



Meeting Report

Second Round Table Meeting of Experts on Strengthening Global and National Data on Children's Care through the DHS and MICS Surveys

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With support from:



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1. Background

With support from USAID, the Better Care Network (BCN) and ICF organized a two-day round table meeting in New York on 4-5 February 2019, to determine how existing population-level surveys could be strengthened to improve global and national data on children's care and wellbeing.

The two-day meeting was the result of a larger five-year effort to build the evidence base around child wellbeing, care settings, and caregiving patterns and practices. In September 2014, BCN and the Child Protection Monitoring and Evaluation Reference Group (MERG) organized a first Round Table Meeting of Experts to discuss better mining of data related to children's care that are collected by The Demographic and Health Surveys Program (DHS) and the Multiple Indicators Cluster Surveys (MICS). The group discussed and concurred that better mining of existing data sets, together with inter-agency guidance on how to do this, would support better understanding and use of critical care related data available through these household surveys. The participants also agreed that a review was needed of the DHS and MICS questionnaires and other national and international surveys relevant to family composition, functioning, processes and care patterns to explore ways in which population level data on children's care arrangements and their relationship to child well-being outcomes could be strengthened (a full report of the first round table can be found [here](#)).

Following the 2014 round table, a white paper was commissioned by BCN and ICF, amassing research evidence related to child wellbeing and caregiving. Variables correlated with child wellbeing were identified in the domains of family structure, family socioeconomics, and family processes, in addition to factors that contribute to separation of children from their families. Subsequently, DHS and MICS questionnaires and modules were reviewed to determine whether and/or how variables identified through the review could be included in the DHS and MICS questionnaires. The final paper outlined specific recommendations for revisions to DHS and MICS questionnaires.

The findings of this white paper were presented and discussed at the February 2019 meeting. The purpose of this Second Round Table Meeting was to convene a group of experts to review and refine the recommendations for revisions and identify next steps to move recommendations forward. This report describes the second roundtable February 2019 meeting, including discussions and decision points made regarding:

1. Adjustments to current data collections that can add value, focused in particular on revisions of the current DHS and MICS questionnaires;
2. Additional measures to include, if any, through the addition of a new module to the DHS and/or MICS which can address gaps in data relating to children's care and living arrangements, caregiving patterns and practices, and their relationship to key child well-being indicators, including factors that might be predictive of child-family separation and placement in formal alternative care;
3. Process for the development of new items and proposed survey revisions.

Why strengthen global and national data on children's care?

Over the last 70 years, there has been a growing understanding of the importance of family structure and environment for child development and well-being (Bowlby et al. 1965; Bowlby 1982; Schoenmaker et al. 2014; Shonkoff and Phillips 2010). Despite the obvious importance of orphanhood as a risk for children, many factors beyond parental death affect children's care situations and their wellbeing outcomes (Campbell et al. 2010; Beegle et al. 2009; Hosegood 2008). These findings have led governments and other stakeholders to recognize the importance of establishing better preventive and family support services to strengthen the capacities of families to care, to reduce unnecessary child-family separation, and to move away from the use of residential care for children as the primary mode for addressing alternative care needs (Williamson & Greenberg 2010; Better Care Network & UNICEF 2015a).

Despite these commitments, States' ability to monitor trends in families and to understand how to strengthen their capacity to care for their children, and with them child outcomes, in many regions of the world has been hampered by a lack of data. There is increasing recognition that understanding the diversity and dynamic nature of family composition, structure, and relationships, including caregiving arrangements for children, as well as other key factors that impact children's care situations and outcomes, is critical to informing social policies and programs targeted to vulnerable children and their caregivers (Hosegood 2008; Beegle et al. 2009; Nyamukapa & Gregson 2005).

National household surveys provide critical data to monitor population level patterns and trends in relation to key socio-demographic indicators at national and sub-national levels that can also be used to draw important comparisons between countries at both regional and international levels. DHS surveys have been conducted in middle to low income countries by national statistical agencies with support from USAID since the mid-1980s in over 90 countries. MICS surveys have been conducted with support from UNICEF since the mid-1990s, in over 100 countries. These surveys provide particularly rich data sets through which changing household compositions and living arrangements, fertility and marriage, health and nutrition, literacy and access to education, poverty and deprivation, and other key indicators of child and family well-being are being gathered on a five-yearly basis for a nationally representative sample of households. Both DHS and MICS have also increasingly gathered data on attitudes and beliefs on some critical social issues such as child care practices, HIV AIDS, domestic violence and child discipline.

Given the scarcity of national monitoring data on child protection issues in low- and middle-income countries, it is important that the sector explore the potential for using existing household-level datasets, to be better informed about what these critical surveys could offer and how this information could be leveraged to support more effective policies and interventions targeting at risk children and families.

2. Meeting Participants

The round table meeting brought together 21 experts in the areas of child welfare and demography. Researchers and practitioners came from a variety of governmental and non-governmental organizations including ICF, WHO, the Displaced Children and Orphans Fund at USAID, UNICEF child protection and data teams, Partnership for Every Child Russia, Lumos, Maestral / Changing the Way We Care, and SOS Children's Villages International. Academics from Centre for Research on Children and Families at McGill University, Harvard University, Chapin Hall at the University of Chicago, the Department of Population Studies at Makerere University, and the Centre of Excellence in Human Development at the University of the Witwatersrand also participated.

A full list of participants can be found in Annex 1.

3. Summary of Meeting Presentations and Discussions

Day 1: Opportunities for improving data on children's care and wellbeing. Day 1 provided a background on global efforts to strengthen the family care evidence-base, in addition to ways to strengthen data quality on children's care and wellbeing, through the following sessions:

Session 1. Global framework and efforts on strengthening family care and preventing child-family separation

Session 2. From Better Mining to Better Data on children's care

Session 3. Discussion on opportunities, including DHS 8 questionnaire review, and limitations

Session 4. Strengthening data on children's parents

Session 5. Discussion on relationships to household members

Session 6. Refining data on relationships to household members

Day 2: Factors associated with children's care, recommendations and next steps. Day 2 focused on identifying factors associated with quality of care and child-family separation, including recommendations for potential indicators, and laying out recommendations and next steps:

Session 1. Addressing factors associated with quality of care

Session 2. Wrap-up: Agreement on key areas of priorities (Short term- longer term)

Session 3. Beyond Quality of Care: factors associated with separation

Session 4. Discussion on possible indicators to measure vulnerability to separation

Session 5. Next steps: Moving forward (Short term- longer term)

DAY 1 - Monday 4th February 2019

Opportunities for improving data on children's care and wellbeing

Welcome and Background

Presenter: Florence Martin, BCN

Meeting participants were briefed and reminded of the first 2014 roundtable meeting, which focused on examining data issues related to quality of care for children, including gaps and challenges, and ways to move forward in strengthening data collection, analysis and use. This first meeting focused on how data mining could be better conducted, and what other opportunities existed to strengthen data quality and use. At that time, participants recognized that revision of DHS/MICS questionnaires would not be easy, particularly in the context of competing priorities from other multidisciplinary fields equally interested in survey measure integration. At the same time, an opportunity existed to integrate ‘low hanging fruit’ child and family care measures, given that the revisions for the DHS survey would be accepted in 2019 and 2021 for DHS and MICS questionnaires, respectively.

Following on the 2014 meeting, expectations for the February 2019 roundtable meeting set out for the participants, included that:

- The meeting group should decide and agree on what revisions, if any, need to be made on the questionnaires, and what recommendations could be made around child welfare measures integration
- The meeting should focus on practical issues and realistic priorities, and decide on next steps to move the group’s recommendations forward

DAY 1 - Session 1. [*Global framework and efforts on strengthening family care and preventing child-family separation*](#)

Presenter: Florence Martin, BCN

Presentation:

This presentation provided a background to participants on global efforts and existing frameworks supporting family care strengthening and prevention of child-family separation. The presentation highlighted:

- *The state of the evidence on children’s care and wellbeing:* The issue of children’s care and its relationship to child development has been researched for over 60 years from multidisciplinary lenses. Overall, there is strong body of literature that shows childhood is a critical period for health and well-being outcomes, including into adulthood. Some literature also exists around the socio-emotional support needs of children, including the consequences of socio-emotional deprivation on well-being. This growing body of literature explores the consequences of child institutionalization on the cognitive, socio-emotional development of children, with important implications at individual as well as societal levels. This evidence has informed changes in policies and services globally, in particular a shift away from child institutionalization and a move towards supporting children in their families or alternative family-based care. Today care reforms are taking place in virtually all regions of the world with an emphasis on prevention of child-family separation and deinstitutionalization. Yet despite some significant progress, data available indicate that residential care - rather than family-based alternatives – continues to proliferate for children in low to middle income countries (LMICs).

- *The contribution and pitfalls of orphanhood literature:* A large body of literature has focused on the topic of child well-being in the context of orphanhood, largely due to the onset of the HIV epidemic. The emphasis on parental death, and the use of a definition of orphanhood that includes children who have lost one parent (single orphans) rather than both (double orphans), has led to increased debate over who is considered an ‘orphan’, and whether ‘orphanhood’ is the most relevant indicators of vulnerability. While increased attention has been devoted to children’s care issues as a result of the HIV AIDS pandemic response, the focus on orphanhood has also led to a massive growth of residential care and institutions in many countries as the primary response to address care issues. This proliferation occurred despite evidence that a majority of these children still had a remaining parent alive, and most had close and extended families that could care with these children with appropriate support. More recently, research by UNICEF has suggested that a child’s living arrangements, rather than parental death, may be better predictors of child wellbeing (Idele, Suzuki, et al, April 2014). It has also confirmed previous findings that children living with those other than their parents fare worse on almost every outcome.
- *Existing international policies and standards:* There is international recognition of the family as the fundamental societal unit and the optimum environment for a child to grow up in, in addition to growing policy prioritization of support for family and parental care, and the prevention of harmful child-family separation. Conventions such as the UN CRC, the UN CRPD, and international standards such as the UN Guidelines for the Alternative Care of Children (2009) have underlined the responsibility of the State to provide support to a child’s parents and family to enable them to care adequately. Additional attention should be focused on addressing the drivers of child abandonment, relinquishment and separation. As part of this there is increased recognition and prioritization of children with disabilities and ensuring that parents of children with disabilities (and children whose parents have disabilities) receive effective support for child care and needs. The international framework also underlines the importance of having in place a range of appropriate alternative care options, with priority given to family based alternative care for children, when it is not in the best interests of that child to remain in his/her family. In summary, the framework on international and national interventions on care include:
 - Strengthening the capacity of parents and families to care
 - Preventing child-family separation
 - Providing a continuum of appropriate alternative care options
 - Reintegrating children into safe and nurturing families

Discussion:

- USAID representatives emphasized the US government’s long-term investment in children’s issues through health, education and other sectors. However, to-date, very few efforts have focused on the issue of child-family separation, including research and programming to keep children with their parents. The US government is currently developing a new action plan, renewing the US Government Action Plan on Children in Adversity (2012): A Framework for International Assistance. This plan will include both a strategic framework and an implementation plan, focused on acting, implementing and advancing protection and care of children in adversity. The plan addresses the importance on investing in, 1. Early intervention for children under 5; 2. Putting family

care first, and; 3. Protecting children from adversity. Family care links all three of these priorities together and is an important issue to the US government. In addition, prioritizing DHS data is key in order to generate better data around family and children's care.

- Other participants also re-emphasized that the data generation needs appear to be important, particularly related to USAID's new proposed plan, while others stressed that additional funding needs to be allocated to obtain better data on children's care. Other parallel government efforts are also underway, one participant shared, for instance, that the European Commission Recommendations for Investing in Children (2013) are being implemented both inside and outside the European Union (EU).

DAY 1 - Session 2. [From better mining to better data on children's care](#)

Presenter: Florence Martin, BCN

Presentation:

The presentation focused on the need to have better data on children's care and factors associated with child-family separation, specifically, by:

1. Strengthening data collection systems on children outside of family care;
2. Strengthening data collection systems on children in vulnerable care situations and at risk of separation from family care, and;
3. Improving use of existing household surveys such as DHS and MICS.

Multi-country DHS and MICS data were presented to participants to share existing data points and gaps on children's care globally. Overall **key findings from global data** show:

1. Large diversity in children's living arrangements across countries and within countries;
2. Predictors of living arrangements include age, wealth, rural-urban, and to a lesser extent, gender, and;
3. A significant percentage of children do not live with parents even though their parents are alive, and kinship care appears to play a major role in children's care globally.

Specific data highlights and issues shared in the presentation included:

- **Globally, children under 15 have varied living arrangements** - A majority of children globally live with both their parents, but a significant proportion of the global child population is living with only one parent. In many regions or countries, there is also a significant proportion of the child population living with neither parent, but there are stark variations: for example, 95.5% of children in Afghanistan are living with both parents, compared to 46.5% of children in Haiti.
- **Double orphanhood is relatively rare** - About 77 of 94 countries (LMICS) have a low prevalence of double orphanhood (below 1%), despite communication efforts touting large numbers of orphans worldwide. The implications of this datapoint is that 'orphanhood' is used and applied to a majority of children who still have one parent.

- **There are varied reasons that children do not live with their parents** – The vast majority of children who do not live with their parents have living parents, pointing to other reasons than orphanhood for their living arrangements.
 - Globally, there are wide variations in parental living arrangements: In Jordan, only 0.8% of children (0-17 years) are not living with a biological parent, compared to 37.9% of children in Namibia.
 - In Eastern and Southern Africa, most children live with both biological parents but there are significant outliers (e.g. South Africa, 44% live with one single parent). Across the region, almost 30% children live with a single parent. It is estimated that 33 million children (0-17) live outside of parental care in Eastern and Southern Africa. The vast majority are in extended family care (kinship care).
 - It is important to recognize the diversity that exists within a country in terms of who children are living with. For example, living arrangements may look significantly different from one region to the other, as in the case of Zambia, for example.
- **Understanding who children are living with is important for ensuring they receive appropriate care and that support services are targeted effectively to their actual living and care giving arrangements.**

The presentation also highlighted **key challenges and gaps with existing DHS/MICS** surveys including:

- The surveys only include children in households (not outside of households) and therefore do not tell us anything about children not in the household
- The data do not tell us who the caregiver is, just the relationship to household head
- There is non-uniform reporting of indicators:
 - Some countries do not report on living arrangement and survivorship of biological parent indicators
 - Some countries previously included and have later dropped questions on living arrangement and survivorship of biological parent (e.g. Indonesia)
- The surveys provide limited information about non-resident parents and the parental role played
- There is limited data on quality of caregiving by parents/caretaker
- Very limited data exists on support accessed to enable caregiving

Discussion:

- UNICEF representatives advised that a distinction needed to be made between suggesting tools for data collection and addressing needed data systems. Of concern is the need to ensure that governments can use tools and data to inform and carry out policies and ensure that capacity is present to carry out the added measures throughout the entire data process.
- Other participants responded that ministries are not always aware that DHS data file are there (ICF), and that in other cases, the data point or issue may not be the priority issue for that particular government (BCN).
- Other participants expressed the need to look at integrating measures around disability (P4EC Russia), and the potential to look at children in residential care who have already

been separated from their families (SOS CVI). Having data for children in households and data for children in residential care would ensure governments are able to ‘join the dots’ and have a more holistic picture of the overall situation of child-family separation.

- Participants stressed the importance of better understanding reasons for living with different parental and familial arrangements. One participant referenced this work in their prior research as “parental care arrangements.” Parental care arrangements have varied patterns and consequences. For instance, their experiences in Brazil showed that typical ‘common’ living arrangements with grandparents were in fact a typical behavior of wealthier more well-off children and families. As well, their work in the UK showed that child protection investigations happened more commonly in poorer households, and as a result, poorer children were more likely to be separated from parents (P4EC Russia).
- One participant inquired whether the data presented were age disaggregated.

DAY 1 - Session 3. [*Discussion on opportunities, including DHS 8 questionnaire review, and Limitations*](#)

Presenter: Tom Pullum, ICF

Opening discussion:

USAID representatives shared that for this meeting, they are keen in better understanding the relationship between children’s care and wellbeing. Overall, there is a scarcity of data on childcare. USAID are internal advocates for DHS and have a vested interest in this topic. With this convening, USAID is looking to better inform the sector, to better analyze DHS data and identify data gaps, with the goal of producing recommendations for revising and improving DHS questions. USAID is also interested in focusing on clearly identified indicators, which have a solid evidence base behind it. Beyond the revision of measures, there is also the opportunity to pilot new survey indicators that have yet to be validated, or do not have a lot of evidence behind them (in the case that piloting new indicators is one of the conclusions that come out of this meeting). Lastly, USAID is also interested in better understanding if there is a particular profile for children who are typically separated.

Presentation:

This presentation provided a DHS program perspective on: 1. The roles of USAID, DHS, ICF and BCN in the round table; 2. The main purpose of DHS and MICS surveys; 3. Envisioning how additional questions to the questionnaires would be used; 4. Practical constraints to questions inclusion, and; 5. Steps to propose questions integration.

DHS Overview. Contracts for DHS undergo competitive rebidding every 5 years. The current DHS-8 phase will last until 2023. Overall, DHS (and MICS) Surveys have the following features:

- They are national in coverage, with increasing demand for sub-national estimates
- Include a sample of households, with some information about everyone in household
- Include individual interviews with all women age 15-49, and men 15-49
- Have details on health of children under 5 years, but this information mainly comes from mothers

- Monitor demographic and health indicators for assessing program impact and program needs
- They are increasingly including biomarkers that require blood samples

Ways that DHS and MISC data are typically used. DHS and MISC data are typically used and applied via different options, including:

- Descriptive analysis, to identify differences between countries, differences over time, calculate indicators, etc.
- Theory-based analysis to confirm hypotheses, mainly for academic purposes
- Relate data to programs or policies (buy-in from ministries, donors, and the topic should be amenable to interventions)

The DHS questionnaire will be reviewed and revised in March 2019. Submissions can be submitted through an online portal that will remain open through the end of February.

Things to keep in mind when submitting a proposal:

- Household surveys miss people outside of households
- This is cross-sectional data, not longitudinal
- Household informant may not be well-informed
- Expertise and motivation of interviewers may be limited
- Ages often poorly estimated
- Dates of preceding events are subject to recall error
- Children below age 15 cannot be interviewed (issues of informed consent)
- Revisions cannot extend to changes in the basic survey design
- There are also important statistical considerations. Confidence intervals are wide, and tests have low power if sample size is small; Proposals should include specific indicators (preferably already recognized), a tabulation plan, and estimates of frequencies.
- There are likely to be interest from numerous groups in modifying the DHS questionnaire (for example, malaria, nutrition, immunization, disability, etc., groups). Each group has important data requests that are equally needed.

There are could be two proposed strategies for changing the questionnaire:

1. Propose an optional module (similar to domestic violence module), which would be pretested along with other modules in 2019/2020.
2. **Identify a specific country with an upcoming survey and propose adding survey-specific questions to the survey (*Likely to be the most ‘successful’ option*)**
 - Requires support from country USAID mission, implementing agencies and in-country technical advisory groups
 - Requires human subjects review by IRBs
 - May require buy-in from another donor
 - Would receive pre-testing
 - Data will be publicly available for analysis about 18 months after fieldwork

Discussion:

- Much of what was presented about DHS also applies to the MICS (*UNICEF representative*). There are methodological considerations to keep in mind. First, there is a lot of methodological footwork that occurs in between rounds, and not enough is done to document these methodological processes (for example why decisions are made and how). As a result, decisions related to MICS revisions are not always well understood. Second, the proposal argument should be supported by empirical evidence that the data could be easily integrated into household surveys. Rather than making the argument that these type of data are needed, the proposal should focus on how to integrate these data and measures at scale. Different scenarios should be thought through: for example, if measures are unable to be feasibly integrated into household survey at scale, then perhaps one options could be to integrate these data into qualitative research instead. Overall, more thought should be spent on methodological processes and feasibility to ensure that these new measures can go to scale.
- Participants requested more clarity on the pros and cons for integrating measures into MICS versus DHS questionnaires. In general, MICS have more room for innovation and experimentation than DHS questionnaires, since DHS prioritizes data continuity, rather than survey modifications (ICF representative). Another consideration is to understand the scope of MICS: MICS focuses on children, and includes fewer questions on sexual and reproductive health (SRH) and family planning than DHS questionnaires. At the same time, there is overlap between MICS and DHS. At the country level, some programs have integrated MICS into their DHS surveys (for example by starting to do blood tests for all children regardless of whether or not the mother is in the household, however immunizations are still collected for children whose mothers are in the household). MICS also regularly conducts methodological and piloting exercises in between scheduled rounds (UNICEF representative).
- Participants also mentioned the importance of recognizing the challenge and competition of different groups attempting to get measures integrated into DHS and MICS questionnaires (BCN representative).

DAY 1 - Session 4. [*Strengthening data on children's parents: The 'White Paper' Evidence*](#)
Presenter: Laurie De Rose (Consultant)

Presentation: This presentation focused on sharing the findings of the white paper conducted on existing data and measures on children's care and wellbeing and providing an initial set of recommendations for measures integration into the MICS and DHS questionnaires.

Challenges in identifying correlates of risk. There is a diversity of experiences for children's care and reasons why they are not cared for by one or both of their parents. At the same time, not all parental care is always adequate care, while alternative care can be inadequate and inappropriate care. Identifying correlates of risk may vary by children who: 1. Live with both parents; 2. Live with one parent, and; 3. Are in non-parental care. Vulnerability to poor care can vary by family structure and within family structures. Correlates of risk can also vary by context, and as a result, household surveys are ideal to identify which risk conditions lead to potential adverse outcomes.

Existing and recommended measures for children's living arrangements. The table below shows the existing data captured by DHS/MICS about children's living arrangements (left column), and shares the recommended additional measures that could be added onto the surveys:

Table 1. Existing and recommended DHS/MICS measures, by questionnaire tool

Questionnaire Type	Existing measures	Recommended measures
Household roster	<ul style="list-style-type: none"> ○ Information on biological parents of children <18 (Survival status and whether they are living within the household). ○ Relationship of all members to household head 	<ul style="list-style-type: none"> → Duration of parent/child separation → Union status → Changes to codes to improve what we know about whether and how children are related to other members → Identify child's caregiver
Individual woman's questionnaire	<ul style="list-style-type: none"> ○ Which biological children live with her (using birth history) 	<ul style="list-style-type: none"> → Reasons for parent/child separation → Whereabouts of children
Individual man's questionnaire	<ul style="list-style-type: none"> ○ How many biological children live with him 	<ul style="list-style-type: none"> → Reasons for parent/child separation → Whereabouts of children

Why include above additional measures on parent/child separation and relationship to household members? The above recommendations were followed by a number of justifications backing the inclusion of additional measures around parent/child separation and relationship to household head. Reasons for inclusion are highlighted below, presented by the type of information proposed:

- **Data on reasons for biological parent separation.** Reasons for separation are varied, including parental death, out of union childbearing, union dissolution, parental incapacity, labor migration among others. The differing reasons for separation have different implications. For example, a child separated due to parental death may receive greater support from kin networks than other causes of separation, while a separation due to labor migration may increase a child's socio-economic status, while causing other psycho-social issues.
- **Data on biological parents.** Mothers and fathers both matter for child wellbeing outcomes (mothers important for survival and health, fathers especially important for reproductive health). Step-parents may be associated with household complexity, exist only where household transitions have occurred, may have less motivation for investing in children and may be associated with poorer education and sexual abuse in higher income countries.
- **Data on duration of separation.** There are separate and short run effects of transitions due to separation. In addition, duration of separation often interacts with cause of

separation (for example consequences of a parental death may become attenuated over time).

- **Data on union status of biological parents.** Union status of biological parents have different implications:
 - **Intact non-residential unions** (due to labor migration, or one working parent, etc.) may predict poor outcomes less strongly than other causes of parental separation (e.g. union broken by death, divorce, etc.).
 - **Re-partnering of parents in the household** (e.g. re-marriage) - Currently DHS gives union status of resident parents (MICS does not) and neither identifies if union is with the other biological parent
 - **Re-partnering non-resident parents** - These can change with resource availability and resource allocation
- **Data from parents on children not living with them.** Characteristics of parents in a cross-sectional survey will not necessarily reflect the conditions at the time of parent/child separation (e.g. a mother's education changing after marital separation and/or leaving children behind), but:
 - Individual man and woman's questionnaires have many items that may be correlates of risk
 - Data can be used to identify characteristics of households that have placed one or more children in residential care
 - These data can better elucidate the contexts and drivers for child-family separation and placement in alternative care, in addition to identifying areas where parent/child separation for education is more common.

Following reasons and potentials of specific sources of information, **preliminary recommendations for questionnaire revisions were presented to the group.** Suggested recommendations are presented below by questionnaire module.

- *Proposed revisions to the MICS and DHS Household Rosters:* Both duration of separation and parental union status could be calculated from measures and items in the MICS household roster, as seen in the figures below (proposed revisions shown in red):

MICS Household Roster

HL12. Is (name)'s natural mother alive?	HL13. Does (name)'s natural mother live in this household?	HL14. Record the line number of mother and go to HL17.	HL15. Where does (name)'s natural mother live?	HL16. How long has it been since (name) and (name)'s natural mother have lived together?	HL17. Is (name)'s natural mother married or living with a man as though married?	HL18. Is (name)'s natural father alive?	HL19. Does (name)'s natural father live in this household?	HL20. Record the line number of father and go to HL23.	HL21. Where does (name)'s natural father live?	HL22. How long has it been since (name) and (name)'s natural father have lived together?	HL23. Is (name)'s natural father married or living with a woman as though married?
1 YES 2 NO record 4-digit year of death to HL18 8 DK record 4-digit year of last contact to HL18 9999 if unknown	1 YES 2 NO HL15		1 ABROAD 2 IN ANOTHER HOUSEHOLD IN THE SAME REGION 3 IN ANOTHER HOUSEHOLD IN ANOTHER REGION 4 INSTITUTION IN THIS COUNTRY 8 DK	Record number of years; use '90' for less than a year; '99' for never lived together	1 YES, WITH (NAME)'S FATHER 2 YES, WITH OTHER MAN 3 NO 9999 if unknown	1 YES 2 NO record 4-digit year of death to HL24 8 DK record 4-digit year of last contact to HL24 9999 if unknown	1 YES 2 NO HL21		1 ABROAD 2 IN ANOTHER HOUSEHOLD IN THE SAME REGION 3 IN ANOTHER HOUSEHOLD IN ANOTHER REGION 4 INSTITUTION IN THIS COUNTRY 8 DK	Record number of years; use '90' for less than a year; '99' for never lived together	1 YES, WITH (NAME)'S MOTHER 2 YES, WITH OTHER WOMAN 3 NO
Y N DK	Y N	MOTHER				Y N DK	Y N	FATHER			
1 2 8	1 2	---	1 2 3 4 8	---	1 2 3	1 2 8	1 2	---	1 2 3 4 8	---	1 2 3
1 2 8	1 2	---	1 2 3 4 8	---	1 2 3	1 2 8	1 2	---	1 2 3 4 8	---	1 2 3

Duration of separation

Parental union status

- Proposed revisions to the individual woman's and man's questionnaires: For the individual woman's and man's questionnaires, additional measures asking where children's other parent/s live and why child/ren were separated could be included. Potential response items for both questions are shown in the Figures below. For the individual man's questionnaire, additional questions could be included related to the characteristics of the absent child.

DHS Household Roster

INFORMATION ON BIOLOGICAL PARENTS							
12	13	14	15	16	17	18	19
Is (name)'s natural mother alive?	Does (name)'s natural mother usually live in this household or was she a guest last night?	How long has it been since (name) and (name)'s natural mother have lived together?	Is (name)'s natural mother married or living with a man as though married?	Is (name)'s natural father alive?	Does (name)'s natural father usually live in this household or was he a guest last night?	How long has it been since (name) and (name)'s natural mother have lived together?	Is (name)'s natural father married or living with a woman as though married?
1 YES 2 NO record 4-digit year of death 8 DK record 4-digit year of last contact 9999 if unknown	If yes, what is her name?	Record number of years; use '90' for less than a year; '99' for never lived together 9999 if unknown	1 YES, WITH (NAME)'S FATHER 2 YES, WITH OTHER MAN 3 NO 8 DK	1 YES 2 NO record 4-digit year of death 8 DK record 4-digit year of last contact 9999 if unknown	If yes, what is his name?	Record number of years; use '90' for less than a year; '99' for never lived together 9999 if unknown	1 YES, WITH (NAME)'S FATHER 2 YES, WITH OTHER MAN 3 NO 8 DK
Y N DK	LINE NUMBER	YEARS		Y N DK	LINE NUMBER	YEARS	
1 2 8	---	---	1 2 3 8	1 2 8	---	---	1 2 3 8
1 2 8	---	---	1 2 3 8	1 2 8	---	---	1 2 3 8

Duration of separation

Parental union status

Individual woman's questionnaires (MICS shown)

BH7. Is (name of birth) living with you?	BH8. Where does (name) live?	WHY WAS [NAME] SEPARATED FROM YOU? (CIRCLE ALL THAT APPLY)	BH9. Record household line number of child (from HL1) Record '00' if child is not listed.
Y N	See codes below	a b c d e f g h i j k l	Line No
1 0 BH7	2		0 Next Birth
1 0 BH7	2		0 BH11

CODES FOR BH8, WHERE NON-RESIDENT CHILD LIVES:

- Child care institution
- Religious institution
- Boarding school
- Servant in another household
- With my relatives
- With father
- With father's relatives
- Prison
- Alone
- Other
- Don't know

CODES FOR WHY SEPARATED:

- Relative asked for child
- Not enough food
- Child's disability
- For child's education
- Child's behavior problems
- New spouse or partner didn't want child or mistreated child
- Health or disability of parent
- Mental health of parent
- Substance abuse of parent
- Violence between adults in the home
- Violence against child in the home
- Violence in the community

Individual man's questionnaire (MICS shown)

MCMB. Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES.....1 NO.....2 0=MCMB
MCMB. How many sons are alive but do not live with you?	SONS ELSEWHERE.....0=MCMB
If none, record '99'.	
IF MCMB=01, How old is he?	AGE OF YOUNGEST SON ELSEWHERE.....>17=0=MCMB
IF MCMB=01, How old the youngest of these?	
Where does he live?	Child care institution.....1 Religious institution.....2 Boarding school.....3 Servant in another household.....4 With my relatives.....5 With mother.....6 With mother's relatives.....7 Prison.....8 Alone.....9 Other.....10 Don't know.....99
Why was he separated from you? (check all that apply)	a. Relative asked for child b. Not enough food c. Child's disability d. For child's education e. Child's behavior problems f. New spouse or partner didn't want child or mistreated child g. Health or disability of parent h. Mental health of parent i. Substance abuse of parent j. Violence between adults in the home k. Violence against child in the home l. Violence in the community
MCMB. How many daughters are alive but do not live with you?	DAUGHTERS ELSEWHERE.....0=MCMB
If none, record '99'.	
IF MCMB=01, How old is she?	AGE OF YOUNGEST DAUGHTER ELSEWHERE.....>17=0=MCMB
IF MCMB=01, How old the youngest of these?	
Where does she live?	Child care institution.....1 Religious institution.....2 Boarding school.....3 Servant in another household.....4 With my relatives.....5 With mother.....6 With mother's relatives.....7 Prison.....8 Alone.....9 Other.....10 Don't know.....99

Additional research on purposive versus crisis placements. Following the above proposed DHS and MICS revisions, additional evidence was presented on differentiating circumstances and consequences related to purposive and crisis alternative care placements. Overall themes included that where alternative care is sought by both sending and receiving households in a mutually agreed upon manner and where it is culturally acceptable, children do not show an educational disadvantage. The previously suggested questionnaire revisions try to understand biological parents' motivations for alternative care. However, potential data may be missing, including host family's motivations and whether the placement was premeditated or an emergency situation. Furthermore, additional data about receiving households may be useful information to better understand reasons for placements, including reasons why they are housing the child.

Discussion:

The majority of the discussion focused on the best methodological approach to include measures within DHS/MICS surveys. Two proposals emerged: 1. Integrating measures directly into the roster and questionnaires, or; 2. Conducting a separate follow-up survey instead to collect the data.

- Rather than integrating measures into the existing roster, a recommendation was made to instead do a separate follow-up survey, looking at family separation specifically,
 - Specifically, the information in the MICS household roster is obtained from any human respondent in the household, regardless of whether that person is that child's mother or not. Methodological considerations therefore include identifying who the best person may be in the household to answer questions related to duration of separation and parental union status (UNICEF representative).
 - Other methodological issues raised by participants included sample size considerations (UNICEF representative). For example, there may not be enough children under five in the sample to fully disaggregate out and understand why they are not living with parents. An alternative would be again to ask these questions as a dedicated follow-up questionnaire, or as a module, with 4-5 questions that apply to a larger subset of the desired population (UNICEF representative).
 - This type of follow-up survey has been done before with DHS. Typically, one question in the DHS is used as a flag for identifying potential participants to be selected for a follow-up study. Overall, the focus now should be on confirming the information that is needed, and then sorting out the process of obtaining this information ('where you put the measure is important'; ICF representative).
 - Additional considerations should be given toward using qualitative methods and cognitive interviewing to pilot these new measures and questions (UNICEF representative).
- Other participants reflected that the use of the household roster to integrate measures may be more valuable than a follow-up questionnaire or interview (P4EC Russia). For example, it may be important to understand different intergenerational patterns, and using a household roster may enable longitudinal analysis. Conducting separate follow-up survey modules will not result in intergenerational data.

Additional questions were raised about potential indicators and areas for measures integration.

- Some participants asked whether there were other areas in the MICS questionnaire where additional information about non-household children could be obtained (P4EC Russia representative). Some of this information can already be found in the individual questionnaires: for example, number of live births can be calculated from the woman's individual questionnaire. Some of this information can also be obtained from the module on the parental migration in the MICS questionnaire, but identifying the best, reliable respondent may still be an issue (UNICEF representative).
- Questions were raised on differentiating language between residential care, institutional care and foster care (SOS CVI). A clarification was made that 'foster care' terminology should be used only for foster care arrangements in line with the international definition in the Guidelines on Alternative Care, rather than to denote all children who are living without a biological parent, which is how it is currently defined in the DHS.

DAY 1 - Session 5: [Strengthening data on children's parents](#) (continued)

Presenter: Laurie De Rose, Consultant

Presentation:

This session reviewed the second and third-tier recommendations for collecting and refining data on children's biological parents. Recommendations were to collect additional information about the non-resident parent (their location, how often they see the child, whether they send remittances) and about the interviewed parents (multi-partner fertility and reasons for multiple unions).

Non-Resident Parent

The importance of understanding remittances was reviewed: the non-resident parent may be providing financial support to the household or may be a drain on the household. A question on the non-resident parent's location is already included in the MICS household roster, but she recommends adding a question to determine whether the parent is incapacitated and information on how often the child communicates with the non-resident parent. She presented similar recommendations for the DHS questionnaire.

Questions/Comments:

- UNICEF raised questions on the policy relevance of collecting this data - if we were to collect it, what would the indicator be and how would it inform policy?
- We know migration is very common and that there are a significant number of children living away from their parents - we need more information on the non-resident parents' role.
- We need to understand the abstract concept of remittances in more detail
- Questions on partners are heteronormative, though some DHS questions that do not specify partner sex may allow us to collect some information on homosexual relationships. MICS does not specify whether the partner is a man or woman.
- Is there a plan to evaluate response categories with regard to relevant standard errors? Will they be able to generate statistically significant numbers, or will sample sizes be too small? If the margin of error is so large, you may not be able to make the claims you hope to.

- Potentially we could oversample certain populations,
- UNICEF - It is unlikely that we will be able to change the survey design and sampling procedures. The survey was not designed to capture the prevalence of family separation. In these cases, we don't collect data on certain topics when the prevalence is very low, so they drop the question i.e. child labor. Some governments say that it's not suitable for a household survey if the prevalence will be very low. Countries can leave out questions if they choose to.
- Perhaps countries with high prevalence of family separation can choose to include these questions.

Suggestions:

- Make remittance question more broad - the non-resident parent may provide in-kind support that is not in the form of money
- Refine the questions and pilot-test them to ensure that they are understood by respondents
- Determine which indicators are our priorities:
 - Whether the non-resident parent is able-bodied or whether they are providing support?
 - Connectedness between parent and child or financial support?
 - Distance between parent and child
 - Determine if the indicators are captured elsewhere - i.e. in the migration module
- May want to capture more detail on the parent's location - have they crossed a border?
 - The meaning of this may not be clear as the parent may have been positively selected
- Switch proposed question 20 (does mother send or receive money) and 21 (where does mother live?) on the DHS household roster

Multi-partner fertility

In both DHS and MICS, information on multi-partner fertility is collected from men only. Collecting data from women would allow determining whether maternal and paternal multi-partner fertility are both associated with risk for children across settings, and whether they have different predictors.

Questions/Comments:

- Why are these questions only asked of men?
- If we are concerned with the associations between multi-partner fertility and outcomes such as health, education, and child-separation, a cross-sectional study may not be the best way to gather information about causal linkages
 - From a modeling perspective, there may be mis-specification of the model if there is a duration bias and children tend to linger in these situations

Suggestions:

- Many individuals, including those from ICF, suggested adding additional questions on key child outcomes related to care (i.e. sleeping under bed-nets, sexual debut, internalizing behaviors, other behaviors deemed risky).
- However, others felt that the causal pathway would be better captured by longitudinal or cohort studies, recognizing that these are more expensive.

- Clarify what is meant by “risk” behaviors
- Focus on protective factors as well as risk factors

Other Recommendations for Information on Biological Parents

Questions/Comments:

- Would it be possible to add a question about caregiver’s childhood history of being in care? For example, were they raised in an institution or separated from a parent? If so what are their outcomes? There is not a lot of prior evidence on this and if we could explore associations with extreme poverty, this would be illuminating, especially in the SDG era.
 - There is concern that this would require a number of questions and be too burdensome for the respondent; it would need to be a separate module
 - UNICEF shared that there are already so many questions in MICS that we need to prioritize
 - Others agreed that this is an important question which is not just about poverty, but also about intergenerational child-family separation, that may be worthwhile despite the complexity
 - We would also need to be sure that this would generate reliable estimates. Separation in the caregiver’s childhood may just be a mediating or moderating effect. We don’t want to collect data that will leave us with large blind spots, as data collection is expensive.
 - This would be better captured through a longitudinal or cohort study
 - Will we be able to raise funding for such a study or is it best to leverage DHS and MICS even if it’s not perfect?

DAY 1 - Session 6. [*Refining data on relationships to household members*](#)

Presenter: (Jini Roby and Laurie De Rose)

Presentation:

This session focused on additional top-tier recommendations for collecting improved data on the care of children. These included the relationship of all members to household head, including changes to codes to improve what we know about whether and how children are related to other members, and identification of the child’s caregiver.

Relationship of all members to household head

It is important to use the foster definition correctly and consistently. Formal foster care is not common but may become increasingly relevant in time. Currently, foster care and foster-hood (which is actually kinship care) are both used in DHS and have different meanings. Proposed recommendations are to include clear definitions for these terms and add items to understand stepchildren and adopted children, both of which are relevant to care.

Questions/Comments:

- Is kafala included? In some countries, kafala is codified.
- Will people understand the difference between formal and informal foster care?

- Yes, they will be asked to show a record of formal care
- ICF shared that it may be difficult to convince DHS that these changes to codes should be made.
- MICS recently added a survey category on servants, and they are testing it – UNICEF will share information on this when they have it.

Suggestions:

- Ensure that respondents understand the differences between these terms
- If any household children are servants, ask whether they are in school

Identify child's caregiver

Identifying the alternative care arrangements that work well/poorly is important for targeting interventions. If the caregiver is of reproductive age, plentiful information from the individual interviews (linked using the household line number). In other cases, the household questionnaire itself will still provide basic and useful information: gender, age, and highest educational level. Additionally, we do not know the characteristics of children living with a biological parent, but not cared for by a biological parent. Do these children share some of the disadvantage associated with nonparental care? Or is the parent's presence enough to protect them from these?

Interventions to strengthen the quality of care should be targeted to the persons actively caring for the child (rather than assumed to be). Currently, MICS assumes that the mother is the caregiver if she is present in the household. DHS only asks about the primary caregiver if the child is under 5.

Comments/Questions:

- How would you define caregiver?
 - MICS does not define caregiver and it does not come up as an issue
- What if there are multiple primary caregivers?
- Allowing “no one” as the response to the primary caregiver question for children under 15 would mean that there is no one to respond to the questions about the child. This is why it's currently not allowed in MICS.
 - For 15-17 it would be difficult as the child may be married - who is the caregiver in this case?
 - In this case, we could track the start date of the current union.
- This question is complicated as the primary caregiver may be a maid, but the respondent would not say that s/he is the primary caregiver.
 - Caregiver is sometimes defined as the person who has the decision-making power for issues related to the child

Suggestions:

- If this is a priority, include more detailed questions on the aspect of care in the under 5 survey in MICS (i.e. reading, playing, decision-making, feeding), beyond just asking who the primary caregiver is
- If questions are asked of children in the future, it would be interesting to ask who the child feels closest to.

Opening Discussion:

Quality of care is a nuanced and difficult to measure topic, yet we know the important role that quality of care plays in child outcomes. We need to prioritize the quality of care measures that we feel are most important to incorporate into DHS and MICS. This session covered caregiver/child-level factors related to quality of care.

Health/disability of parents/caretakers

Chronic illness and caretaker's disability are strongly correlated with family separation. Besides direct limitations in caregiving, disability indirectly affects parental caregiving capacity—access to jobs and resources, lower health quality, increased risk of poverty. Women, poor individuals, and ethnic minorities are at greater risk of violence, discrimination and marginalization. We propose better monitoring of caregiver health and disability. The additional items in our proposed list include care-related questions about picking up and carrying children, occupational impairment due to disability, stigma, community resources, and impact on relationships.

Questions/Comments:

- Does the MICS have questions on child and adult disability? Is there overlap?
 - MICS asks both children and adults these questions, and that this is therefore unnecessary for those 5 and above
 - However, proposed questions would be for the caregiver
- Many of these points are already included in the MICS adult functioning scale
- MICS has been exploring new ways of capturing data on disability
- What is our priority? Is it to understand the prevalence of disabilities or to understand the experiences of those with disabilities?
 - The priority could be the resources available (14) discrimination has an indirect effect as its related to jobs and social acceptance in the community
 - When you ask about resources (question 14), what does this mean? Is this referring to financial support?
- Does this assume that the disability is influencing the caregiving?

Suggestions:

- Review previous surveys on disability to determine relevant questions

Mental health of parents/caretakers

By 2030, unipolar depressive disorders are projected to be the single largest cause of global disease burden. Common mental disorders (CMDs) are more prevalent in LMICs, especially in women. CMDs include depression, anxiety, and PTSD. Mothers of young children, women with little control in family life, parents raising children with disabilities are especially vulnerable. CMDs are associated with wide variety of negative child outcomes—physical development, insecure attachment due to lack of consistent warm care, mental and behavioral problems. No research was found on mental health and parent/child separation. Despite the critical importance of caregiver mental health, there is currently no coverage in MICS or DHS. Propose to add questions from WHO's SRQ-20 and Harvard's Trauma Questionnaire, as well as questions on suicidality.

Suggestions:

- Broad agreement that this is an important issue but that it is not within the realm of this group to discuss
 - However, it is important for us as a group to ensure that this issue is linked with caregiving
- This would also require additional ethics training for the interviewers

Caregiving behavior

Evidence points out some of the most essential caring behaviors to be parental warmth and attention, family meals, and psychosocial stimulation (activities and materials). Several questions proposed to assess these dimensions.

Questions/Comments:

- If these questions are asked for each child, there may be respondent fatigue
- MICS is currently testing a model to measure children's time use and they randomly select one child in the 5-17 age range. It asks about the different activities they do with their caregiver.

Suggestions:

- Lumos is focusing on activities where the child leads the activity like "a" (Discussing a topic that the child cares about) - these are more predictive of positive outcomes

Emotional connection between parents/caretakers and children

The importance of attachment is well known. Secure attachment is associated with many child wellbeing variables—health, cognitive skills, peer competence, social skills, etc. However, established methods of measuring attachment requires observation in multiple settings, so difficult to measure through a questionnaire. Reconceptualized as 'connection' and propose to add two questions often used in child development literature.

Questions/Comments:

- The MICS questionnaire is currently being revised to include questions on social and emotional development
 - MICS is considering a separate scale for psychosocial well-being.
- WHO is including some questions related to whether the child calms down when picked up, but not directly measuring attachment.
 - This is not a perfect measurement
 - Children's behaviors may change over time

Suggestions:

- Look at this data compared to care arrangement
- Reconsider this question in the future once more research has been done on how best to measure attachment

Measuring child's emotional health

Currently there is an anxiety measure and an “internalizing” measure. Propose to add an “externalizing” measure which asks whether the child fights with other children more or less so than other children.

Questions/Comments:

- This term is only capturing one dimension of behavior
- This question is currently included for under 5 in MICS but not 5-17 because it’s more of a normal behavior for those under 5

Domestic violence

Approximately 275 million children are exposed to domestic violence. Impact on survivors (mostly women) shown to affect physical and emotional health, including decreased ability to provide nurturance and protection; increased chance of separation. Associated with negative outcomes in children: Higher risk of poor physical/mental health, poor academic performance, increased chance of harsh discipline, greater likelihood of engaging in abuse as perpetrator and/or victim in adulthood.

Questions/Comments:

- Some people feel the current DHS module on DV is outdated, but there is hesitancy to change it. There may be some updating done in the near future
- The biggest concern is the ability to maintain ethical standards, and at this stage, the MICS team does not feel comfortable adding these questions.

Suggestions:

- Narrow our focus to issues that are more directly related to family separation
- Include other experts in the field before having these discussions

Substance abuse

Abundant research shows link between parental substance abuse and child wellbeing: Fetal Alcohol Spectrum Disorder, academic, conduct problems, criminality, child abuse and neglect, emotional and relationship problems.

Questions/Comments:

- DHS had a report a couple years ago on substance abuse and looked at how questions had been asked in the past - there are standard indicators of how to measure the amount. There are modules the question is just how to incorporate them or add additional questions.

Child maltreatment

Studies show that self-report methods indicate much higher rates of child maltreatment than studies using informants (who may have self-interest). There are important considerations in children’s participation in conducting such a questionnaire: caregiver consent, safety of participation, potential for trauma, extensive field testing, etc.

Questions/Comments:

- What about the logistics of this? Wouldn’t parents and children be in the same room?

Suggestions:

- We need to rely on other groups here. There are a number of organizations working on this.

DAY 1 - Session 8: Wrap Up

Presenter: Florence Martin, BCN

Suggestions:

- Be focused and identify groups who are working on these issues that are related to care.
- Determine where there is an appetite for more data on these issues - we should direct our efforts to where there is a possibility for change.
- Determine our audience (governments? advocates?)
- Create demand and then have strong, efficient measurement tools
- Develop a short-term priority list – what are key questions on family separation
- Consider the strategy applied for maternal survival: identify a country that is going to have a survey soon and develop a module and the initial cost of piloting questions. You can then work from that specific example. I think that's the best way to proceed. We should identify one or two items and at the same time we can participate in the questionnaire revision process. Some things are wish list items, there is competition. Rather than trying to do something that cuts across all countries, try one country.
 - Agreed - we have so much data but not a lot of analysis is done on this data - we need to identify some countries that are interested.
- Identify the key concepts and indicators - I'd love to leave tomorrow with a sense of consensus and refining these concepts. There is also a question of timing. USAID is supporting work in Kenya and Guatemala which are very interested in care reforms but a lot of this is based on the timing of countries.

DAY 2 - Tuesday, 5th February 2019

Factors associated with children's care, recommendations and next steps

DAY 2 - Session 1. [Addressing factors associated with quality of care](#) (Part 2)

Presenter: Jini Roby, Consultant

Presentation on Family Precarity at Structural and Household Levels

Social support

Household capacity to provide care is greatly impacted by their ability to access goods and services within their extended family and community. In fact, the difference in accessing education or preventing parent/child separation may be a small cash transfer, school fee waiver, or access to quality childcare. Quality childcare is closely linked with household socioeconomics, women's decision making, and school enrollment. Children from vulnerable households are often separated from parents due to lack of food, health care, disability assistance, counseling with personal or relationship issues, and resources in dealing with

children's conduct problems. Both the sources and types of support should be measured at household level.

Questions/Comments:

- These are interesting questions but are there other aspects to this. For example, orphanage trafficking, many times it's not because of immediate food insecurity it's more about the long-term benefits of separation and convincing them that the orphanage will lead to better prospects for their children. There is a lot more than just deprivation. Plus, a lot of kids move to boarding schools, this is related to where there is a school nearby. There are also reasons of safety - girls may be safer at school than in the village. There are a lot of other factors here.
 - Long-term security is often more important to parents than short-term security
- How are these related to the main issue of care? These seem to be things that will affect all children in the household not just those who are out of family care. Is the goal to understand child wellbeing or is this really targeting children outside social care?
 - We know that these factors may lead to separation

Suggestions:

- Examine positive and negative deviance - which households are vulnerable but are able to keep everyone fed? If we could understand correlates, we could better protect children
- There is some overlap between responses
- When you have a list the best thing to do is to make a binary variable for each one instead of treating them as a single variable - then you have to look for combinations and it's more complicated but it's a better approach
- Consider including measures of emotional support

Food insecurity

Over one billion people lack sufficient dietary energy availability. Basic needs items already on both surveys measure current consumption. One additional question on food insecurity is proposed.

Questions/Comments:

- How do these questions on food insecurity link to questions on stunting? A couple of years ago there was a huge report on nutrition and security - how would these additional questions add?

Ability to borrow; change in ability to borrow

The household head would be responding to these questions.

Questions/Comments:

- What about access to savings?
 - Georgetown has good research on this - online access to savings reduced risky sexual behavior
 - Does it matter whether they use savings or just have it?

Activities household members engage in, including division of labor/responsibilities

Asking about these additional activities would also measure child labor, provide an indication of men's involvement with children, and measure the gendered division of household and market work across contexts.

Contribution by non-resident partners

Absent spouses typically have stronger ties to households than other absent relations. Men's involvement could be a marker of more positive care. It is important to determine whether the absent partner is economically able or disabled.

Other?

Questions/Comments:

- Why is ICT included in DHS?
 - Because it is an SDG
- Why are certain questions included in the household questionnaire versus individual?
 - I don't know if there's really a firm answer on why this is so. Questions on child illness in past 2 weeks - that's asked about children who are living in the household. If a child is not living in the household, we wouldn't ask them about this. In the older questionnaires we analyzed it and if the child wasn't there they were more likely to say that there were no problems. You don't have to put something in the household questionnaire if not relevant to all.
- Where does information on a child whose mother is not in the household show up in the data?
 - That would have to be in the household interview now this is a kind of field work issue I'm not sure how it is linked. You would have the household interview and then the eligible men and women. Household questionnaire can be done by a man or woman. The teams are mixed. Then the same woman will interview the women. The man then does the man interview. I think there are communication issues between these two interviews. You say identify the caregiver - I don't really know how that is built in. It would be problematic - on a computer you would have to have some alert.
- Can we use the caregiver questionnaire to get info to get more data on children not in maternal care? They ask about immunizations of children not in maternal care
 - This is a data mining issue we need better understanding

Suggestions:

- Look at maternity leave to assess whether policies are actually practices at the local level
- Consider including out-of-pocket household expenditures. For universal coverage there is financial protection as a component. These have been asked in WHO 5-year surveys in 02 and 03 but we don't have regular data on this.
 - DHS does not include general expenditures, but we do have a module on health expenditures - recent spending on health, medication, but not more general than that. We do have the wealth index.
 - Agreement that more general spending data would be helpful though complicated
 - Could adapt World Bank standard of living survey questions - in some countries it is just one question
 - We know that this affects separation - when school fees or transport to school is too costly

- DHS has a question about if a child gets sick did you take them to care and then why or why not, and one of the reasons is financial - MICS should include this too
- Measure unmet need for services - not only are services available but were you able to access services that you want and need?
- Consider that within the same household the care may be different per child i.e. especially in places where boys are prioritized. We need to think about that additional support does not translate to better care for all children
 - It does not only depend on gender but also birth position and family size
- Measure documentation to access services - this is often gender-based - the head of the household may have these documents but not others.
 - Access to documentation requires literacy and money
 - Agreement that this a major issue - in China registration is key and UNICEF has been trying to conduct large surveys at the village level to assess the number of children and their status, access to benefits, registration and they are putting in place measures to help them register - in Europe and Central Asia everything is done through registration. A very simple intervention to help registration can really help stabilize households and reduce risk of separation
 - This also relates to citizenship and in South Africa, caregivers and their children from Lesotho may cross the border and reside in South Africa, but then can't access the services because of their nationality
 - We will need to capture whether the primary caregiver has documentation on the child - if they are not accessing - what is the reason, distance or registration?
 - Could potentially be a question in the household roster

DAY 2 - Session 2. Wrap-up: Agreement on key areas of priorities (short and long-term)
Presenter: Florence Martin (BCN) and Jamie Gow (USAID)

Introduction: A worksheet was shared with participants to assess their priorities for changes that should be introduced in the upcoming DHS questionnaire review. For each recommendation, participants chose from one of the following categories:

- Yes— proposed change okay as-is
- Yes— but work needed on revision language
- No— not ready to for proposed change but for further discussion
- No— not for this group to discuss

BCN emphasized that although this is a complex topic, it is crucial to move towards identification of possibilities and priorities. ICF suggested that the group not focus on detailed issues related to wording as these issues would be addressed later in the process.

Discussion:

Responses were compiled and are available [here](#). Raw numbers of votes are presented below as not all participants responded to each question; there were 17 respondents who completed some portion of the questionnaire.

Union Status

When both parents are not present, this information would not be collected. The recommendation is to include this (11 yes - as-is, 2 yes - language changes needed, 3 - no further discussion).

Year of Death

There was agreement to include year of death (8 yes - as-is, 6 yes - language changes needed, 1 no - further discussion, 1 no - not for this group).

Suggestions

- If the biological parent is alive but does not live in the child's household, record the time they have lived apart
- Determine time of parent's death in relation to child separation - it is sometimes hard to distinguish which happened first in surveys, and some research in Sweden has shown that removal of a child may be linked to the parent's mortality

Non-resident Parents

Broad agreement to include these questions (10 yes - as-is, 4 yes - language changes needed, 1 no - not for this group)

Suggestions

- Add the date of separation of non-resident parent from the child - this is asked for non-resident children but not for parents.
- The text in the table shows the same questions for "year of death" (B1) and "non-resident parents" (C1)
- Living apart from the child does not imply limited contact

Length of Placement in Alternative Care

There is agreement that this be included, but that language revisions are necessary (3 yes - as is, 10 yes - language changes needed, 2 no - not for this group). There are concerns that duration bias will confound this measure, and that we need to ask the question in a way that reduces biases. Additionally, crises may not just be within the family, but could be external, community crises.

Suggestions

- Length of placement and reason for placement are two separate concepts
- Examine whether it is possible to reliably measure reason for placement

Remittances

There was broad agreement for the inclusion of this measure (8 yes - as-is, 4 yes - language changes needed, 3 no - further discussion).

Location

There was broad agreement for the inclusion of this measure (7 yes - as-is, 4 yes - language changes needed, 1 no - further discussion, 1 no - not for this group). There was discussion around whether it is necessary to include distance from parent as a measure. Though there has been some P4EC research demonstrating that physical distance is related to contact, this is also

correlated with other variables that are being measured, so it is debatable whether both need to be collected. Chapin Hall research has shown that distance is not correlated with reunification when other factors are controlled for (child's age, reason for placement). It was also raised that the type of contact with the parent is important - i.e. is it in-person, on the phone, or through social media. Finally, the distance may not be the relevant factor, it may be access. For example, a child may live close by but if the parent cannot afford a bus ticket, they are unlikely to have contact.

Suggestions

- Ask about the frequency of visits instead of the distance from parent
- Do more research to determine which factors are most relevant
- Consider whether necessary to include identification of ill parents
- Add imprisonment as an option

Multi-Partner Fertility

There was agreement for the inclusion of this measure, but language changes are needed (3 yes - as-is, 9 yes - language changes needed, 3 no - further discussion, 1 no - not for this group). This was surprising given that the language was taken directly from the man's questionnaire. The importance of this measure was emphasized, as it may lead to women leaving previous children (sometimes because men will not allow their new wives to bring their children into the household), or men ceasing support to their former partner, all of which could impact care, abuse, and household resource allocation. The numbers generated through this measure would be small but could help us to understand positive deviance (i.e. which mothers remarry and are able to take their children with them?). However, it was raised that the consequences of multi-partner fertility may not be well captured by a cross-sectional survey and would be better captured through a longitudinal survey in which you could control for confounding variables. After discussion there was stronger agreement for the inclusion of this measure.

Suggestions

- Include these questions in the reproductive history module, prior to asking about birth history
- More evidence is needed before including reason for multiple unions. This measure should be country-specific.

Information from Parents on Non-resident Children

There was strong agreement to add this information to the questionnaire (8 yes - as-is, 7 yes - language changes needed, 1 no - further discussion).

Suggestions

- Add length of time that the child has been separated
- Only ask these questions of women to generate valid national estimates (i.e. to prevent men and women from answering regarding the same child)
- Do not limit this to children in residential care - this should be any care (informal/formal/foster/kinship/boarding/residential/employment in another household/street, etc.)

Response Categories for Non-resident Child Location and Reason for Separation

There is concern around the response categories for the questions on the location of the non-resident child and reasons for separation. Some individuals questioned whether cross-sectional surveys are the best way to understand reasons for separation. ICF shared that there is a lot more work to be done if response category options have not already been validated in previous surveys

Suggestions

- Review all response categories and test the options to determine if they are appropriate
- Shift to broad response categories for “where” such as kinship care, foster care, residential care, other, and don’t know
 - Consider that different countries define institution and residential care differently
- Include the following response options for the location question:
 - religious institution (for certain contexts)
 - unrelated household
 - formal foster care
- Some children are living or working on the streets - is there a way we can ask about this given the stigma? They may respond “don’t know” in these cases
- Consider a way to capture whether the separation is temporary or permanent
- Move “working” from the “where” question to the “why” question
 - Some other response category options should be moved from where to why
- For the question on reason for separation:
 - “Mistreated” is included twice
 - Respondents may just say “for a better future”
 - Consider responses that are country specific (though the literature does not support this)
 - P4EC used the following response categories in a survey:
 - disability of child
 - material concerns
 - education
 - violence in the community
 - relationship between parents and child
 - child separated accidentally
 - Add child health as a reason
 - Consider adding an option for “child’s decision”
 - Consider adding whether the separation was voluntary or involuntary, though this is a sensitive issue (i.e. child born out of wedlock)

Identification of Primary Caregiver

There was strong agreement for the inclusion of this measure (11 yes - as-is, 3 yes - language changes needed).

Suggestions

- Ensure that the relation between primary caregiver and child is captured
- Include definitions in question wording
- It won’t be possible to allow “no one” as an option for caregiver, as this dictates who will respond to the survey module

Differentiate between adopted/ foster/ step-children

There was strong agreement for the inclusion of this measure (12 yes - as-is, 1 yes - language changes needed, 2 no - need to discuss).

Change use of the term ‘foster children’ under household composition report

There was strong agreement for the inclusion of this measure (10 yes - as-is, 5 yes - language changes needed).

To differentiate paternal and maternal relatives

There was much less support for this measure (2 yes - as-is, 3 yes - language changes needed, 6 no - further discussion, 1 no - not for this group) - most people disagreed with its inclusion as the level of detail was too much to unpack.

Expanded indicators of household precarity

Most individuals thought that this was too difficult to unpack and needs more work

Suggestions

- Consider asking about immunization of children living outside the household
- Add legal registration of primary caregiver
- If adult or child has a disability, ask if they are accessing disability benefits
- Add a question on household expenditures
- Connect with expert groups to determine what should be proposed
- For mental health, consider “World Mental Health Survey” questions (has a shorter list of items)
- Add care history of parents

DAY 2 -Sessions 3 & 4. Beyond quality of care: Factors associated with separation and Discussion on possible indicators to measure vulnerability to separation

Activity: Group work and report back

Session Description and Instructions:

The afternoon session focused on brainstorming factors that would be helpful to measure and learn more about child-family separation issues. Specifically, round table participants were asked to develop potential indicators if were hypothetically given the opportunity to develop a module that would capture indicators and measures about child family separation. These questions would be additional questions to the existing DHS questionnaire, and focused particularly on ideas and themes identified, but perhaps not quite fleshed out over the last two days. For example, some participants had advocated for care history of separation (P4EC Russia), others pointed out issues related to out of pocket expenditures (Harvard University). This next group activity focused on taking some of these ideas and bringing them forward into a potential proposal, with a focus on potential implementation and testing.

Participants were separated into three separate groups and asked to brainstorm these indicators in their separate group, and report back to the larger group during discussion time. Some

participants asked about specific parameters, for example whether they should ask a subset of questions to certain respondents or asking all the households in the survey. Participants were given the option to choose their own parameters.

Group brainstorm report-back:

Overall, all groups were engaged in debate and conversation, and in some cases, needed more time to develop and present their indicators back to the groups. The report-backs are summarized below by group:

Group 1 *(Participants: Lumos, USAID, University of Witwatersrand, ICF, McGill University)*

- The group reported having a rich discussion and began their brainstorming process by trying to understand what is not already captured which could help inform the need for future data. Examples of data not already captured include: parental motivation, information about unmet need for integration, knowledge and attitudes, etc. The group subsequently discussed alternative ways to collect the data, including a qualitative follow-up to the DHS questionnaire. The group debated potential implications, including selection and methodological issues related to carrying out a follow-up survey. Lastly, the group also discussed other potential surveys which they could tack on a qualitative module to, including for example the social aptitude survey, carried out in many countries around the world.
- Other group participants pointed out that the advantage of integrating a qualitative follow-up to DHS (rather than an alternative survey), is that it is linked to nationally representative data (ICF consultant).
- Other group participants added that the qualitative follow-up would specifically focus on better understanding factors for separation. The DHS team could be used to identify families selected for follow-up. For example, families could be identified from a census, and then revisited at their household (University of Witwatersrand representative)
- During discussion, the ICF representative was asked to provide examples of qualitative studies integrated as DHS follow-up. A qualitative follow-up was done after DHS7 in Ghana and Nepal concurrently to better understand unmet need for family planning in the respective countries. For this study, the teams followed-up due to data quality issues they noticed (e.g. respondent did not understand the question), but also to explore contextual factors (e.g. noticed that women were not going to the health center to give births and wanted to know why). It should be noted that one of the rules of a qualitative follow-up is that the results need to be generalizable.
- Other round table participants pointed out the potential implications of applying a survey around childcare in different countries, when childcare practices are very different according to context and countries. One potential option could be to agree on testing the same survey in two different contexts to learn more about those contexts and the tool validity (BCN representative).

Group 2 *(Participants: SOS Children's Villages, Makerere University, UNICEF, WHO, ICF)*

- In their group, some participants sought clarification on why there is a need for data on child-family separation, beyond just interest reasons. The group came to the conclusion

that this data is important from both policy and programming perspectives, to inform prevention of separation of children from their families, as well as work with families where separation has already taken place and efforts to reintegrate children whenever in their best interests. Needed data include understanding factors behind separation, and the use of data to design the right kinds of family support and alternative care services.

- Following this initial discussion, the group then elaborated on the potential design of a module, discussing at length different options, but then reverting back to just staying with measures integration into the existing DHS questionnaire. One other option discussed was perhaps taking out the proposed “Why was this XXX separated from you?” from the DHS questionnaire, and instead, asking this question as a separate module, further elaborating and exploring questions related to each of the answer values currently proposed in the revised questionnaire earlier presented (For example answer values included: a. Relative asked for child; b. Not enough food, etc.)
- Some participants also cited their agreement with other groups presentations’ focus on a qualitative module, since much of their conversation in their group also focused on this (ICF Consultant)
- USAID representative asked whether this could an example of a trigger question in a DHS that could be used to identify families for further qualitative follow-up (referring to the question: “Why was this XXX separated from you?” ICF representative confirmed that this would be a good example of a trigger question that could be used in the DHS questionnaire.

Group 3 (*Participants: Chicago University, USAID, P4EC Russia, Harvard University, Maestral / Changing the Way We Are, BCN*)

- The group brainstormed ideas on flipchart paper, highlighting household circumstances that may lead to family-child separation – including living arrangements and antecedents – in addition to developing an initial set of proposed indicators (see Table 2 below).
- The group reported discussing different factors that affected household relations, including possible entities, antecedents and possible consequences related to child health and wellbeing outcomes. The group participants wanted to focus on parenting capacity, including a parent’s ability to care, access information, ability to make decisions, and potential effects on their mental health, among other factors. The group also talked about the role of a child’s age. For example, the implication of separating younger children, since children under three years old are more likely to be separated than older children. However, DHS does not always capture these younger children since they are no longer in the household, despite the importance of capturing their data. The group discussed the importance about including something relate to “unwanted children.” The group tried to formulate indicators, clustering them into different areas:
 - a. Percentage of parents who expect child to return
 - b. Percentage of families with a child who is living within disability (and whether or not they are inside or outside the household)
 - c. Percentage of families having more than one factor affecting potential separation (e.g. food, violence, etc.)
 - d. Percentage of families reporting a major event leading to a child separation
 - e. Percentage of separated children by the biological parent, disaggregated by age at time of separation

- f. Percentage of parents having one factor, two, three, or four, factors affecting their caregiving ability [Combination of parental capacity (e.g. stress)]

Table 2. Group 3 Proposed Child Separation Factors and Indicators

←----- Household circumstances ----->		
Living arrangements	Antecedents (both risk and protective factors, transitions)	Potential Indicators
<ul style="list-style-type: none"> ● Permanency of “living away” ● Care history of parents / primary caregivers ● Living arrangements: <ul style="list-style-type: none"> ○ Family ○ Foster care ○ Transition / residential ● Age of child ● Incarceration of one or both parents ● Violence against the child ● Childhood negative experiences (maltreatment) ● Violence between adults ● A set of mutually exclusive, multi-dimensional attributes need to be defined 	<ul style="list-style-type: none"> ● Disability of a child as a major factor in triggering separation ● Maternal depression ● Alcohol and drug use (parents) ● Access to savings ● Access to support and services (unmet needs) ● Access to emergency financial support ● Household out-of-pocket spending on health education ● Legal documentation → primary caregiver has ID card / registration document ● State protective measures: <ul style="list-style-type: none"> ○ Poverty ○ Violence ○ Neglect ● Access to daycare / care support ● Access to educational support - scholarship, fees, transport (school readiness) ● Behaviors and relationships 	<ul style="list-style-type: none"> ● % of parents who expect child to return ● % of families with more than X factor affecting access (Access to a minimum standard for child [food, health, education, protection from violence/shame]) ● % of parents in separated families with certain factors present that affect parental capacity (similar factors as in bullet above) ● % of families with child living with disability in and out of household ● % of families reporting shocks (combination of factors influences sudden shocks [e.g. incarceration; loss of breadwinner]) ● % of children separated from biological parents, disaggregated by age ● Parental capacity <ul style="list-style-type: none"> ○ Trauma and mental health ○ Education ○ Alcohol and substance abuse ○ Stress presence

- One group participant raised their concern that these proposed new indicators may face criticism that they lack evidence behind them. This was based on their previous experience the participant had in developing new variables around child maltreatment (Harvard University representative). Another participant shared plans for a forthcoming MICS pilot with a small cohort of children in Belize on the topic of child maltreatment (UNICEF representative).
- One group participant shared their experience using mixed data to measure children’s exposure to risk factors, using a mix of DHS and MICS census-level data across countries. The team was able to find micro-level data and census-level data that had information on child institutionalization from 17 countries. However, the team also found harmonization issues with DHS and MICS data. For example, DHS and MICS education data have different answer values, whereas MICS does not always include less than primary education as an education answer value (Harvard University representative). They requested that DHS and MICS education variables be standardized, since variables such as mother’s education are important to help understand factor of family-child

separation. The UNICEF/MICS representative clarified that these specific education value data are typically available and showed where this information could be found.

DAY 2 -Session 5. Next steps moving forward (short and long-term)

Activity: Group discussion

Group wrap-up (BCN):

The last two days have provided a good foundation to start making recommendations for DHS, and potential next steps for further exploration beyond the DHS8 round. Moving forward, one important consideration includes the need to share other data conversations with other groups and stakeholders. The group needs to connect to other conversations, for instance if/when we know there is a group of actors mapping questions around violence against children and decide to what extent there might be interesting connections and collaborations (e.g. around the issue of institutionalization). The group should rely on each other to keep one another apprised of other opportunities for collaboration.

Discussion on priorities and next steps:

The group discussed potential next steps following the round table meeting, including for example whether or not to focus on quantitative or qualitative work, or the idea of a module to test in a series of different countries. Participants discussed the following:

- **Clarifying focus of questions.** Whether there was enough clarity on the exact types of questions being asked. For example, issues on long-term care, arduous separation, and institutionalization are all separate concepts. Over the two days, the discussion moved away from the issue of institutionalized children. The group should decide what they would like to focus on (University of Witwatersrand). The BCN representative clarified that the focus should be on separation, and what is found to be non/harmful. Examples include whether migration for work can be protective or harmful, among other separation reasons.
- **Addressing economic-related separation.** Another assumption being made during this round table is that in an ideal world, the best place for a child to grow up is with their family. However, children are often sent to boarding school since it may be better to send off children to school cities, rather than in the rural areas where they live. Therefore, in reality, the better alternative would be to improve the education system so that children do not go away. This is the same issue with parents traveling away for a job. A better solution would be for the parent to work in town if economic markets are there. These would be the ideal scenarios (SOS CVI). This would mean putting the responsibility to support caregivers upon the state (BCN). There are broader policy implications, for example in Uganda, boarding school is highly valuable. However, powerful stakeholders with money invest in schools, and also invest in policies. It is important to influence these educational policies, so those investors can invest in the best school back in their rural village. Currently in Uganda, the issue is very political, individuals invest a lot of money in building these schools (Makerere University representative).

- **Identifying the structural conditions needed for a child to return home.** Following the discussion on economic-related separations, one potential question that could be asked in a potential DHS survey includes, “Under what conditions could this child return home?” (USAID representative). Teasing out reasons for child separation becomes difficult as circumstances change (ICF consultant).
- **Deciding on needed data priorities.** Some of the recommendations are concrete, while others will need to be further fleshed out (as in the case of arduous separation versus consequences of child separation definitions). As of now, some avenues for next steps exist, including the possibility of a qualitative study (BCN representative). There are many information gaps, but a clear priority for moving forward with MICS and DHS is needed (UNICEF representative). Discussed priorities include:
 1. Moving forward with tangible recommendations for DHS survey revisions by March 1st.
 2. Agreeing on the concepts and themes that are important, but perhaps at this point are not ready for formulation or to be acted upon.
 3. For the DHS recommendations, focusing on changes in measures language and edits, and focus on methodological approach after the submission of recommendations on March 1st.
- **Clarifying needed methodological information and processes following a DHS proposal.** Some participants advised that methodological information should be submitted along with a proposal to DHS by March 1st. These include evidence to show how data collection could happen, potential firms to contract for the work, and other methodological processes (UNICEF representative). Others shared that at this point, language revisions and edits would be submitted, albeit recognizing that new questions would need to be piloted and tested (BCN representative). The USAID representative explained that in any DHS recommendations USAID and ICF would be interested in, the decision would be to approve the proposal, then move forward with piloting. If a political will exists, the methodological ‘how-to’ questions would be approached one year later. All questions usually go through some revisions. The topics should be put forward first, and if there is a strong voice within USAID to support them, then ICF would support including them into DHS (ICF representative). While a proposal is stronger with methodological justification, there is not enough time to elaborate on a methodological approach in these next few weeks. The most immediate concern is preparing a proposal for the submission portal, with established indicators.

4. Next Steps and Conclusion

Following the group discussion on forthcoming priorities, the below next steps were suggested by ICF and BCN representatives to move the discussed ideas forward:

1. **Submit on behalf of the group agreed recommendations for revisions to the DHS 8 questionnaires through the portal by the March 1st deadline.** Given the quick turnaround, participants should respond to emails and provide feedback in a timely manner. It will be important to have USAID voicing support for these proposed changes.

2. **Prepare a DHS working paper** on the topic of children's care and wellbeing, since some of the work elaborated through these round tables have potential for further publication
3. Develop a joint letter to be published in a journal to publicize the importance of DHS/MICS and household level data more broadly to strengthen children's care and the work being done through this initiative and the Roundtables to do so.
4. **Identify a country willing to** test a module that would produce indicators felt to be important by the group but requiring more comprehensive development and testing (Uganda may be a viable option)
5. Consider a **qualitative follow-on module**, potentially in the country identified above,

It will be important for this group to continue working together to explore these options and take them further. USAID remains committed as advocates and are willing to cosign the proposal, as previously done with other measures integration into DHS in the past. USAID is currently unable to commit on qualitative work but would be interested in exploring potential ways to continue this discussion in the future.

Overall, the February 4-5, 2019 round table meeting brought together a multi-disciplinary group with a diverse set of experiences, contributing to a wealth of technical content and debate on current issues in children's care and child-family separation. The findings of this meeting will provide critical documentation, guidance and direction to move forward the evidence base on children's care and wellbeing worldwide.

5. Annexes

Annex I: List of Participants

Participant	Organization
Tom Pullum	ICF
Mona Steffen	ICF
Jini Roby	Consultant
Laurie De Rose	Consultant
Florence Martin	Better Care Network
Jamie Gow	DCOF, USAID
John Williamson	DCOF, USAID
Monica Ruiz-Casares	McGill University, Centre for Research on Children and Families
Kirsten di Martino	UNICEF HQ- CP
Aniruddha Kulkarni	UNICEF HQ- CP
Claudia Cappa	UNICEF HQ- Data
Jo Rogers	P4EC Russia
Chris Cuthbert	Lumos
Chunling Lu, PHD	Harvard University
Fred Wulczyn	Chapin Hall, University of Chicago
Cyprian Misinde	Makerere University, Dept Population Studies, Uganda
Anna Nordenmark Severinsson	Maestral/ Changing the Way We Care
Douglas Reed	SOS Children's Villages International
Linda Richter	Centre of Excellence in Human Development, University of the Witwatersrand, South Africa
Dr. Vanessa Cavallera	Consultant for WHO HQ
Courtney Boudreau	Rapporteur
Esther Spindler	Rapporteur

ANNEX II: Meeting Agenda

AGENDA

Second Round Table Meeting of Experts on Strengthening Global and National Data on Children's Care through the DHS and MICS Surveys

February 4-5th 2019

New York

Monday 4th February 2019

9.00- 9.20: Welcome and introductions

Expected meeting outcomes

9.20- 9.40: Global framework and efforts on strengthening family care and preventing child-family separation

9.40- 10.00: From Better Mining to Better Data on children's care

What DHS/MICS data is currently telling us about children's care and its limitations

10.00- 10.30: Discussion on opportunities, including DHS 8 Questionnaire review, and limitations

10.30- 10.50: Coffee break

10.50- 11.10: Strengthening data on children's parents

The 'white paper' evidence (Laurie De Rose)

11.10- 12.30: Discussion on the recommendations and what is missing

- a. Union status
- b. Year of death or last contact (if deceased or survival status unknown)
- c. Information on non-resident parents
- d. Information from parents on non-resident children
- e. Others?

12.30- 13.30: Lunch

13.30- 14.00: Refining data on relationships to household members

The 'white paper' evidence (Jini Roby and Laurie De Rose)

14.00- 15.20: Discussion on the recommendations and what is missing

- a. To address the definitional issues: Fosterhood and Foster care
- b. To differentiate between adopted/foster/stepchildren
- c. To differentiate paternal and maternal relatives
- d. To identify whether household members unrelated to the head have any relations in the household
- e. To identify the child's caretaker
- f. To measure recent household transitions and "floating" household members
- g. Others?

15.20- 15.40: *Coffee break*

15.40-16.00: Addressing factors associated with quality of care (Part 1)

The 'white paper' evidence (Jini Roby and Laurie De Rose)

16.00- 17.20: Discussion on the recommendations and what is missing

- a. Health of parents/caretakers
- b. Disability and illness
- c. Mental health of parents/caretakers
- d. Caregiving behavior
- e. Children's emotional health
- f. Emotional connection between parents/caretakers and children
- g. Others?

17.20-17.30: Wrap up: Agreement on key areas of priorities (Short term- longer term)

Tuesday 5th February 2019

9.00- 9.20: Addressing factors associated with quality of care (Part 2)

The 'white paper' evidence (Laurie De Rose)

9.20- 10.40: Discussion on the recommendations and what is missing

- a. Household precarity and resilience
 - i. Social support
 - ii. Food insecurity
 - iii. Ability to borrow; change in ability to borrow
 - iv. Activities household members engage in, including division of labor/responsibilities
 - v. Non-resident partners
- b. Others?

10.40- 11.00: Coffee break

11.00- 12.30: Wrap up: Agreement on key areas of priorities (Short term- longer term)

12.30- 13.30: Lunch

13.30-14.00: Beyond Quality of Care: factors associated with separation

Jo Rogers (P4C Russia): learning from research on loss of parental care

14.00-15.30: Discussion on possible indicators to measure vulnerability to separation

15.30- 16.00: Coffee break

16.00-17.00: Next steps: Moving forward (Short term- longer term)

Annex III: Meeting Reports and Presentations

- [First Round Table Meeting Report \(September 2014\)](#)
- Meeting Presentations:
 - [Strengthening Data on Children's Parents - Laurie De Rose & Jini Roby](#)
 - [Improving Global Data to Inform Policy and Services to Strengthen Children's Care - Florence Martin](#)
 - [Context, Opportunities, and Limitations from the DHS Perspective - Tom Pullum and Mona Steffen](#)
- White Paper (to be finalised)