldiers or boy soldiers).tw.
4. 1 or 2 or 3
5. ((separated or lone) adj3 (infant* or babies or child* or minors or adolescents or teen*)).tw.
6. child, abandoned/
7. child, orphaned/
8. orphan*.tw.
9. (abandoned adj (children or infant* or babies)).tw.
10. 5 or 6 or 7 or 8 or 9
11. (earthquake* or flooding or tsunami* or avalanche* or mudslide* or tidal wave* or famine* or war* or drought* or cyclon* or hurrican* or tornad* or armed conflict* or genocide or volcan* or refugees or emergenc* or disaster* or humanitarian).tw.
12. disasters/ or disaster planning/ or emergencies/ or emergency shelter/ or mass casualty incidents/ or relief work/ or rescue work/
13. cyclonic storms/ or droughts/ or floods/ or tidal waves/
14. avalanches/ or earthquakes/ or landslides/ or tidal waves/ or tsunamis/ or volcanic eruptions/
15. war/ or war crimes/ or ethnic cleansing/ or genocide/
16. Refugees/
17. ((natural or man-made or manmade) adj2 (disaster* or emergenc*)).tw.
18. 11 or 12 or 13 or 14 or 15 or 16 or 17
19. 10 and 18
20. 4 or 19
21. limit 20 to (comment or editorial or letter or news or newspaper article)
22. 20 not 21
23. limit 22 to yr='1983 -Current'
24. limit 23 to english language

APPENDIX B: SURVEY TO BE SENT OUT TO IDENTIFY GREY LITERATURE

INTRODUCTORY PAGE

This survey is being conducted as part of an evidence synthesis on the effectiveness of programme interventions with unaccompanied and separated children (UASC) in humanitarian crises. The aim of the survey is to identify what types of 'grey' literature (research, assessments, data analysis, internal and external programme evaluations, etc.) may is available on this subject amongst humanitarian programming and research organisations. It is aimed at field, regional and head office level practitioners or other staff who work with or conduct research, monitoring and evaluations with UASC.

The Humanitarian Evidence Programme (HEP, comprised of Oxfam GB in partnership with the Feinstein International Centre and funded by DfID) has contracted Save the Children UK to undertake an evidence synthesis of programme interventions with UASC in humanitarian contexts. Save the Children is leading the research on behalf of the Interagency Working Group on Unaccompanied and Separated Children (IAWG UASC, represented by IOM, UNHCR and WVI for this research), and in partnership with researchers from McMaster University.

The overall research question is: *What is the impact of child protection interventions on unaccompanied and separated children in humanitarian crises*? The research will synthesise evidence on interventions with UASC, during their period of separation, in the 3 child protection domains of 1) mental health and psychosocial wellbeing; 2) interim alternative care, and; 3) child protection, as well as long-term solutions including reunification with families.

The evidence synthesis is intended to lead to the development of a research agenda for UASC over the coming years. The research report will be disseminated through child protection networks to humanitarian programming and research organisations working with UASC in humanitarian crises.

Your feedback is important. If your organisation works with UASC, we would be extremely grateful if you would take the time to complete the following questions. We estimate that this will take between 5 and 10 minutes. Following this, if you are interested in engaging with the research, we may reach out to you for examples of 'grey literature'.

PAGE ONE: PARTICIPANT PROFILE

1. What sort of organisation do you work for? (one answer only)

- UN Agency / Other inter-state organisation
- ICRC / National Red Cross or Red Crescent Society
- International NGO
- National NGO
- Academic / research institution
- Governmental authority
- Other (please specify)

2. At what level of your organisation do you work? (one answer only)

- International Head Office
- Regional Office
- National Head Office
- Field Office

3. **What role do you play?**
   - (Narrative Box)

PAGE TWO: PROGRAMMING APPROACHES AND EVIDENCE BASE

1. **What types of programme approaches do you use with UASC? (Tick as many as apply)**
   - Comprehensive case management
   - Community-based monitoring and protection
   - General child protection
   - Family tracing and reunification
   - Alternative care
   - Mental Health and Psychosocial Support
   - Reintegration
   - Support to and capacity building of government authorities
   - Research
   - Other (please specify) _____

2. **Does your organisation have standard impact / outcome indicators for work with UASC? (one answer only)**
   - Yes
   - No

3. **If yes, please specify**

   (Narrative box up to 5)

4. **How do you measure impact of / outcomes from programming with UASC? E.g. MHPSS/wellbeing outcomes at the individual level, data analysis from case management system, evaluation of quality of care, etc.**

   (Narrative box up to 5)

5. **If your agency has undertaken programme evaluations, are you able to share examples of these with the research team to include in this evidence synthesis? (one answer only)**
   - Yes
   - No
   - With restrictions (please specify)
   - Other (please specify)

Programme evaluations can be sent to Priya Gupta at *guptap7@mcmaster.ca*, Debbie Landis at *Debbie.Landis@savethechildren.se*, and Katharine Williamson at *K.Williamson@savethechildren.org.uk*.

If you would like to discuss potential contributions towards the evidence synthesis, and / or to be kept informed of findings, please enter your email here:

Narrative box

This survey is anonymous and results will not be attributed to you. If you do not mind the programme staff contacting you with follow-up questions, please enter your name here.

Narrative box

APPENDIX C: LIST OF WEBSITES AND ORGANIZATIONS FOR ELECTRONIC SEARCHES

Agency reports and grey literature will be an important data source; thus, we have listed known agencies and websites that are likely to have manuscripts relevant for our review. In situations where websites do not have a searchable database or listed publications, direct solicitation of contacts from the organization will be made.

Type of Organization	Name	Website
UN Agencies	UNICEF	http://data.unicef.org/
	CPWG	Cpwg.net
	UNHCR	http://www.refworld.org/publisher,UNHCR,RESEARCH,,,0.html
	OCHA	https://www.humanitarianresponse.info/en/applications/tools/category/document-repository
	Children in Armed Conflict	https://childrenandarmedconflict.un.org/
International Bodies	International Committee of the Red Cross Red Crescent (ICRC)	https://www.icrc.org/eng/resources/library-research-service/
	International Federation of the Red Cross Red Crescent (IFRC)	http://www.ifrc.org/en/publications-and-reports/evaluations/
	International Organization for Migration (IOM)	http://publications.iom.int/bookstore/index.php?main_page=index&language=en
	World Health Organization Library (WHOLIS)	http://www.who.int/library/databases/en/
	The World Bank	http://www.worldbank.org/
Research Groups	Humanitarian Innovation Fund (HIF)	http://www.elrha.org/hif/innovation-resource-hub/
	CPC Learning Network	http://www.cpcnetwork.org/research/
	Children and Armed Conflict Unit, Essex University	http://www.essex.ac.uk/armedcon/
	EM-DAT The International Disaster Database	http://www.emdat.be/database
	Enhanced Learning and Research for Humanitarian Assistance (ELRHA)	http://www.elrha.org/
	International Initiative for Impact Evaluation (3ie)	http://www.3ieimpact.org/evidence/systematic-reviews/ and http://www.3ieimpact.org/en/evidence/impact-evaluations/impact-evaluation-repository/
	Cochrane Collaboration	http://community.cochrane.org/editorial-and-publishing-policy-resource/cochrane-database-systematic-reviews-cdsr
	Department for International Development (DFID R4D)	http://r4d.dfid.gov.uk/
	EPPI Centre	http://eppi.ioe.ac.uk/cms/
	Evidence Aid	http://www.evidenceaid.org/
	The Network on Humanitarian Assistance	http://nohanet.org/
	Harvard Humanitarian Initiative	http://hhi.harvard.edu/
	Humanitarian Innovation Project	http://www.oxhip.org/
	Open Grey	http://www.opengrey.eu/
Government Bodies	United States Agency for International Development (USAID)	http://www.usaid.gov/data
	Office of US Foreign Disaster Assistance (OFDA)	See EM-DAT
	Department for International Development (DFID)	http://r4d.dfid.gov.uk/
	European Commission (ECHO)	https://euaidexplorer.ec.europa.eu/SearchPageAction.do
	Centers for Disease Control and Prevention (CDC)	http://www.cdc.gov/surveillancepractice/data.html
	International Development Research Centre (IDRC)	http://www.idrc.ca/EN/Pages/default.aspx

Type of Organization	Name	Website
	Canadian International Development Agency (CIDA)	http://www.international.gc.ca/development-developpement/index.aspx?lang=eng
	Australian Agency for International Development (AusAID)	http://dfat.gov.au/aid/Pages/australias-aid-program.aspx
	Norwegian Agency for Development Cooperation (Norad)	http://www.norad.no/en/front/
	Danish International Development Agency (DANIDA)	http://um.dk/en/danida-en/
	Swedish International Development Cooperation (Sida)	http://www.sida.se/English/
International Networks	RedR	http://www.redr.org.uk/
	ReliefWeb	http://reliefweb.int/topics/wash
	Emergency Environmental Health Forum	Personally maintained list
	Overseas Development Institute (ODI)	http://www.odi.org/search/site/data
	Humanitarian Practice Network (HPN)	http://www.odihpn.org/hpn-resources
	Humanitarian Policy Group (HPG)	Part of ODI
	Communicating with Disaster Affected Communities (CDAC) Network	http://www.cdacnetwork.org/tools-and-resources/
	Humanitarian Data Exchange	https://data.hdx.rwlabs.org/
	Save the Children Resource Centre	http://resourcecentre.savethechildren.se/
	Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP)	http://www.alnap.org/
	Feinstein International Center	http://fic.tufts.edu/
	Professionals in Humanitarian Assistance and Protection (PHAP)	https://phap.org/
	Humanitarian Accountability Partnership (HAP)	http://www.hapinternational.org/
	Humanitarian Social Network	http://aidsource.ning.com/
	Eldis	http://www.eldis.org/
NGO	Action Against Hunger (ACF)	http://www.actionagainsthunger.org/technical-surveys/list
	Care International	http://www.care.org/
	International Rescue Committee (IRC)	http://www.rescue.org/
	Oxfam	http://www.oxfam.org.uk/
	Doctors Without Borders (MSF)	http://www.msf.org/reports
	Save the Children	http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.6153061/k.7E4A/Publications_and_Reports.htm
	Norwegian Refugee Council (NRC)	http://www.nrc.no/?aid=9137113
	Danish Refugee Council (DRC)	http://drc.dk/home/
	Samaritan's Purse	http://www.samaritanspurse.org/
	Medair	http://relief.medair.org/en/
	World Vision	http://www.worldvision.org/
	Catholic Relief Services	http://www.crs.org/publications/
	PATH	http://www.path.org/publications/list.php

APPENDIX D: PICOS

Populations

The population we will be considering in this review are UASC affected by humanitarian emergencies. Separated children are those ‘‘separated from their previous legal or customary primary-care giver, but not necessarily from other relatives’ whereas unaccompanied children 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.’[81] This review will use the Convention on the Rights of the Child definition of a child which is ‘any person under the age of 18’[82] While the age threshold for becoming an adult varies between countries and cultures, our initial search of the primary research involving UASC have consistently documented the age of childhood to be under 18 years.

This study will define ‘humanitarian context’ according to the Sphere Standards’ definition of ‘disaster’, whose definition is ‘a serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts that exceeds the ability of the affected community or society to cope using its own resources and therefore requires urgent action.’ [83] In keeping with the Sphere Standards, this study will also use a flexible time period for defining humanitarian settings, in light of the fact that they ‘can range from a few days or weeks to many months and even years, particularly in contexts involving protracted insecurity and displacement.’[84]

We will include interventions only when they occur in a humanitarian context in an LMIC, or proximate country of displacement. This matches the interests of the funder. A well, it matches the definition of a humanitarian context, which is one in which the local authorities are unable to provide for and protect the people. [85] Such contexts are rare in HICs and VHIC, so we exclude emergencies or interventions in HICs and VHICs. When necessary, we will use historical data on a country’s classification. Some countries may have been Low or Middle Income (LMIC) at the time of the emergency, but are now an HIC or VHIC. In such cases the intervention will be included. .

We will attempt to understand ‘for whom?’ any protection intervention works, using the demographic information provided in the reports, for example, whether some approaches are effective for children under 5 but not for older children, or for boys but not girls. As well, we will want to determine if factors such as the type of emergency or the contextual factors, such as the structural and political aspects of the emergency,[86] are related to the effectiveness of interventions. .

Interventions

As described earlier, the interventions on UASC, during their period of separation, will be those related to the 3 core child protection domains of 1) mental health and psychosocial support; 2) interim alternative care, and; 3) child protection. We will also examine interventions that aim to provide long-term solutions for UASC, insofar as these provide the parameters for the period of separation.

Only interventions that are applied after an incident in which children become separated or unaccompanied will be considered. Interventions aimed exclusively or primarily at preventing separation will not be included. Research or evaluations conducted with children once long-

[81] Ibid, pg. 13

[82] IAWG (2004) Inter-Agency Guiding Principles on Unaccompanied and Separated Children, IAWG.

[83] The Sphere Project (2012). The Sphere Project Glossary, pg. 4.

[84] Ibid

[85] The Sphere Project (2011) The Sphere Project: Humanitarian Charter and Minimum Standards in Humanitarian Response. Northampton, UK: Belmont Press Ltd.

[86] Michael Wessells (2009) Do No Harm: Toward Contextually Appropriate Psychosocial Support in International Emergencies, Columbia University.

term solutions have been implemented, will be relevant only insofar as they relate to the evaluation of interventions during the period of separation.

Comparisons

Ideally, we will examine studies that have included a comparison group (no intervention or a different intervention). We expect that many studies will not include an explicit comparison group. In such cases, we will determine if the evaluation attempted to assess the 'counterfactual', i.e., what would have happened if the intervention had not been implemented. We will also make comparisons between contextual factors of the interventions investigated. Factors include: type of emergency, age of the UASC, gender of the UASC, geographic region, and whether the child is a refugee or asylum seeker. We will keep in mind the aim of understanding what works for whom in what circumstance.

Outcomes/impacts

Studies that report primary outcomes directly related to the interventions listed above will be included. The term outcome is used differently in different literatures. We include not only what humanitarian aid literature (e.g., OECD Glossary of key terms) commonly calls 'outcomes' (relatively short-term effects) but also 'impacts', i.e., longer-term effects. We place no upper time limit on how long after the emergency the outcomes are measured.

We will be looking at a variety of outcomes/impacts under the following three domains. We show examples of the specific measures we might find.

- Mental health and psychosocial wellbeing
  - Emotional functioning
  - Intellectual functioning
  - Social functioning
- Restoration of a protective environment
  - Level of abuse
  - Exploitation
  - Violence
- Permanent restoration of a protective environment
  - Health measures
  - Neglect
  - Reunification with family members/relatives

Study types

We will look at studies that have conducted primary research. While this excludes reviews, we will extract the references from reviews and screen these papers against our eligibility criteria as with the other studies we identify in our searches. The research process will involve the identification and review of academic literature on humanitarian interventions with UASC, and programmatic 'grey' literature on humanitarian interventions with UASC. Both quantitative and qualitative studies will be examined.

Quantitative studies can be classified into several categories:

- Experimental studies
- Longitudinal studies
- Case-control studies
- Cross sectional studies

We expect that experimental (randomized, controlled) studies and even quasi-experimental designs (including a control) may be few. More likely studies will be non-experimental, and despite their susceptibility to bias, we will include them.

Qualitative studies can take multiple forms—ranging from long-term ethnographic research to short-term studies involving interviews, focus group discussions, and other participatory activities. Qualitative research is not experimental in nature, but rather seeks to capture in-depth information about the views, perceptions, and experiences of participants. Qualitative studies that focus on the experiences and perceptions of unaccompanied and separated children with particular programme interventions will be included. Qualitative studies that do not focus on programme-related issues, however, will not be included, as they are outside the scope of our review.

In many cases, studies may employ a mixed methods design, including both quantitative and qualitative components. Studies of this nature meeting overall inclusion criteria will also be examined, using separate methodologies to analyze the quantitative and qualitative components of the data.

APPENDIX E: RISK OF BIAS ASSESSMENT INSTRUMENTS FOR DIFFERENT TYPES OF STUDIES

All of the lists below are adapted from the CASP criteria for appraising different types of studies.

Criteria for randomized controlled trials

1. Did the trial address a clearly focused issue?
   Yes
   Can't tell
   No

2. Was the assignment of children to interventions randomized?
   Yes
   Can't tell
   No

3. Were children, aid workers and study personnel blinded?
   Yes
   Can't tell
   No

4. Were the groups similar at the start of the trial?
   Yes
   Can't tell
   No

5. Aside from the experimental intervention, were the groups treated equally?
   Yes
   Can't tell
   No

6. Were all of the children who entered the trial properly accounted for at its conclusion?
   Yes
   Can't tell
   No

   What are the results?

7. How large was the treatment effect?

8. How precise was the estimate of the treatment effect?

9. Can the results be applied in other settings?

10. Were all important outcomes considered?
    Yes
    Can't tell
    No

11. Are the benefits worth the harms and costs?
    Yes
    Can't tell
    No

Criteria for cohort studies

1. Did the study address a clearly focused issue?
   Yes
   Can't tell
   No

2. Was the cohort recruited in an acceptable way?
   Yes
   Can't tell
   No

3. Was the exposure accurately measured to minimise bias?
   Yes
   Can't tell
   No

4. Was the outcome accurately measured to minimize bias?
   Yes
   Can't tell
   No

5.(a) Have the authors identified all important confounding factors?
   Yes
   Can't tell
   No

   List the ones you think might be important, that the author missed.

5.(b) Have they taken account of the confounding factors in the design and/or analysis?

   List

6.(a) Was the follow up of subjects complete enough?
   Yes
   Can't tell
   No

6.(b) Was the follow up of subjects long enough?
   Yes
   Can't tell
   No

7. What are the results of this study?

8. How precise are the results?

9. Do you believe the results?
   Yes
   Can't tell
   No

10. Can the results be applied to other situations?
    Yes
    Can't tell
    No

11. What are the implications of this study for practice?

Risk of bias for case-control studies

1. Did the study address a clearly focused issue?
   Yes
   Can't tell
   No

2. Did the authors use an appropriate method to answer their question?
   Yes
   Can't tell
   No

3. Were the case children recruited in an acceptable way?
   Yes
   Can't tell
   No

4. Were the controls selected in an acceptable way?
   Yes
   Can't tell
   No
   Not applicable

5. Was the intervention described carefully?
   Yes
   Can't tell
   No

6.(a) What confounding factors have the authors accounted for?

   List: _____

6.(b) Have the authors taken account of the potential confounding factors in the design and/or in their analysis?
   Yes
   Can't tell
   No

7. What are the results of this study?

8. How precise are the results?

   How precise is the estimate of risk?

9. Do you believe the results?
   Yes
   No

10. Can the results be generalized to other situations?
    Yes
    Can't tell
    No

Criteria for qualitative studies

1. Was there a clear statement of the aims of the research?
   Yes
   Can't tell
   No

2. Is a qualitative methodology appropriate?
   Yes
   Can't tell
   No

3. Was the research design appropriate to address the aims of the research?
   Yes
   Can't tell
   No

4. Was the recruitment strategy appropriate to the aims of the research?
   Yes
   Can't tell
   No

5. Was the data collected in a way that addressed the research issue?
   Yes
   Can't tell
   No

6. Has the relationship between researcher and participants been adequately considered?
   Yes
   Can't tell
   No

7. Have ethical issues been taken into consideration?
   Yes
   Can't tell
   No

8. Was the data analysis sufficiently rigorous?
   Yes
   Can't tell
   No

9. Is there a clear statement of findings?
   Yes
   Can't tell
   No

10. How valuable is the research?

Criteria for cross-sectional studies

1. Did the study address a clearly focused issue?
   Yes
   Can't tell
   No

2. Was the cohort recruited in an acceptable way?
   Yes
   Can't tell
   No

3. Was the exposure accurately measured to minimise bias?
   Yes
   Can't tell
   No

4. Was the outcome accurately measured to minimize bias?
   Yes
   Can't tell
   No

5.(a) Have the authors identified all important confounding factors?
   Yes
   Can't tell
   No

   List the ones you think might be important, that the author missed.

5.(b) Have they taken account of the confounding factors in the design and/or analysis?
   List

6. Was the response rate of subjects high enough?
   Yes
   Can't tell
   No

7. What are the results of this study?

8. How precise are the results?

9. Do you believe the results?
   Yes
   Can't tell
   No

10. Can the results be applied to other situations?
    Yes
    Can't tell
    No

11. What are the implications of this study for practice?

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