

Background Note
Round Table Meeting on children's care and DHS/MICS data
CP MERG Technical Working Group on Children without Parental Care
Better Care Network and Save the Children

Introduction

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. Demographic and Health Surveys (DHS) have been conducted in middle to low income countries by national statistical agencies with support from Measure DHS and USAID since the mid-1980s in over 90 countries. Multiple Indicators Cluster Surveys (MICS) have been conducted with support from UNICEF since the mid-1990s, in over 60¹ 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, attitudes towards HIV AIDS, domestic violence and child discipline.

The DHS and MICS data has huge potential to inform child protection policy and programming, however currently this potential is not being realized. A key barrier is that in most cases the data that would be useful, such as on children's care and different living arrangements, is not extracted and presented in national reports. Furthermore, awareness of this potentially useful DHS and MICS data amongst child protection practitioners is very low. Given the scarcity of national monitoring data on child protection issues in many contexts, it is important that the sector explores the potential of the DHS and MICS data and also is better informed of what it could offer and how it could be used to support better policies and interventions targeting at risk children and families.

The **Child Protection Monitoring and Evaluation Reference Group (CP MERG)** was established in 2010 as a global forum for collaboration, coordination and shared learning on child protection monitoring, evaluation and research. A **Technical Working Group on Children without Parental Care (TWG CWPC)** was formed as a sub-group of CP MERG to strengthen the methodologies and data collection systems to measure and monitor the situation of children at risk of, or deprived of parental care, and the impact of responses and systems in place to ensure they are provided with appropriate care (including measures to prevent separation and the provision of appropriate alternatives care options).² The TWG has identified developing inter-agency guidance on the use of population census and surveys, including DHS and MICS, to promote more systematic and comprehensive collection, use and analysis of statistical data relating to children's living arrangements and care situations, as key to ensuring more effective policy responses at international, regional and national levels.

¹ Although DHS covers over 90 countries and MICS covers over 50 countries, some of the countries are covered by both and not all data is available for all countries.

² The co-chairs of the TWG are Better Care Network and Family For Every Child.

Background

The importance of the DHS and MICS data sets to children's care situations began to be recognized widely in the context of countries with high HIV prevalence, particularly in Sub-Saharan Africa. Analyses of the data on survival of parent status ('orphanhood') was produced and used to inform policy and programming at national and global levels to assist and respond to the particular needs of Orphans and Vulnerable Children (OVCs). Many of these studies have focused on the implications of parental loss to child well-being and have been used to measure the impact of HIV related interventions on these children and their families.³ The 'orphan crisis' highlighted in seminal reports such as *Children on the Brink* (1997, 2000, 2002 and 2004)⁴ revealed the devastating impact of the HIV AIDS pandemic on children's care situations, and well-being with spiraling numbers of parental deaths in high prevalence countries leading to high percentages of children being left to care by extended families or communities, in child headed households or through barely functioning alternative care systems, particularly residential care facilities.

As a growing body of evidence was gathered and programmes deployed to respond to the AIDS crisis, it also became clear that other factors beyond parental death were affecting children's care situations and their well-being outcomes. Research findings in a range of countries in Eastern and Southern Africa, for example, highlighted that while 'orphanhood' was a key indicator of child vulnerability, other factors seemed to play a much greater role in terms of child well-being and development, including household poverty but also gender.⁵ Furthermore a range of mostly qualitative studies has deepened our understanding of the diversity of children's care arrangements and living situations in both emergency and non-emergency contexts, including in countries with low HIV prevalence. There has been increasing recognition of the critical role informal care plays in a range of contexts, and the need to understand this better to inform social policies and programmes targeted at particularly vulnerable children and their caregivers.⁶

The HIV AIDS crisis served to focus the attention of policy makers in the aid community on the importance of family care, the diversity of care arrangements, and the need to strengthen the capacity of parents and other caregivers in the context of stresses and emergencies. During the same period a parallel process was taking place at global and national levels, informed by a different set of research. A growing body of empirical research in psychology and neuroscience demonstrated the importance of investment in the early years for children to support this critical period of child development. Findings

³ Beegle, K., Filmer, D. Stokes, A., and Tiererova, L. (2010). Orphanhood and the Living Arrangements of Children in Sub-Saharan Africa. *World Development*, p. 1727-1746; Mishra, Vinod, and Simona Bignami-Van Assche. 2008. Orphans and Vulnerable Children in High HIV- Prevalence Countries in Sub-Saharan Africa. DHS Analytical Studies No. 15. Calverton, Maryland, USA: Macro International Inc.; Ainsworth, M. and Filmer, D., 2006. "Inequalities in Children's Schooling: AIDS, Orphanhood, Poverty, and Gender" *World Development* 34(6): 1099-1128, 2006

⁴ *Children on the Brink 2004: A Joint Report of New Orphan Estimates and a Framework for Action* UNAIDS, UNICEF and USAID Retrieved at <http://www.bettercarenetwork.org/BCN/details.asp?id=9519&themeID=1001&topicID=1006>

⁵ Campbell, P., Handa, S., Moroni, M., Odongo, S. and Palermo, T. (2010) 'Assessing the "orphan effect" in determining development outcomes for children in 11 eastern and southern African countries', *Vulnerable Children and Youth Studies*, 5: 1, 12 — 32

⁶ Roby, J (2011) *Children in Informal Alternative Care*. Discussion paper. UNICEF, New York. Retrieved at <http://www.bettercarenetwork.org/BCN/details.asp?id=25477&themeID=1002&topicID=1013>

into the negative impact of emotional deprivation and institutionalization for younger children further reinforced the critical importance of parental care and a family environment.⁷ This realization is also at the core of the United Nations Convention on the Rights of the Child adopted in 1989 and almost universally ratified, and more recently, of the Guidelines for the Alternative Care of Children welcomed by the UN General Assembly in 2009.⁸ Reforms of child protection and alternative care systems for children deprived of parental care, or at risk of being so, are ongoing as a result in virtually all regions of the world, with a particular focus on moving away from the use of residential care and strengthening the capacity of parents and families to care for their children.

These reforms have also been informed by research that has shown that the vast majority of children in residential care are not placed there because care is genuinely needed or that they are without parental or family care, but rather because their families are facing a range of challenges in their capacity to care, including poverty, lack of access to social services, discrimination and social exclusion, as well as a result of personal or social crises and emergencies.⁹ As a result, governments and other stakeholders in these reform processes have recognized that a major focus of this shift away from the use of residential care for children is not simply about reducing the numbers of institutions and removing children from there, but also about establishing better preventive and family support services to reduce child-family separation and stop children going into alternative care in the first place.

Understanding better the situation of children in 'care vulnerable situations', including those outside of parental care, has become crucial not only for HIV prevalent countries but for all countries seeking to strengthen their responses and systems for children facing a range of care and protection risks. A number of organizations and initiatives have drawn attention to the need for more systematic data on children's care situations, including family arrangements, parental status, care practices, and their impact on child well-being. Initiatives are ongoing, including under the US Government Children in Adversity Action Plan to improve the enumeration of children outside of family care, including children in institutional care and children associated with the streets. Better Care Network, Save the Children and Family for Every Child, among others, have each highlighted through their work the potential for more systematic mining of existing household level data sets, particularly DHS and MICS data, to provide a better picture of the patterns and trends relating to children in households who are not living with a biological parent.¹⁰ Initial analysis of this data for a small number of countries has shown how critical that data can be to understand the care situations of these children but also to highlight potential indicators of vulnerability associated with different care and living arrangements. Other important initiatives, such as Child Trends' World Family Map Project have highlighted the potential of using

⁷ For a review of the evidence, see for example Williamson, J, & Greenberg, A. (2010). Families, not orphanages. (Better Care Network, working paper). Retrieved from <http://www.bettercarenetwork.org/docs/Families%20Not%20Orphanages.pdf>; Browne, K. (2009). The Risk of Harm to Young Children in Institutional Care. Better Care Network and Save the Children Working Paper). Retrieved from http://www.bettercarenetwork.org/docs/The_Risk_of_Harm.pdf; Csaky (2009) Keeping Children Out of harmful institutions, Save the Children UK. Retrieved from <http://www.bettercarenetwork.org/BCN/details.asp?id=21471&themeID=1003&topicID=1023>

⁸ UN General Assembly, Guidelines for the Alternative Care of Children: resolution adopted by the General Assembly, 24 February 2010, (A/RES/64/142). Available at: <http://www.bettercarenetwork.org/docs/Guidelines-English.pdf>

⁹ Williamson, J, & Greenberg, A. (2010). Families, not orphanages. (Better Care Network, working paper). Retrieved from <http://www.bettercarenetwork.org/BCN/details.asp?id=23328&themeID=1003&topicID=1023>;

¹⁰ See for examples, Martin & Sudrajat (2007) Someone that Matters, Save the Children; Family For Every Child and INTRAC (2012) Context for Children and Policy situation paper, Roby (2011) Children in Informal Alternative Care, UNICEF; Child Frontiers (2012) Family support services and alternative care in Sub-Saharan Africa: Background paper; Better Care Network (2013) Analysis of DHS data (Ghana, Liberia, Rwanda, Jordan, Sierra Leone); Save the Children (2013). Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in West Central Africa.

internationally comparative data to map trends in family structures, family processes and culture and explore the links between these indicators and certain outcomes of child well-being.¹¹

The fact that this data is available and, in most cases already collected but not extracted or analyzed systematically, points to an immediate need that can be relatively easily addressed without major investment of resources or time. What is lacking at this stage is clear guidance for data collection agencies and data users, including national authorities, UNICEF country offices, policy and research bodies as well as donors, about the importance of this data and how it can be systematically extracted and used. Similar data is used routinely in high income countries to inform policies targeted at particularly vulnerable families, with the clear aim of strengthening parental capacity and addressing risk factors associated with child-family separation and loss of family care.¹² Ensuring similar analysis is conducted in low to middle income countries based on available household level surveys should be a priority, particularly taking into account the fact that this would have little resource implications for these countries. This would provide a rich and critical information basis for national authorities, donors and service providers to inform child and family centered policies and services.

Purpose

The aim of this initiative is to inform the development of an inter-agency technical brief that explains what household level data is available through DHS and MICS that is critical to better understanding and monitoring of trends and patterns in children's living arrangements and care status, and how the data can and should be extracted and used to inform policy and programmes at country and international levels. The brief will be targeted to child protection practitioners in UN agencies, INGOs and NGOs and will provide information to support them to engage with national government and statistical agencies to influence the DHS and MICS processes at country level.

Scope of Work

The DHS and MICS core questionnaires contain a number of indicators in relation to children's living arrangements, survivorship of parents, and relationship to the head of the household. This data in some countries is collected for all children under 15 years of age in a household and in others for children under 18 years of age. The data on survival status of parents is collected under the HIV AIDS section of the questionnaire and whilst it is collected systematically in countries with high HIV prevalence, other countries do not always collect it. This data is key to understanding the extent of parental loss (single/double orphans) but also the extent to which parental loss is a significant factor in children's living arrangement as well as a number of outcome indicators (Access to education for example). When extracted and analysed together, this data provide critical information about percentage distribution of children who are not living with a biological parent and the survival status of that parent. It highlights patterns and trends in children's living arrangements and 'orphanhood' at both national but also sub-national level and can be disaggregated to offer important analysis of factors such as gender, age,

¹¹ Child Trends (2013) World Family Map: Mapping Family Change and Child Well-Being Outcomes
<http://www.bettercarenetwork.org/BCN/details.asp?id=30279&themeID=1001&topicID=1011>

¹² See for example, OECD Family Database: <http://www.oecd.org/social/soc/oecdfamilydatabase.htm>

wealth, geographical location, that may be relevant to children's living situations, protection and well-being.

A core question asked by all DHS/MICS questionnaires relates to the relationship between children in a particular household to the head of the household. Although there are slight variations in the range of possible relationships provided, there is general consistency as far as the key categories are concerned (grandchild, niece and nephews, foster child, unrelated, for example). This data is systematically collected but is rarely extracted and analysed in the national reports, despite its clear relevance to children's care situations. Although that data is an imperfect proxy indicator for caregiving arrangements, it does not provide actual information as to who the legal or de facto caregiver for a particular child is in that household, it is a clear indicator of whether a child is living within or outside of family care. This information is key to understanding the extent and patterns of informal alternative care, particularly kinship care, in a given country and this, in turn is critical to inform policies seeking to strengthen parental care, prevent harmful separation but also support adequate family care and family based alternative care.

This data in combination with data on poverty, access to basic services, gender, violence, and other indicators of vulnerability can inform strategies on how best to target social protection and family support programmes to ensure appropriate care for children. In most high-income countries, this is precisely how this data is used and yet this has not become standard practice in most middle to low-income countries.¹³ The DHS and MICS surveys provide a unique opportunity to do so with very little if any need for further investment or resources and huge returns.

In order to develop inter-agency guidance that clarifies the potential use of DHS/MICS data to monitor patterns and trends in children's living and care situations and their relevance to child and family centered policies, a number of steps will be taken.

A round table meeting of key experts in DHS/MICS, M&E, and children's care will be held as a first step. The meeting will discuss and provide direction on the following questions:

- 1) Available data in DHS/MICS existing questionnaires that is care relevant, its potential and limitations in terms of use for monitoring children's care situations and their links to child-well being outcomes;
- 2) Challenges in getting that data collected, extracted, analysed systematically and solutions to addressing those challenges.
- 3) Need for potential revisions, clarification of the questionnaires, analysis framework and country report format;
- 4) Influencing the country level process- how do we make the case for systematic use of the data with key country level actors and support it.
- 5) Developing better indicators of care vulnerability- do we need additional indicators?
- 6) Complimentary use of other relevant data sets (IPUMS, Census data, IFLS)- can we provide a more comprehensive picture?

¹³ See for example, the US Census Bureau (2012) Families and Living Arrangements report at <http://www.census.gov/hhes/families/>; also OECD Family Database: <http://www.oecd.org/social/ocedfamilydatabase.htm>

Following the round table meeting, the chairs of the CP MERG Technical Working Group on children without parental care will develop of a draft technical brief setting out the importance of the household level data on understanding and monitoring trends and patterns in children's living arrangements and care status, explain how that data can be collected and used and for what purpose, who needs to be available and at what stage to ensure it is. The draft will include country examples using that data and highlighting the potential for analysis. The draft brief will be reviewed by members of the TWG and the broader CP MERG core group and a final version agreed and disseminated to key stakeholders.

A strategy to advocate for better use of DHS/MICS data on children's care will be developed by the TWG, including recommendations for additional indicators and revisions to the DHS/MICS methodology and definitions, if deemed important. Follow up meetings with key agencies and donors responsible or working in support of DHS/MICS will be held to disseminate the technical brief and support its use and implementation.

Output

- 1-2 day expert roundtable meeting
- Technical brief to clarify and guide the use of care relevant data from DHS/MICS, including a number of country analysis examples.
- TWG strategy to follow up on additional indicators, revised questions and definitions.

Lead responsibility

- Florence Martin, Better Care Network (Co-chair of CP MERG Technical Working Group together with Family For Every Child)
- Sarah Lilley, Save the Children (Co-chair of CP MERG)

Timeframe: May - December 2014

Participants:

Participants will be members of the TWG and additional experts who will be participating in the round table meeting and the development of the technical brief.