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THE IMPACT OF PROTECTION INTERVENTIONS ON UNACCOMPANIED AND SEPARATED CHILDREN IN HUMANITARIAN CRISES

UKaid from the British people
Save the Children
Tufts University | GERALD J. AND DOROTHY R. Friedman School of Nutrition Science and Policy
Feinstein International Center
OXFAM

About this systematic review

This is an independent systematic review, commissioned by the Humanitarian Evidence Programme – a partnership between Oxfam GB and the Feinstein International Center at the Friedman School of Nutrition Science and Policy, Tufts University. It was funded by the United Kingdom (UK) government through the Humanitarian Innovation and Evidence Programme at the Department for International Development. The views and opinions expressed herein are those of the authors and do not necessarily represent those of Oxfam, Feinstein or the UK government.

About the research team

This systematic review was conducted by Katharine Williamson, Save the Children UK; Debbie Landis, Save the Children Sweden; Priya Gupta, McMaster University; Harry Shannon, Professor Emeritus, McMaster University; and Leigh-Anne Gillespie, McMaster University.

The report's authors are from Save the Children UK and Sweden, and McMaster University. Although Save the Children advocates for family-based care in preference to residential care, there are no conflicts of interest among the authors, who remained open to all evidence. Katharine Williamson, the lead author, is Principal Investigator on the Office of U.S. Foreign Disaster Assistance-funded Measuring Separation in Emergencies Project and on the Steering Committee of the Inter-Agency Child Protection Information Management System. All discussion points, including those related to specific areas of interest, were reviewed by the research team and the Inter-Agency Working Group on Unaccompanied and Separated Children.

Searches of bibliographic databases were conducted in December 2015 and January 2016. Searches of potentially relevant websites (including government agencies and non-governmental organizations) were carried out between February 2016 and April 2016.

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Series editors

The report forms part of a series of humanitarian evidence syntheses and systematic reviews covering child protection, market support, mental health, nutrition, pastoralist livelihoods, shelter, urban contexts and water, sanitation and hygiene. The reports and corresponding protocols can be found at:

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The series editors are: Roxanne Krystalli, Eleanor Ott and Lisa Walmsley.

Photo credit

Za'atari camp, Syria, March 2016. Adeline Guerra/Oxfam.

CONTENTS

ABBREVIATIONS

CAAFAG	Children associated with armed forces and armed groups
CASP	Critical Appraisal Skills Programme
CI	Confidence interval
CP	Child protection
CPWG	Child Protection Working Group
CRC	Convention on the Rights of the Child
DCOF	Displaced Children and Orphans Fund
DNAS	National Directorate of Social Action (Mozambique)
DRC	Democratic Republic of Congo
FHI	Food for the Hungry International
FTR	Family tracing and reunification
IASC	Interagency Standing Committee
IAWG	Inter-Agency Working Group
ICC	Interim care centres
ICRC	International Committee of the Red Cross
IDTR	Identification, documentation, tracing and reunification
LMIC	Low and middle-income countries
MHPSS	Mental health and psychosocial support
NGO	Non-governmental organization
PTSD	Post-traumatic stress disorder
UAM	Unaccompanied minor
UASC	Unaccompanied and separated children
UCLA	University of California at Los Angeles
UK	United Kingdom
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
CAAFAG	United Nations Children's Fund

0 EXECUTIVE SUMMARY

This systematic review, commissioned by the Humanitarian Evidence Programme and carried out by a research team from Save the Children UK, Save the Children Sweden and McMaster University, identifies, synthesizes and evaluates existing evidence of the impact of protection interventions on unaccompanied and separated children (UASC) in humanitarian crises since 1983.[1] It aims to answer the question: '**What is the impact of protection interventions on unaccompanied and separated children, during the period of separation, in humanitarian crises in low and middle income countries?'**

Review scope and definitions

This systematic review focuses on protection interventions for UASC in humanitarian crises in low and middle income countries or in proximate countries of asylum since 1983. It considers the impact of such interventions undertaken during the period that these children are separated from parents or other caregivers and not during reintegration or long-term alternative care.

Who do we mean by 'unaccompanied and separated children'?

By 'children' we mean every human being below the age of 18 (UN Convention on the Rights of the Child, 1989, Article 1).

The Inter-agency Guiding Principles on Unaccompanied and Separated Children define separated children as 'those separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives'. Unaccompanied children are defined as 'children who have been separated from both parents and other relatives and are not being cared for by an adult, who, by law or custom, is responsible for doing so' (Inter-agency Working Group on UASC, 2004).

What do we mean by 'child protection in emergencies'?

Child protection in emergencies is defined by the Child Protection Area of Responsibility within the Global Protection Cluster as 'the prevention of and response to abuse, neglect, exploitation of and violence against children in emergencies'.

The review synthesizes evidence on outcomes for children from programming on family tracing and reunification (FTR), interim care (residential care centres and foster care) and mental health and psychosocial support (MHPSS) (see Figure 0.1).

As part of the systematic review process, the research team:

- identified all potentially relevant research
- selected the relevant studies for analysis
- reviewed the extent, quality and comparability of selected studies; the assessment of quality was based on a 'risk of bias' analysis
- synthesized the evidence in response to three sub-questions, each relating to particular domains and sub-domains of intervention:
  - how effective are child protection activities specific to UASC (such as FTR and interim care) at restoring a protective environment?
  - how effective are interventions aimed at preventing and responding to abuse, exploitation, violence and neglect at ensuring the safety of UASC?
  - how effective are MHPSS interventions in promoting the mental health and psychosocial well-being of UASC?
- identified consistencies and discrepancies in findings across programme contexts
- where appropriate, assessed how outcomes were defined and measured against international standards
- drew out conclusions and points of discussion from this analysis, and identified areas for further research.

[1] The Humanitarian Evidence Programme is a partnership between Oxfam GB and the Feinstein International Center at the Friedman School of Nutrition Science and Policy, Tufts University. It is funded by the United Kingdom (UK) government's Department for International Development through the Humanitarian Innovation and Evidence Programme.

Figure 0.1: Examples of common interventions undertaken with UASC

Domains of intervention	Sub-domains		Programme approaches		Domain-specific activities	Outcomes
1. Child protection	UASC-specific	Interim alternative care	Case management	Community-based mechanisms	Formal foster care	Restoration of a protective environment
					Interim care centres	
					Support to peer-headed households	
		Family tracing and reunification (FTR)			FTR	
	General	Prevention of and response to specific protection risks			Release of children from armed forces and armed groups	Safety from abuse, exploitation, violence and neglect
					Prevention of sexual violence	
					Child-focused refugee status determination	
2. Mental health and psychosocial support (MHPSS)					Focused, non-specialized MHPSS support	Mental health and psychosocial well-being
					Focused, specialized MHPSS support	

* General interventions are those aimed at children in general that may also affect UASC.

What evidence was eligible for synthesis?

This systematic review, which follows the guidelines and principles developed by the Cochrane Collaboration (2015), includes studies:

- that evaluate an intervention during the period of separation, which were undertaken in a low or middle income country or proximate country of asylum during a humanitarian crisis
- where the subjects are UASC
- that were published from 1983 onwards
- that are written in the English language (or translated into English)
- that are primary empirical research.

Searches of bibliographic databases were conducted in December 2015 and January 2016. Searches of potentially relevant websites (including government agencies and non-governmental organizations (NGOs)) were done between February 2016 and April 2016.

What is the state of the eligible evidence?

Of the 5,535 records identified through a series of searches (academic databases, grey literature websites) and a call for documents, the research team identified 23 studies that were eligible for inclusion. **The extent of the evidence is therefore limited.**

- Fourteen studies are programme evaluations (mainly focused on FTR programme outcomes) and nine are research papers (eight of which focus on interim care or MHPSS programmes).
- Twenty-one use quantitative methodologies and two use qualitative approaches.

Overall, the quality of the evidence is modest. Most are evaluated as of low to medium quality. The risk of bias (which is converse to the quality rating) is rated as 'high' in seven of the 23 eligible studies; eight are rated as 'high/medium' risk of bias; six are rated as medium; and two as 'low/medium'.

These 23 studies include 26 different case studies of humanitarian interventions with UASC. Of these case studies, 21 focus on countries in Africa, two on Indonesia, one on Haiti, one on Guatemala and one on Syrian refugees in the Middle East. **The focus of the evidence is therefore heavily skewed towards conflicts in Africa.**

Recommendations related to the state of the evidence

The research team recommends the following simple methods for improving the quality of programme evaluations:

- reports should describe the methods used in gathering and analysing information
- the number of children benefiting from programme interventions should be clearly stated
- caseloads should be disaggregated by age and gender, and differences between groups should be tested using robust statistical techniques
- the evaluation report should make clear exactly who is included.

In FTR reports:

- the intervention timeline should be clear
- the report should state whether numbers of registered children are cumulative or new cases in a particular period
- the number of children in the overall caseload and the number reunified should be explicitly stated; and the same data provided for sub-groups as appropriate.

Broadly:

- in order to facilitate effective identification of grey literature, authors should consider including abstracts or executive summaries, as well as titles that accurately describe the intervention
- evidence stemming from national or regional research agendas would be valuable, as would a wider body of evidence covering contexts beyond Africa and beyond situations of conflict
- it is recommended that disasters caused by natural hazards are prioritized for further research and evaluation of interventions with UASC.

What are the findings and recommendations?

Figure 0.2 summarizes the number and quality of studies included per domain and sub-domain. It also summarizes the geographical locations, dates, and the type of humanitarian crises in which the interventions take place.

Figure 0.2: Profile of studies per domain

Domain/ sub-domain of intervention	Number of studies/ case studies	Methodology	Location	Range of publication dates	Types of humanitarian crisis	Quality range and median
Domain: Child protection						
Sub-domain: UASC-specific programming *(please see below for breakdown of details)*						
Family tracing and reunification	14 studies, including 17 case studies	Quantitative (all)	Rwanda/Democratic Republic of Congo (DRC) (x6), Ethiopia, Mozambique (x2), Angola, Sierra Leone/regional (x2), Guatemala, Aceh (x2), Middle East region	1993–2014	Conflict (x15), Disaster (x2)	*Range:* Low–medium/high; *Median:* Low/medium
Interim alternative care	9	Quantitative – 7; Qualitative – 2	Mozambique (x2), DRC (x2), Eritrea (x2), Kenya/Ethiopia, Sierra Leone, Aceh	1994–2009	Conflict (x8), Disaster (x1)	*Range:* Low–medium; *Median:* Low/medium
Sub-domain: General child protection programming: No studies identified						
Domain: MHPSS	2	Quantitative	Rwanda, Haiti	2003–2015	Conflict (x1), Disaster (x1)	*Range:* Low–medium; *Median:* Low/medium

Seventeen of the case studies focus on FTR, and nine on alternative interim care (two case studies include a focus on both interventions). No studies examine the impact of general child protection activities on UASC. Two case studies focus on measuring the impact of mental health and psychosocial well-being interventions with UASC.

Family tracing and reunification

The scale of separation in Rwanda is unparalleled in the evidence. With an overall caseload of 120,000 UASC registered (or 3.7 percent of the affected child population), this is in excess of 3.5 times the scale of separation in any other crisis. The humanitarian response to this crisis offered rich opportunities for learning about how to effectively identify and document UASC, trace their families and reunify them: Six out of seventeen FTR case studies focus on Rwanda and surrounding countries.

There is some indication that the scale of separation may be greater in conflicts than in natural disasters. Caseloads in some of the conflict contexts where interventions were undertaken (Ethiopia, Mozambique, Angola and Sierra Leone/regional) are of comparable size and scale (ranging from 0.23 percent of affected child population in Angola to 0.99 percent in the Mano River countries). Caseload size both as an overall number and as a percentage of affected child population was significantly lower following the Indian Ocean tsunami in Aceh. This perhaps reflects a critical difference in the degree of separation that takes place in natural disasters compared with conflict settings and warrants further exploration.

Although challenging to attribute, the evidence included in this study indicates an increase in rates of reunification over time. While this may indicate the positive impact of an increased emphasis on addressing separation and the development of programme, approaches to FTR, given the limited number of studies and wide range of influencing variables caution is required in interpretation.

A number of studies identified factors that had a positive influence on rates of reunification:

- effective coordination between UN, NGOs, civil society organizations and governments
- engaging with communities in the identification, tracing and reunification process
- capacity-building being integral to programming and systems building
- effective information management
- adequate sustained programme funding.

These factors are reflected in the body of standards and guidelines that has been developed during this time period (i.e. since 1983), most notably by the Inter-Agency Working Group on Unaccompanied and Separated Children.

A number of studies raise concerns about missing girls, particularly those that relate to programming with children associated with armed forces and armed groups (CAAFAG).

- Children in interim care centres in Mozambique and Sierra Leone were all male, reflecting the male-centric nature of official disarmament, demobilization and reintegration processes.
- In Sierra Leone, 8.5 percent of the children demobilized were girls, yet this number failed to reflect the significant numbers of girls who had been abducted by the Revolutionary United Front (RUF).
- There was a gender imbalance among girls aged 13–18 involved in FTR programming in Sierra Leone and Liberia, indicating a hidden population of separated girls – including those associated with armed groups – who came to be known as the 'lost' girls. The fear of stigmatization was reported as a key reason why girls felt unable to return home.
- In Angola, Save the Children UK documented that abducted girls aged 12–14 were detained in quartering areas by military personnel who claimed that they were their wives.
- This is not exclusive to programming with CAAFAG: in post-tsunami Aceh, Dunn et al. (2006) reported that only 40 percent of the FTR caseload was female; similarly, there were documented concerns that fewer girls than boys were identified and supported with FTR programming in Rwanda.

Recommendations related to FTR interventions

- In order to generate a greater focus on issues such as gender, the humanitarian child protection sector should standardize the disaggregation of data on UASC by gender and age categories, and provide caseload analysis that outlines reasons for separation.
- Building on the previous recommendation, analysis of case information from a variety of contexts has the potential to generate information on the nature, scale and contextual drivers of separation in different types of humanitarian crises.
- Findings from assessments to measure the nature and scale of separation in emergencies should be analysed in order to progressively build a picture of the drivers of separation in different contexts.

Interim care

Outcomes for children living in residential care were mixed. Where this was explored, positive outcomes were strongly linked to better standards in care, particularly increasing the staff-to-child ratio and improving the quality of the caregiver relationship.

Outcomes for children in foster care were generally, but not consistently, positive. Study outcomes indicated that significant ongoing monitoring and support to both children and families is required to ensure that foster care is effective for all children.

While the UN Guidelines for the Alternative Care of Children recommend foster over residential care as the preferred interim measure, **the findings from this review are not enough in themselves to confirm or refute the prioritization of foster care over residential care as a norm for interim care in emergencies**.

Outcomes for children in interim care were only partially measured in the majority of studies. The research team evaluated outcome indicators and measures of outcome against definitions of 'adequacy' and 'appropriateness' of care. The majority of papers focusing on interim care evaluated outcomes against some – primarily social and emotional – but not all dimensions of the adequacy of care. Most papers did not evaluate outcomes in relation to the appropriateness of care. There is also wide variation in the cultural validity of the measures used.

Recommendations related to interim care interventions

- Further research is needed to:
  - understand what aspects of both formal and informal foster care are critical to bring about positive outcomes for UASC in humanitarian contexts
  - compare the outcomes of formal and informal foster care versus residential care in humanitarian contexts.
- The humanitarian child protection sector would benefit from the development of a standardized holistic framework, applied in a contextually appropriate way, for evaluating the outcomes of care interventions on UASC in humanitarian contexts.

General child protection programmes

Recommendations related to general child protection programming

- No studies were identified that evaluate outcomes for UASC involved in general child protection programmes in humanitarian contexts. This perhaps reflects the newness of approaches such as child protection case management in humanitarian response, which would be expected to generate such data.
- The humanitarian child protection sector should work to systematically analyse case management data, disaggregating by separation status and taking into account age, gender and other key variables related to child protection risks and vulnerabilities.

Mental health and psychosocial support

With only two studies considered eligible for this review, the extent of the evidence on MHPSS interventions is extremely limited. Both of the programmes evaluated were based on externally-conceptualized models of how to promote psychosocial well-being and may not have been appropriate to context. Neither study focuses on the specific impact of separation and loss on the mental health and well-being of children.

Further, indicators of well-being and measures used to evaluate against indicators lacked cultural validity.

Recommendations related to MHPSS interventions

- Further research is required that evaluates outcomes of contextually appropriate MHPSS interventions, with sensitivity to those issues that may be specific to UASC. In order to build up evidence of good practice, research is critically needed to:
  - review relevant evidence on the impact of separation on mental health and psychosocial well-being from non-humanitarian contexts and consider how this may apply in humanitarian contexts
  - evaluate the impact of separation in humanitarian crises on children's mental health and psychosocial distress in the short, medium and long term
  - identify examples of contextually-appropriate MHPSS interventions with UASC and evaluate their impact on children's mental health and psychosocial well-being.
- Additionally, it is recommended that a clear approach for the evaluation of MHPSS outcomes for UASC is developed to promote culturally validity in evaluation.

The researchers conclude by raising questions about what constitutes 'evidence', given the wealth of information about UASC that was not considered eligible for this review.

The broader literature on UASC should be synthesized to identify themes and promising interventions with UASC that would then be rigorously evaluated to further develop the evidence base on this topic.

1 BACKGROUND

This section provides an overview of the background context for the research question. It starts by describing the problem, and outlines why the review is relevant. It outlines theoretical frameworks that underpin programme approaches with unaccompanied and separated children (UASC), and elaborates on what some of those programming approaches are. It defines the research questions, and then provides an overview of how the evidence will be evaluated in order to answer the questions.

1.1 DESCRIPTION OF THE PROBLEM

Humanitarian contexts such as armed conflict, population displacement, and disasters caused by natural hazards can lead to the separation of children[2] from their families and primary caregivers (Hepburn et al., 2004). Children may become separated for a variety of reasons: accidentally during the chaos of the disaster; through abduction or recruitment into armed forces or armed groups; families sending children to live with relatives for their own safety; or families placing children in institutional care as a means of accessing resources. In addition, children may also be sent to work in order to supplement household income, creating an added risk of separation (Hepburn et al., 2004).

According to the Inter-Agency Guiding Principles on Unaccompanied and Separated Children, separated children are defined as, 'those separated from both parents, or from their previous legal or customary primary care-giver, but not necessarily from other relatives. These may therefore, include children accompanied by other adult family members', whereas unaccompanied children are defined as, 'children who have been separated from both parents and other relatives and are not being cared for by an adult, who, by law or custom, is responsible for doing so' (Inter-Agency Working Group (IAWG), 2004). It is important to note that UASC are not necessarily orphans as their family status is not always immediately clear (IAWG, 2004). Indeed family tracing and reunification (FTR) aims to reunite children and their parents or other primary caregivers where possible.

1.2 WHY THIS REVIEW IS IMPORTANT

To a variable extent, children depend on others for care and protection, according to their age, developmental stage, and other risk and protective factors they may encounter. Under international human rights law, all children have a right to enjoy special care and protection according to their status as children (UN, 1989). During conflicts and crises, children often face multiple stressors that can have significant impacts on their physical, cognitive, social and emotional development. Because UASC have lost the care and protection of their primary caregivers, they face a heightened risk of abuse, neglect, exploitation and violence (Maestral International, 2011). As a result, programming for UASC cases is often prioritized in the context of humanitarian interventions (Maestral International, 2011; Hepburn et al., 2004).

Child protection in emergencies is defined as 'the prevention of and response to abuse, neglect, exploitation of and violence against children in emergencies (Child Protection Working Group (CPWG), 2010). The Minimum Standards for Child Protection in Humanitarian Action synthesize the collective expertise of the sector and establish practice standards to work towards (CPWG, 2013). They include standards to address child protection needs, which delineate risks – dangers and injuries; physical violence and other harmful practices; sexual violence; and child labour. The standards specifically mention children with vulnerabilities that require the development of specific programming approaches – UASC and children associated with armed forces or armed groups (CAAFAG). Additionally, the Minimum Standards include some child protection activities in humanitarian contexts to address the specific vulnerabilities of UASC. These are the provision of

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

alternative care, and family tracing and reunification (FTR). Both of these activities aim to restore a protective environment for the child and thereby reduce their exposure to abuse, neglect, exploitation and violence.

Programming for UASC in emergencies is considered to be a life-saving child protection intervention (Thompson, 2015). Historically, international and local non-government organizations (NGOs) have focused their programming on preventing separation, preserving family unity, family tracing, and supporting interim alternative care pending reunification or the provision of long-term alternative care arrangements (UNHCR, 2014; Tolfree, 2003; Hepburn et al., 2004; IAWG, 2004). In recent years, the humanitarian child protection sector has shifted from thematic focus on programming to address categories of vulnerability such as 'UASC' towards understanding vulnerability in context (Barnett and Wedge, 2010). Separation is now seen as one of multiple factors that can increase children's vulnerability. As a result, a broader range of programming responses are believed to be needed to address the child protection concerns that children face (Tolfree, 2003). Increasingly, case management has been used as a programming approach to provide holistic services and support to UASC and other vulnerable children (Wulczyn et al., 2009).

Psychosocial well-being is also looked at in the Minimum Standards as an important area to address within child protection programming. Child protection agencies are usually prominent actors in delivering psychosocial interventions for children in humanitarian contexts, and the agencies coordinate with those responsible for children's health on the referral to and delivery of mental health interventions. However, despite close interlinkages between them, mental health and psychosocial support is different from child protection, as it involves programming across all humanitarian sectors.

1.3 THEORETICAL FRAMEWORKS

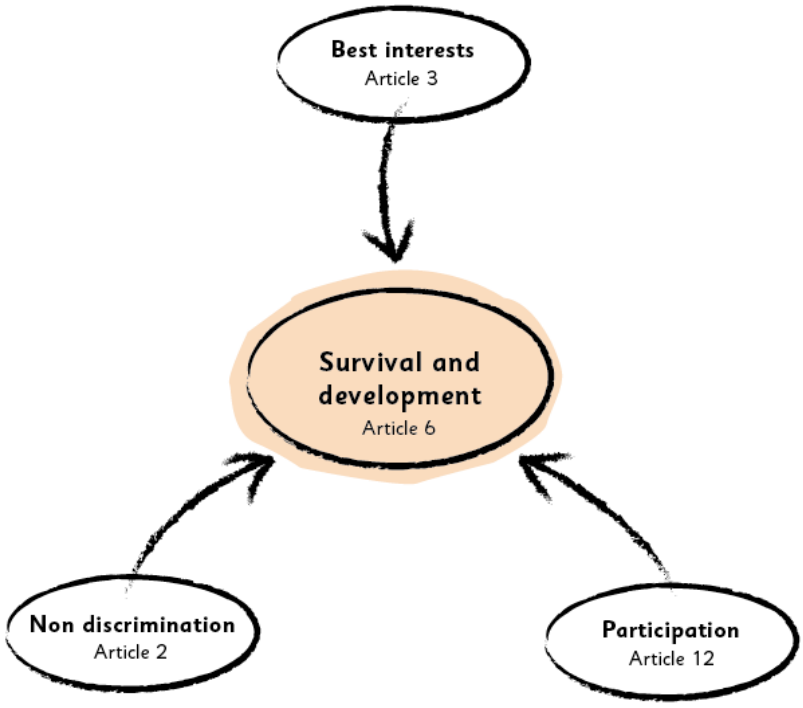
Three theoretical perspectives are particularly relevant for framing interventions with UASC:

- child rights
- ecological systems theory
- vulnerability and resilience.

Child rights

The Committee on the Rights of the Child has identified four general principles that underpin the implementation of the UN General Assembly's Convention on the Rights of the Child (CRC) (1989) and form the foundation for child rights programming. These principles can be represented in the form of a triangle (Figure 1.1).

Figure 1.1: Four general principles of child rights. Source: Gosling, L. (2009). Foundation module 5: Advocacy. Save the Children



- **Survival and development (Article 6)**: Children not only have a right to life, but also to the means necessary for their survival and to the resources and supports that will enable them to develop their full potential and play their part in a peaceful, tolerant society. All the rights outlined in the CRC aim to achieve the conditions necessary to uphold the survival and development of all children at all times.
- **Non-discrimination (Article 2)**: All rights apply to all children without exception. States are obliged to put in place measures to prevent discrimination in any form.
- **Best interest of the child (Article 3)**: 'In all actions concerning children… the best interests of the child shall be a primary consideration.' It is important that children's views are taken into consideration in accordance with a child's evolving capacity.
- **Participation (Articles 12 and 13)**: Children have the right to express themselves, to be heard and to have their opinions given due weight in accordance with their age and maturity.

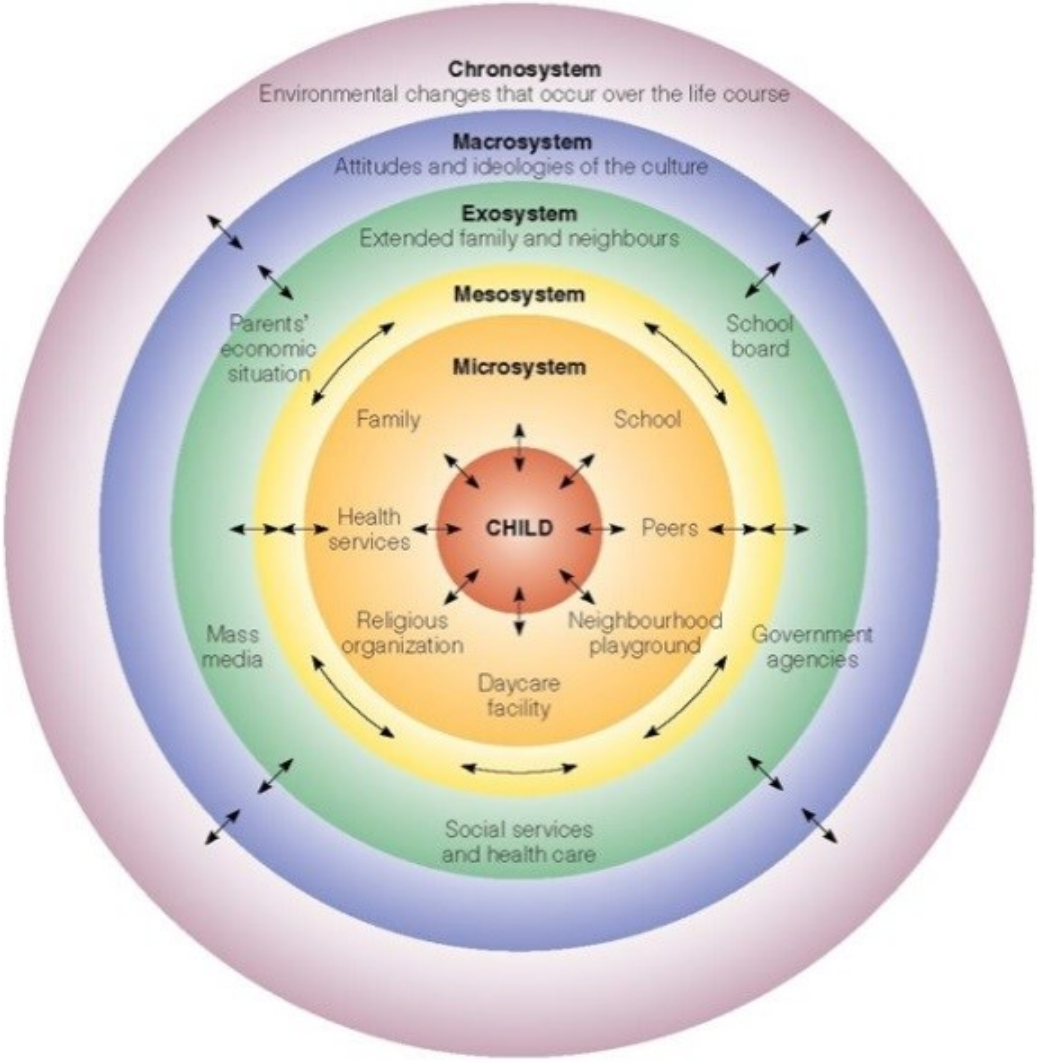
Of particular relevance for UASC, the CRC upholds the family as the fundamental unit of society that is responsible for promoting children's protection and well-being, and recognizes that children should grow up in a family environment (preamble). States are required to afford special protection and assistance to children deprived of family care (Article 20).

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

Ecological systems theory

Ecological systems theory (Bronfenbrenner, 1979) as depicted in Figure 1.2 (extracted from Rhodes, 2013) is also relevant as a theoretical basis for interventions with UASC. In ecological systems theory, the child is situated within a series of environmental systems. The child's individual characteristics interact with, influence and are influenced by the characteristics of the environmental systems around them. According to this theory, all of the systems contribute towards the creation of a protective environment for a child.

Figure 1.2: Ecological systems theory. Source: Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge, MA: Harvard University Press



The systems are:

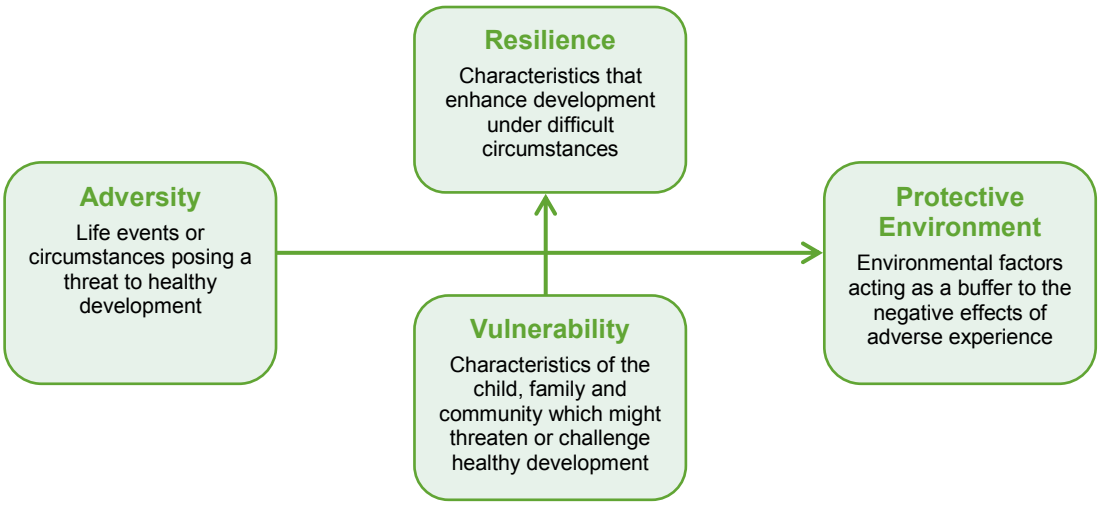
- **Microsystem**: the institutions and groups immediately around the child, including family, school, peers and community
- **Mesosystem**: the interactions between actors in the microsystem such as family and teachers, or family and peers
- **Exosystem**: the connection between the child's social environment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

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

Vulnerability and resilience

The term 'vulnerability' refers to characteristics that threaten a child's development and increase the likelihood of abuse, neglect, exploitation and violence. Resilience is a characteristic whereby a child is able to adapt and cope with adversity. All children are both vulnerable and resilient: these elements are always changing depending on the factors that positively or negatively influence the child's environment and how the child interacts with them (Figure 1.3) adapted from Department of Health et al. (2000).

Figure 1.3: Factors that affect vulnerability and resilience. Source: Adapted from The Child's World: Assessing Children in Need. Training and Development Pack. Department of Health, NSPCC and University of Sheffield



Specific factors have been found to increase vulnerability or build resilience in children at individual, family and community levels. Individual characteristics such as age, developmental stage, gender, disability and social status are important factors that influence how children experience adversity. A child's physical, social, cognitive and emotional development influences her or his dependency on a primary caregiver, understanding and interpretation of external events, and sense of identity (Patrice et al., 1996). A child's gender is central to their sense of identity, prescribing social roles and life opportunities (Cross and Madson, 1997). Often, girls face discrimination in access to basic services and social resources and participation (IAWG, 2004). Some children also face exclusion from playing a full role in society. Children with disabilities are particularly prone to exclusion, as are those from religious and ethnic minorities or from lower socioeconomic backgrounds (IAWG, 2004).

The experience of separation or loss is a risk factor for increasing a child's vulnerability. Conversely, a close relationship with a consistent caregiver and support from extended family and community are environmental factors that can promote a child's resilience (Hepburn et al., 2004).

1.4 DESCRIPTION OF THE INTERVENTIONS OF INTEREST

This review examines evidence from interventions undertaken with UASC during their period of separation, rather than outcomes such as reintegration following reunification, or long-term alternative care. The decision was taken to narrow the focus in this way to maximize learning on how to protect children while they are separated. Other research and evaluation papers undertaken with children following family reunification or placement in long-term alternative care were considered eligible if they evaluated the outcomes of interventions that were undertaken during the period of separation.

The decision to focus on the period of separation was made by the Inter-Agency Working Group (IAWG) Advisory Committee for the following reasons:

- the Humanitarian Evidence Programme commissioning team stipulated a focus on interventions that apply during separation related to humanitarian crises, as opposed to interventions aimed exclusively or primarily at preventing separation or protection incidences
- separation exposes children to a broad range of other protection risks. UASC may be considered at their most vulnerable and most in need of protection during the period of separation, given that they are without their primary caregivers
- while reintegration may be a primary focus of programming with UASC aimed at mitigating their vulnerability, arguably the majority of activities with UASC take place during the period of separation
- it was thought that including reintegration would focus the review on this aspect at the expense of an in-depth examination of interventions during the period of separation.

For the purposes of this research, programme interventions with UASC are therefore conceptualized as falling within two core domains of intervention:[3]

- child protection
- mental health and psychosocial support (MHPSS).

The child protection domain is further divided into two sub-domains:

- child protection activities specific to UASC
- general child protection activities applied to UASC.

This conceptualization is a departure from that outlined in the research protocol (Williamson et al., 2016), where three domains were defined: 1) MHPSS, 2) interim alternative care, and 3) child protection. The change aims to reconcile the conceptual confusion that was caused by having 'child protection' as a domain within a broader child protection programming umbrella. The recognition of two separate yet interlinked domains, with the child protection domain divided into general and UASC-specific activities, more accurately reflects how programme interventions with UASC are generally conceptualized by practitioners.

We also considered dividing the MHPSS domain into two sub-domains: general MHPSS activities, and MHPSS activities specific to UASC. The later domain would have included interventions aimed at addressing, for example, the impact of separation, loss and grief. It was considered potentially too complex to make this division, given that many non-separated children will also have experienced the loss of a caregiver, and many UASC will have experienced other events that have impacted their mental health and psychosocial well-being. Instead, while evaluating the evidence, we have noted whether MHPSS activities were tailored to meet the specific needs of the UASC for whom they were implemented or not.

It was anticipated that all activities undertaken with UASC will fall into one of these two domains and the sub-domains therein. Where activities were identified through the research process that did not fall into these domains, we did not consider them to be relevant to the review.

Overarching approaches to working with UASC

As already noted, the Minimum Standards for Child Protection in Humanitarian Action (CPWG, 2012) provide standards, indicators and activities for a number of different approaches to developing child protection strategies. Two of these approaches are considered particularly relevant when working with UASC:

- case management (Standard 15)
- community-based mechanisms (Standard 16).

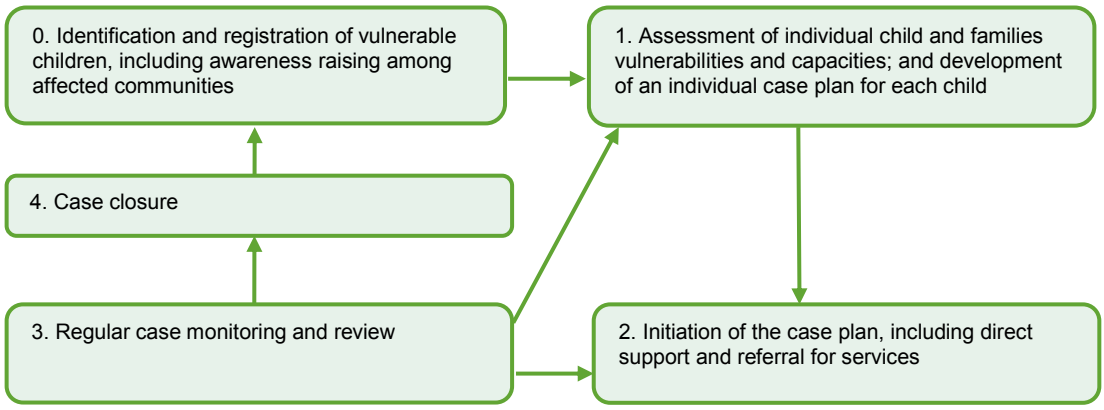
[3] These domains are echoed in the section on UASC in Thompson, H. (2015). *A Matter of Life and Death*, on behalf of the CWPG, 19–20.

From the child protection systems perspective, case management can be seen as the implementation of the 'formal', or government-run, aspect of a child protection system, while engagement with community-based mechanisms constitutes support to the 'informal', or community-based, aspects of the child protection system.

Case management

The case management process, as shown in Figure 1.4 (Standard 15, p. 137) starts with the identification of vulnerable children, with categories of vulnerability based on a vulnerability analysis. In case management systems, vulnerability is typically defined more broadly than the category of separation, but where separation is an issue UASC are usually prioritized. The situation, risks, vulnerabilities and capacities of each child are assessed, and an individual case plan developed outlining services and supports that the child will receive. The emphasis on the assessment of each child's individual needs aims to promote a more holistic approach than a narrow programmatic focus on FTR and alternative care as a response to separation. This is by recognizing the particular vulnerability of UASC to abuse, exploitation, violence and neglect. The case plan is implemented, reviewed on a regular basis and adapted as appropriate. Cases are closed if the objective of the case plan is achieved, and risks and vulnerabilities are addressed.

Figure 1.4: The child protection case management process. Source: Child Protection Working Group. (2012). Minimum Standards for Child Protection in Humanitarian Action



Information management for individual children is a tool that supports effective case management. Using an interagency information management system promotes coordination by supporting the sharing and exchange of information between relevant agencies and authorities in line with data protection and information sharing protocols.[4] Information management systems may provide a rich source of data on UASC within case management programming.

Community-based mechanisms

A community-based child protection mechanism is 'a network of groups or individuals who work in a coordinated way towards child protection goals' (Standard 16, p. 143). Research indicates that to be most effective, community-based mechanisms should link to formal systems, constituting a part of the services and support mapping that is integral to case management CPC Learning Network. (2011, 2012 and 2013). This constitutes a starting assumption for this research.

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

[4] Standard 5 of the Minimum Standards for Child Protection in Humanitarian Action addresses this aspect of information management as well as others.

- supporting the identification of UASC within the community, and referral for case management services
- supporting children and families providing kinship and foster care placements within the community
- promoting the inclusion of UASC within economic and social activities at community level
- mediating interrelational problems and social stigma against UASC at the family and community levels
- using community-based systems to support family tracing.

Domains of intervention

Child protection

Humanitarian crises tend to exacerbate pre-existing risks and vulnerabilities and create new ones, while at the same time disrupting or overwhelming the formal and informal systems that protect children. Child protection involves taking measures to promote resilience and mitigate the vulnerability of children to real or potential risks, and address specific incidents of abuse, exploitation, violence and neglect. Most activities therefore focus on addressing vulnerabilities such as separation, on preventing risks of, for instance, sexual violence or child labour, or on responding to specific incidents to minimize the impact on the child, for example by ensuring that they have access to health and psychosocial services, legal redress, and/or support to return to and reintegrate with their families and communities.

Child protection activities specific to unaccompanied and separated children

The objective of child protection activities specific to UASC is to mitigate vulnerability by restoring a protective environment.

Separation increases children's vulnerability because they have lost the protective environment of their family. Activities that aim to restore a protective environment typically include a) tracing the child's family with the objective of reunifying the child and family if this is found to be in the child's best interest; or b) providing alternative interim care to the child while they are separated from their family or until an alternative durable solution can be provided.

Family tracing and reunification

The process of tracing a child's family and reunifying the child with them is generally referred to as identification, documentation, tracing and reunification (IDTR). It includes the following stages.

- ***Identification***: the process of establishing which children may be separated from their caregivers and where they may be found.
- ***Registration***: the compilation of key personal data for the purpose of establishing the identity of the child and to facilitate family tracing.
- ***Documentation***: the process of recording further information in order to meet the specific needs of the child
- ***Tracing***: the process of searching for family members or primary legal or customary caregivers.
- ***Verification***: the process of establishing the validity of the relationships and confirming the willingness of the child and family member to be reunited.
- ***Reunification***: the process of bringing together the child and family for the purpose of establishing long-term care.
- ***Follow-up***: a range of activities to facilitate reintegration (IAWG UASC, 2014).

When taking a case management approach to working with UASC, the initial stages (identification, registration and documentation) of IDTR mirror the early stages of the case management process (identification, registration, documentation, assessment, case planning) (CPWG, 2014). FTR then becomes a service for those UASC who are assessed as in need of support to find and/or be reunified with their families. This can be undertaken by referral to specialized FTR caseworkers, or by the child's caseworker if she or he has the

appropriate skills and mandate. Since our review incorporates a focus on case management as a key approach to working with UASC, the term 'FTR' will be used to indicate where this is a service within or linked to a case management programme.

Interim alternative care

Alternative care. Alternative care is defined as 'the care provided for children by caregivers who are not their biological parents. This care may take the form of informal or formal care. Alternative care may be kinship care; foster care; other forms of family-based or family-like care placements; residential care; or supervised independent living arrangements for children' (IAWG UASC, 2014).

Interim care. Interim care is defined as 'care arranged for a child on a temporary basis of up to 12 weeks. The placement may be formal or informal with relatives, foster carers or in residential care such as an interim care centre. The child's care plan should be reviewed every 12 weeks (three months) in order for a longer-term plan and placement to be put in place. After this period, if a child is still in the same care situation, this should be referred to as longer-term care' (IAWG UASC, 2014, p. 12).

In reality, the period that a child remains in interim care during a humanitarian crisis is usually significantly longer than 12 weeks. For the purposes of this research, interim care may be considered to extend beyond 12 weeks if no assessment has been made for referral into long-term care.

Appropriate care. Alternative care is also often referred to under the umbrella of 'appropriate care'. This refers to the quality of the child/caregiver relationship and whether this is appropriate to meet the needs of the child. It covers all forms of care, including care provided by the primary caregiver, thereby also encompassing programmes to strengthen families, positive parenting interventions, and child protection mechanisms that respond to exploitation, abuse, violence and neglect in the household, including removing children from a care situation if this is deemed in their best interest.

Adequate care. The 'adequacy' of care can also be used as an indicator for alternative care. Adequate care is 'where a child's basic physical, emotional, intellectual and social needs are met by his or her caregivers and the child is developing according to his or her potential. In an emergency context this means an absence of abuse, neglect, exploitation or violence and the use of available resources to enable the child's healthy development' (IAWG UASC, 2014, p. 9, quoting Tolfree, 2007).

The appropriateness and adequacy of care are therefore ways of assessing the effectiveness of interim alternative care. This wording is reflected in the activity log frames detailed in our protocol.

A summary of evidence published in 2003 suggested that children commonly endure significant harms while living in residential care (Save the Children UK), leading child protection agencies to prioritize family-based forms of alternative care and to advocate for placements in residential care to be made only as a last resort and for the shortest possible time (UNHCR, 2014). The Guidelines for the Alternative Care of Children (UN, 2009) provide the principles and framework for developing alternative care. In emergency situations, these emphasize the development of temporary and long-term family-based care options and the use of residential care as a temporary measure only.

However, in humanitarian contexts, alternative care options may be limited or sub-standard, leading to an over-reliance on informal and often under-supported care options within communities while formal foster care options are developed. In humanitarian contexts, evidence on the efficacy of family-based care alternatives for meeting children's physical, emotional, intellectual and social needs is limited (Save the Children Indonesia, 2011). In some situations, agencies rely on placement in institutional care while they seek to raise care standards within targeted institutions in the medium term. This can lead to additional problems of families purposely abandoning their children to established institutional care centres in hopes that the child will receive the support the family cannot provide (Hepburn et al., 2004). Since family reunification is one of the most common objectives of programming with UASC, children are frequently placed in interim alternative care pending reunification with parents or former caregivers (UNHCR, 2014). Given the difficulty of anticipating how

many children will be reunified and how long this may take, and given programme cycles that are limited in time and the difficulty of ensuring long-term funding, child protection agencies often fail to deal with the long-term implications of care placements, or to oversee a transition in care planning from interim to long-term care.

The Alternative Care in Emergencies Toolkit (IAWG UASC, 2014) provides tools and guidance to assess, plan and implement interim care services for UASC in emergency contexts, including guidance on the establishment of and support to:

- **foster and kinship care**, which includes:
  - monitoring children in family-based care
  - promoting and supporting informal foster and kinship care
  - developing formal foster care programmes (p. 130)
- **small group residential care**, which includes:
  - group care in camp, residential or group foster care
  - use of interim care centres
  - small group home specifications (p. 142)
- **child and peer-headed households**, which includes:
  - how to support child or peer-headed households
  - support for existing or new child or peer-headed households (p. 147).

General child protection activities

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

General child protection activities are those that aim to prevent risks or respond to specific incidents of abuse, exploitation, violence and neglect. While this may involve mitigating vulnerability and promoting resilience at the individual, community and potentially national level, these are not activities that target specific categories of vulnerable children such as CAAFAG, children in conflict with the law, or UASC.

As mentioned in Section 1.2, the types of risks that children may be exposed to in humanitarian contexts are outlined in the Minimum Standards for Child Protection in Humanitarian Action (2013). These include:

- risk of injury or death due to dangers in the environment or direct targeting of children in armed conflict (*Standard 7: Dangers and Injuries*)
- risk of physical violence and other harmful practices such as domestic violence, corporal punishment, early marriage and female genital mutilation (*Standard 8: Physical Violence and other Harmful Practices*)
- risks of sexual violence including rape and other forms of sexual abuse, sexual exploitation, and trafficking for purposes of sexual exploitation (*Standard 9: Sexual Violence*)
- risk of recruitment to and use by armed forces or armed groups (*Standard 11: CAAFAG*)
- risk of exploitation for labour (*Standard 12: Child Labour*).

Separation increases children's vulnerability to these risks because UASC may lack the protection of a caregiver. Separated children may be exposed to trafficking for the purposes of sexual and labour exploitation both within communities and in the context of formal or informal care arrangements (Doyle, 2010). They are more vulnerable to abduction by or recruitment into armed groups and armed forces, to sexual violence and to various other dangers and injuries in their environment.

Activities that aim at preventing these risks include working at the community level with community-based child protection mechanisms to raise awareness of risks and their potential to harm children; to change attitudes and practices that drive risks; and to engage girls and boys in risk reduction strategies. Legal services may try to ensure that children have a legal identity and regular asylum or migration status within the country of location. Prevention activities also involve working at the national level on public awareness campaigns aimed at increasing knowledge and changing attitudes and practices, and developing laws and policies to deter abuse, exploitation, violence and neglect.

Activities that respond to incidents of abuse, exploitation, violence and neglect include the implementation of case management systems to identify, assess and respond to individual cases; implementation or capacity building of child-focused health, psychosocial, security and legal services; and promotion of access to legal redress.

Mental health and psychosocial support
The objective of MHPSS interventions is to promote the mental health and psychosocial well-being of UASC.

Figure 1.5: The four layers of MHPSS interventions. Source: IASC (2007). Guidelines on Mental Health and Psychosocial Support in Emergency Settings

Mental health and psychosocial support is defined as 'any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder' (IASC, 2007a). The Interagency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Humanitarian Contexts (2007b) provide a framework for MHPSS interventions, including those aimed at children. As demonstrated in Figure 1.5, the guidelines delineate four layers of MHPSS interventions. These are interdependent and should all be implemented concurrently to maximize mental health and psychosocial well-being.

In situations of adversity, secure attachment to a consistent caregiver is a critical component in building a child's resilience and emotional well-being (Holt, 2008; Yeşim, 2012). During the first two years of life, secure attachment influences the evolution of brain structures responsible for an individual's long-term social and emotional functioning (Malekpour, 2007). Separation from a primary caregiver is likely to have a significant psychosocial impact on a child, with differing outcomes depending on the developmental stage of the child and other interrelating risk and protective factors (de La Soudière et al., 2007). This is particularly significant in an emergency, when children most need a trusted caregiver to provide protection and support. The psychosocial well-being of the child is influenced by risks and protective factors in their environment and the way in which these interact with the child's individual characteristics.

The Field Handbook for Unaccompanied and Separated Children (IAWG UASC, forthcoming) outlines MHPSS interventions aimed at UASC,[5] as follows.

[5] Using a matrix on cross-sector programmes.

Basic services and security:

- Ensure that child protection staff are trained in psychological first aid (WHO, 2011), and how to communicate with, listen to and support children.
- Keep children informed and involved in what is happening to them.
- Restore a sense of normality by meeting basic needs and providing structured activities.

Community and family supports:

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

Focused, non-specialized supports:

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

Specialized services:

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

It is recognized that some UASC may be at heightened risk of experiencing psychosocial distress or mental health issues such as trauma, grief, depression and anxiety. Yet the way in which child mental health and psychosocial distress is defined and therefore the way in which these issues are experienced and interpreted is profoundly different across cultures and societies. This suggests that it is difficult and potentially inappropriate to develop 'one-size-fits-all' interventions (WHO, 2011). Given the range of contexts in which emergencies occur, we would hypothesize that interventions developed should build on an understanding of these interpretations, and engage with local capacities and resources (Charnley, 2007). Thus we expected the exact nature of MHPSS interventions to differ in different circumstances, and take account of this in our synthesis of data.

In addition to the interventions being tailored to the specific context, the way in which child mental health and psychosocial distress is measured also differs according to the contextual definition of what constitutes health and well-being for children. This is referred to as 'cultural validity'. In a 2014 mapping of methodologies and tools to measure MHPSS for children in emergencies, Agar et al. identified cultural validity as one of three key challenges in measuring child health and well-being in emergency contexts, alongside 'reliability' and 'feasibility'. The three concepts are defined as follows.

- ***Cultural validity***: Do measures reflect local understandings of children's needs and priorities?
- ***Reliability***: Do measures provide a consistent, coherent, trustworthy basis for drawing conclusions?
- ***Feasibility***: Can measures be used appropriately with time and expertise available?

1.5 EXAMPLES OF SPECIFIC INTERVENTION ACTIVITIES

Figure 1.6 summarizes key activities that are often undertaken with UASC categorized by the domains and sub-domains of intervention examined in this research, and the outcomes that these activities work towards achieving. These are not all of the activities undertaken with UASC, but are examples of what the IAWG considers to be the most commonly implemented activities with UASC. We did not intend that the scope of the research would be limited to these specific activities. We expected to identify a number of additional activities, any of which were to be included in the review as long as the evaluation reports met the other inclusion criteria.

Figure 1.6: Examples of common interventions undertaken with UASC. Source: The research team

Domains of intervention	Sub-domains		Programme approaches		Domain-specific activities	Outcomes
1. Child protection	UASC-specific	Interim alternative care	Case management	Community-based mechanisms	Formal foster care	Restoration of a protective environment
					Interim care centres	
					Support to peer-headed households	
		Family tracing and reunification (FTR)			FTR	
	General	Prevention of and response to specific protection risks			Release of children from armed forces and armed groups	Safety from abuse, exploitation, violence and neglect
					Prevention of sexual violence	
					Child-focused refugee status determination	
2. Mental health and psychosocial support (MHPSS)					Focused, non-specialized MHPSS support	Mental health and psychosocial well-being
					Focused, specialized MHPSS support	

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

- Three forms of interim alternative care were selected to represent the three types of care outlined in the Alternative Care in Emergencies Toolkit.
- Two examples of programming under the general child protection sub-domain were chosen to represent prevention and responsive programming. Release of CAAFAG was selected as such children are often unaccompanied and their release from armed groups is the first step in ensuring their protection. Prevention of sexual violence was selected as an example of the range of issues that may be addressed, particularly through community-based child protection mechanisms.
- Child-focused refugee status determination was selected as an example of an activity to ensure legal protection. Unaccompanied and separated refugee children have a right to have their claim to asylum considered using child-friendly processes and ensuring that child-specific grounds for asylum are considered in the claim. Having their refugee status legally recognized reduces vulnerability to risks in the country of asylum and facilitates their access to durable solutions.
- Community-based mechanisms and FTR also constitute examples of layer 2 of the MHPSS pyramid: community and family supports (see Figure 1.5).

1.6 OBJECTIVES

Given this background, this systematic review asks the overarching research question:

- **What is the impact of protection interventions on unaccompanied and separated children, during the period of separation, in humanitarian crises in low and middle-income countries?**[6]

Specifically, we examine this via the following secondary questions.

- **Child protection:**
  - *Child protection activities specific to unaccompanied and separated children*: **How effective are child protection activities specific to unaccompanied and separated children at restoring a protective environment?**
  - *General child protection activities*: **How effective are interventions aimed at preventing and responding to abuse, exploitation, violence and neglect at ensuring the safety of unaccompanied and separated children?**
- **Mental health and psychosocial support:**
  - **How effective are mental health and psychosocial interventions in promoting the mental health and psychosocial well-being of unaccompanied and separated children?**

To evaluate the evidence against each of these questions, the research team considered the following factors.

- The **extent** of the evidence and whether it is sufficient to draw conclusions. The extent of the evidence was evaluated as 'limited' if there are less than 10 papers on one particular type of activity, 'fair' if there are between 10 and 19 papers, and 'significant' if there are 20 papers or more. These numbers were agreed by the research team based on discussions about what would reasonably constitute limited, fair and significant evidence.
- The **quality** of the evidence and whether it is sufficient to draw conclusions. Quality is evaluated through risk of bias assessments. The risk for each paper is rated as low, moderate or high, so the quality of the paper is the inverse of the risk, and labelled high, moderate or low, respectively.
- The **comparability** of the evidence across different programme contexts. This examines whether the same intervention is evaluated against the same outcomes in different contexts. Even when this is not the case, common findings and inconsistencies are identified across the papers. To the extent possible, inconsistencies are explained with reference to the profile (e.g. age and gender) of the children involved, as well as the context of the intervention.
- The **findings** the evidence provides in answer to the questions.
- Where relevant, how the **outcomes** are **defined** in relation to internationally delineated definitions and **measured** according to internationally delineated standards.

Finally, **gaps in evidence** and **potential areas for further research** are investigated in Section 4, Discussion and Conclusions.

[6] Certain studies that investigate interventions for UASC are geared towards long-term solutions and providing UASC with a permanent protective environment, yet our mandate was to consider what happened during the period of separation. This did not preclude interventions with follow-up after the UASC was reunited with their families or placed in another 'permanent' setting. Thus, we include studies that have long-term follow-ups for UASC as long as the interventions themselves were undertaken during the period of separation.

2 METHODS

This section outlines the methods used during the review to arrive at the results and conclusions. It outlines the inclusion criteria used to determine eligibility for the review, the search strategy used to identify papers, and how data was extracted and analysed. Deviations from the research protocol are listed at the end of the section.

2.1 INCLUSION CRITERIA

This systematic review followed the guidelines and principles for conducting a systematic review developed by the Cochrane Collaboration. From January to August 2016, we undertook this review to evaluate protection interventions for unaccompanied and separated children/UASC in humanitarian contexts in low and middle-income countries (LMICs). The inclusion criteria are as follows:

- the paper was published from 1983 onwards – we chose this date as it is immediately before the famine in Ethiopia in 1984 that led to significant developments in how humanitarian aid agencies responded to emergencies (Davey et al., 2013)
- the paper is written in the English language
- the paper is a primary empirical study (not an editorial, review, letter, news or news study article)
- the paper participants are children who, by definition from the Convention on the Rights of the Child, comprise 'every human being below the age of 18 years' (Gosling, 2009)
- the paper participants are separated children who have been 'separated from both parents, or from their previous legal or customary primary care-giver, but not necessarily from other relatives' and/or unaccompanied children who 'have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so' (IAWG, 2004)
- the paper evaluates an intervention during the period of separation in one of the two domains of interest: child protection or mental health and psychosocial support
- the paper is set in a LMIC or proximate country of asylum during a humanitarian crisis. The restriction to LMICs is to match the interests of the programme's funders. Also, we note that the definition of a humanitarian crisis (see following sub-section, 'Challenges in applying the inclusion criteria') – including that local capacities to cope are overwhelmed – is such as to exclude most events in high income countries.

We discuss some challenges of applying these criteria in the following sub-section.

The concept of 'intervention' was broadly interpreted to include as many papers as possible that may be useful for practitioners (for example, contextually-specific interventions or different components of a broader psychosocial programme). Interventions are considered only if they were undertaken after an incident in which children became separated, and the objective of the intervention was to benefit children rather than staff or community members. Interventions aimed exclusively or primarily at preventing separation are excluded. Evaluations conducted with children once long-term solutions have been implemented, for example, papers that looked at reintegration of former child soldiers after reunification with their parents or a family, are also excluded. However, if papers took place during or after reintegration but evaluated interventions that happened during the period of separation, these papers are considered eligible.

We recognize that the magnitude of effect of interventions for UASC might vary considerably. Understanding the contextual factors that create this variability is seen as critical to answering the question. We anticipated these factors could include characteristics such as: type of emergency, age of UASC, sex of UASC, geographic region, and whether or not the children are refugees or asylum seekers.

Challenges in applying the inclusion criteria

To define 'humanitarian crisis', we used the Sphere Standard's definition of 'disaster': 'a serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts that exceeds the ability of the affected community or society to cope using its own resources and therefore requires urgent action' (Sphere Project, 2012).

However, when conducting the review, applying this definition, despite its attempt to be rigorous, was not as straightforward as anticipated. The majority of papers identified for screening focused on children affected by HIV and CAAFAG. As HIV as an epidemic is not considered to constitute a humanitarian crisis in itself, these papers were only considered eligible if they were conducted in situations of humanitarian crisis, as categorized on ReliefWeb for natural disasters and ALNAP's Humanitarian Evaluation and Learning Portal for conflicts. On the other hand, the existence of CAAFAG was considered to be an indicator of humanitarian crisis, if all other eligibility criteria were met.

Some papers did not specify the timing of the intervention to be measured, making it difficult to determine whether or not it had taken place during a humanitarian crisis. In some cases, a judgement call was made based on information available and the likelihood that the intervention was relevant to the crisis period. We acknowledge that the definition of a 'humanitarian crisis' is not always consistent and is often left to the interpretation of those conducting the review. (We assume that any other reviews would encounter this problem.)

For FTR, we decided that to be eligible as evaluations of outcomes for UASC, reports had to include – at a minimum – the proportion of registered children who were reunified with their families. This was decided in recognition that, in line with child rights programming principles, this is one of the primary objectives of FTR programming.

Challenges were also encountered in applying other inclusion criteria; for example, some papers did not specify children's ages at the time of the intervention. For example, Perrier (2003) included 18 year olds in the group of 'child' subjects. Some papers that looked at care did not specify whether the care intervention was 'interim' or 'long term'. This is a potential reflection of how common it is for care programmes in humanitarian context to omit to mark a transition from interim to long-term care placements when children are unable to return to their families. We corresponded by email with several authors who provided extra details, allowing us to establish whether their papers are indeed eligible or not.

2.2 SEARCH STRATEGY

Figure 2.1 summarizes the general search terminology employed to identify eligible papers. The records had to include three terms: 1) children, 2) unaccompanied/separated, and 3) disaster – or synonyms of these terms as shown in the figure.

Figure 2.1: Search terminology used in review. Source: The research team

General term	Alternative terms
Children	Baby Infant Child Minor Adolescent Teen
Unaccompanied/separated	Lone Orphan Unaccompanied and separated children (UASC) Separated and unaccompanied children (SUAC) Unaccompanied minor (UAM) Children associated with armed forces and groups (CAAFAG)

General term	Alternative terms
Disaster	Earthquake Flooding Tsunami Avalanche Mudslide Tidal Wave Famine War Drought Cyclone Hurricane Tornado Armed Conflict Genocide Volcano Refugee but not trafficked? Humanitarian Crisis Conflict Displacement Protracted Epidemic

We identified relevant literature by searching through various databases, including PsycINFO Medline and Embase (Ovid), Google Scholar, ERIC, ASSIA (ProQuest), Web of Science and ReliefWeb, and adapted the search terms (see Figure 2.1) to develop a search strategy for each database (see Appendix A for a full list of databases and the search strategy for each). We looked at records of primary research only. While this excluded reviews of relevant papers, we examined the references from such reviews to identify primary research papers and screened these papers against our eligibility criteria.

We also searched for relevant grey (unpublished) literature by putting out a call for documents to relevant humanitarian UN agencies, international bodies and NGOs through the Interagency Working Group on Unaccompanied and Separated Children and through the Child Protection Working Group (CPWG). We extended this search of grey literature by searching through specific sources and websites pertaining to UN agencies, international bodies, research groups, government bodies and international networks, and NGOs (see Appendix B for a full list of websites).

After assessing the titles and abstracts for inclusion (see following sub-section), the reference lists of all the included papers were checked for additional eligible material. Finally, we hand-searched eight key journals for additional papers. The journals are ones that we believe are relevant for our topic: *Child & Family Social Work, Child Abuse & Neglect, Disasters, Disaster Medicine and Public Health Preparedness, Global Public Health, Intervention, Journal of Peace Psychology, Peace and Conflict* and *PLOS Currents: Disasters.*

Determination of eligible literature

Three researchers (PG, LAG, HS) were involved in the initial screening ('Screen 1') of abstracts and titles, with two of the three screening each article. The researchers erred on the side of including papers, to ensure nothing relevant was omitted. Screen 1 produced 528 potentially eligible articles. We attempted to retrieve the full text of all included articles, and three researchers (two for each paper) conducted a final inclusion assessment (Screen 2). Discrepancies were resolved by consensus, and in one case, the third researcher made a decision where no consensus could be reached. In some complicated cases, the entire research team discussed the paper and determined by consensus if the paper was eligible.

2.3 DATA EXTRACTION

After the final decisions, data was extracted (see Appendix C for more details) and the full papers were assessed for risk of bias. Data extraction, quality assessment and risk of bias

assessment were done independently for each report by two of the three researchers. Discrepancies were resolved by consensus, and in a few cases, a third researcher helped make the final decision.

Appendix D shows the criteria we used to assess risk of bias. They are the CASP (Critical Appraisal Skills Programme) criteria[7] with minor modifications to the wording, for example, the use of 'children' as study participants. For the FTR papers, when we tried to use the standard lists of criteria for assessing risk of bias, we saw immediately that they were not applicable. We therefore created our own tool, which is also shown in Appendix D. While we cannot vouch for its validity or reliability, we believe it provided a reasonable assessment in these circumstances.

2.4 DATA ANALYSIS

As outlined in the research protocol, we intended to undertake meta-analyses where we found more than one quantitative research paper using the same intervention and outcome pairs. However, we did not find multiple papers that did so, negating the need for a meta-analysis.

As also outlined in the research protocol, we intended to undertake thematic analysis of qualitative research studies. However, only two qualitative studies met the inclusion criteria, with each examining different intervention types. The objectives of qualitative analysis in this review are to identify key attributes of UASC interventions; the perceptions of effectiveness specified by research participants; and connections that can be drawn from the data regarding the impact of programming on the protection, care and well-being of affected children.

For all included papers (quantitative and qualitative), we distinguish whether papers aim to examine the impact of particular interventions or analyse the process of the intervention. The guidelines developed by the Cochrane Collaboration[8] provide a framework for integrating findings across both qualitative and quantitative data.

We set out to understand 'for whom?' any protection intervention works, using the demographic information provided in the reports, for example, whether some approaches are effective for children under five but not for older children, or for boys but not for girls. As well, we intended to determine if factors such as type of emergency or the contextual factors, such as the structural and political aspects of the emergency (Wessells, 2009), are related to the effectiveness of interventions.

2.5 DEVIATIONS FROM PROTOCOL

There were several ways in which the review deviated from what was proposed in the protocol.

- In the protocol, 'interim care' was listed as a domain separate to 'child protection' (CP). Following comments from a reviewer, it was decided that interim care should be a sub-category of CP.
- As noted under in Section 2.3 (Data extraction), the tools for assessing risk of bias were not appropriate for assessing the quality of the FTR papers. We therefore created our own list of criteria.
- In the protocol, papers were stated to be eligible if 'set in a LMIC during a humanitarian crisis'. Elsewhere in the protocol (protocol Appendix D) papers were declared eligible if they occurred 'in an LMIC, or proximate country of displacement'. This latter criterion is what was intended – it was an oversight that it was not stated under eligibility criteria in the protocol.

Likewise, the criterion that the paper had to be published from 1983 on was not explicit in the eligibility criteria in the protocol. Rather it was stated under Search methods. In this final report, we list it as an eligibility criterion.

[7] http://www.casp-uk.net/casp-tools-checklists

[8] See: http://cccrg.cochrane.org/sites/cccrg.cochrane.org/files/public/uploads/AnalysisRestyled.pdf

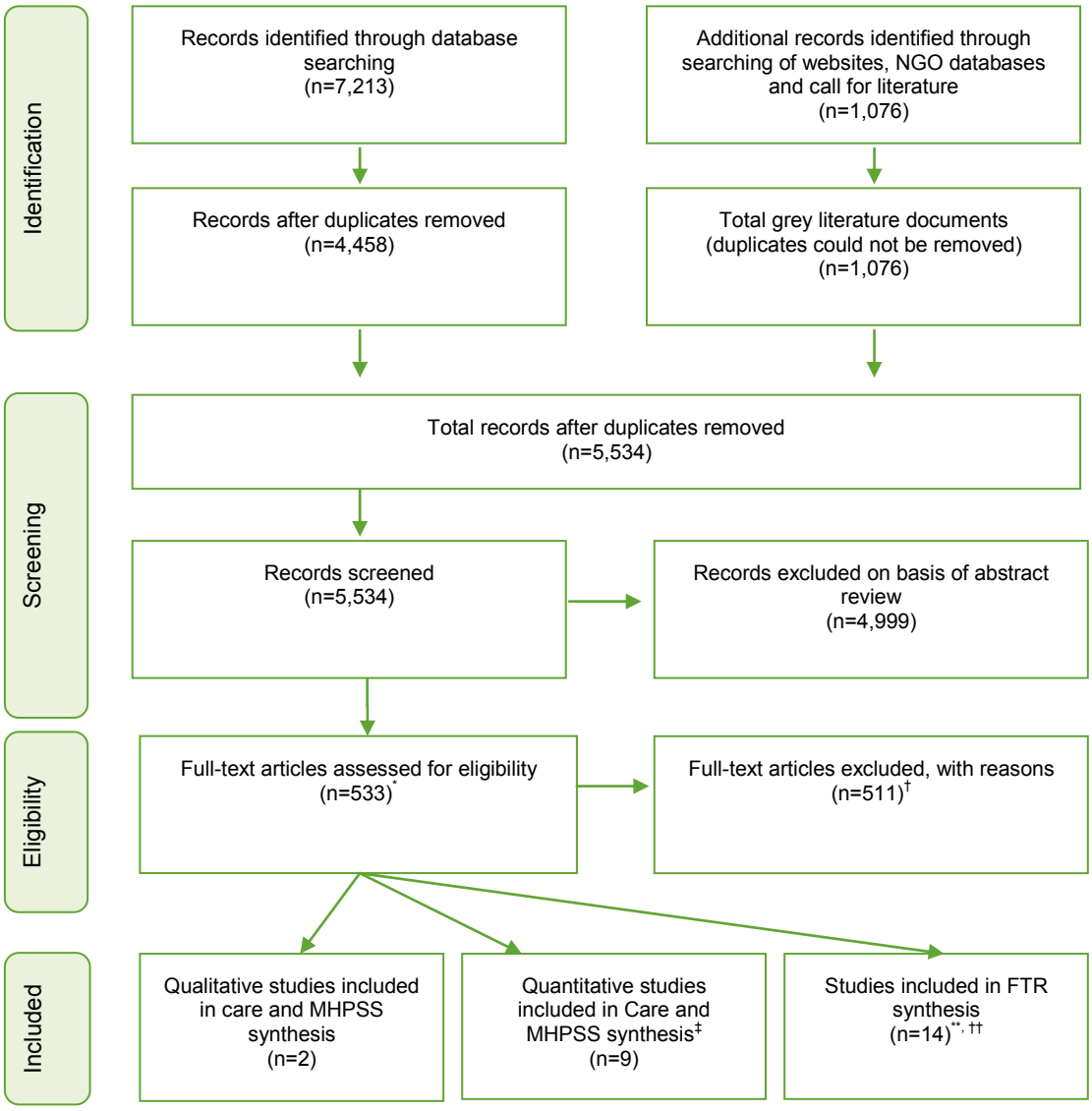
3 RESULTS

This section documents the findings of the data analysis. It starts with a summary of how many papers were identified, then profiles and summarizes included papers. It then examines the findings that relate to each domain and sub-domain.

3.1 IDENTIFICATION OF PAPERS

Figure 3.1 shows the numbers of titles and abstracts reviewed at Screen 1 and the numbers of full papers reviewed at Screen 2. In total, 23 papers were eligible for the review. One of the papers (Brown et al., 1995) included several case studies; four of which were individually eligible. Two of the papers focused on both FTR and interim care. Appendix E lists the papers excluded at Screen 2, and the reason for the exclusion. It should be noted that due to the large numbers of papers at Screen 2, papers were excluded at the first inclusion criterion they did not meet. Only one reason for exclusion is therefore given, though multiple reasons may apply.

Figure 3.1: Flow chart showing papers found, excluded and final numbers eligible and included. Source: The research team



Notes:

* Two papers from the grey literature were found to be duplicates when full papers were screened, so are double-counted in this number.

† See Annex E.

‡ Boothby, 2006 and Boothby and Thomson, 2013 are treated as one study.

** Two papers are included in the quantitative care and MHPSS synthesis and in the FTR synthesis, so are double-counted in these numbers.

†† One paper (Brown et al., 1995) has four case studies.

3.2 PROFILE OF PAPERS

As Figure 3.1 shows, 23 papers were eventually identified as eligible for inclusion in this review. Of these papers, one includes four relevant case studies, so the number of case studies is 26. Two papers look at both FTR and interim care activities. It should also be noted that the findings of one evaluation were published twice and are therefore treated as one paper (Boothby, 2006; Boothby and Thomson, 2013).

Of the 23 papers, nine are published and 14 constitute grey literature. Of the nine that are published, seven use quantitative methodology and two use qualitative methodology. All of the 14 unpublished papers use a quantitative methodology. Twelve of these focus on FTR, for which a quantitative criterion – reporting the proportion of children reunified – was an inclusion criterion, and two focus on interim care.

Programme evaluations or documentation constituted 14 of the papers. A distinction can be made between these papers – which either document outcomes against programme objectives or more broadly document how a programme worked in context, and the nine research papers – which document outcomes at the level of the individual child. The former can indicate the success and challenges of programming approaches in different contexts, while the later indicates the impact of the intervention on children. It should be noted that the programme evaluation/documentation papers tend to focus on FTR,[9] while the research papers mostly examine care and MHPSS.

Of the 26 case studies, 21 are set in countries in Africa. Nine of these focus on Rwanda or surrounding countries in the aftermath of the 1994 Rwandan genocide. Two were conducted in Aceh, Indonesia following the 2004 Indian Ocean tsunami. Two are from Latin America and the Caribbean (Haiti and Guatemala), and one looks at Syrian refugees in the Middle East. Of the 26 case studies, 23 including all 21 African case studies are from conflict-affected areas.

While papers from 1983 onward are eligible, the earliest report was in 1993, and five papers, including eight case studies, were reported in 1995. Three of these, one of them including four case studies, focused on Rwanda and surrounding countries. Four papers were published in 2003. Other than these two 'blips', there has been no increase in the generation of evidence between 1993 and 2014.

[9] 12 of the 14 evaluation/documentation studies focus on FTR.

Figure 3.2: Basic information on the 23 included studies. Source: The research team

#	Paper	Location	Study type	Method	Research/ evaluation/ document	Humanitarian context	Domain	Intervention	# Children
1	Boothby, N. (1993). Reuniting Unaccompanied Children and Families in Mozambique: An Effort to Link Networks of Community Volunteers to a National Programme	Mozambique	Published	Quantitative	Documentation	Conflict	UASC-specific child protection (CP) programming	FTR	14,000+ UASC
2	Boothby, N. (2006). What happens when child soldiers grow up? The Mozambique case study	Mozambique	Published	Quantitative	Research/single intervention	Conflict	UASC-specific CP programming	Interim care	40 CAAFAG
3	Bowley, C. (1998). A National Family Tracing and Reunification Programme in the Republic of Rwanda	Rwanda/ Democratic Republic of Congo (DRC)	Unpublished	Quantitative	Evaluation	Conflict	UASC-specific CP programming	FTR	92,000 UASC in the region
4	Brown, M., Charnley, H., Petty, C. (1995). Children Separated by War: Family Tracing and Reunification	Rwanda (Brown)	Unpublished	Quantitative	Documentation	Conflict	UASC-specific CP programming	FTR	
		Rwanda/ DRC 1994–1995 (de la Soudiere)		Quantitative	Documentation			FTR	
		Ethiopia (Charnley)		Quantitative	Documentation			FTR	20,000 including 2,617 left behind in Wollo Province
		Mozambique (Charnley)		Quantitative	Documentation			FTR	20,000 (1994)
5	Charnley, H. (1994). Community Based Interventions for Separated Children in Mozambique: The Family Tracing and Reunification Programme	Mozambique	Published	Qualitative	Research/ comparative	Conflict	UASC-specific child protection programming	Interim care	99 UASC, aged 6–17
6	Culver, K. (2015). Yoga to Reduce Trauma-Related Distress and Emotional and Behavioural Difficulties Among Children Living in Orphanages in Haiti: A Pilot Study	Haiti	Published	Quantitative	Research/ comparative	Disaster (earthquake)	MHPSS	MHPSS	76 children in an orphanage
7	Derib, A. (2001). Group Care and Fostering of Sudanese Children in Pignudo and Kakuma Refugee Camps: The Experience of Save the Children Sweden from 1990–1997	Kenya/ Ethiopia	Unpublished	Quantitative	Evaluation	Conflict	UASC-specific CP programming	Interim care	1,864 UASC
8	Dowell, S. (1995). Health and Nutrition in Centres for Unaccompanied Refugee Children: Experience from the 1994 Rwandan Refugee Crisis	DRC	Published	Quantitative	Research/ single intervention	Conflict	UASC-specific CP programming	Interim care	UASC in care centres
9	Duerr, A. (2003). Evidence in support of foster care during acute refugee crisis	DRC	Published	Quantitative	Research/ comparative	Conflict	UASC-specific CP programming	Interim care: evaluation of foster care	784 UASC living in foster care
10	Dunn, A., Parry-Williams, J. and Petty, C. (2006). Picking up the Pieces: Caring for Children Affected by the Tsunami	Aceh, Indonesia	Unpublished	Quantitative	Documentation	Disaster (tsunami)	UASC-specific CP programming	FTR	2,343 UASC and children living in single-parent households
11	JMJ International for Save the Children Norway (2005). Children Affected by Armed Conflict, Displacement or Disaster (CACD)	Guatemala	Unpublished	Quantitative	Evaluation	Conflict	UASC-specific CP programming	FTR	230+ UASC and young adults
12	Merkelbach (2000). Reuniting children separated from their families after the Rwandan Crisis of 1994: The Relative Value of a Centralized	Rwanda	Unpublished	Quantitative	Evaluation	Conflict	UASC-specific CP programming	FTR	119,577 UASC registered in database

#	Paper	Location	Study type	Method	Research/ evaluation/ document	Humanitarian context	Domain	Intervention	# Children
	Database								
13	Mirindi, D. and Ntabe, (2003). Emergency Assistance for Unaccompanied Children in Bunia, Beni and Mambassa, Eastern DRC: Final Report	Eastern DRC	Unpublished	Quantitative	Evaluation	Conflict	UASC-specific CP programming	FTR	2,797 UASC
14	Perrier, F. and Nsengiyumva, X. (2003). Active Science as a Contribution to the Trauma Recovery Process: Preliminary Indications with Orphans from the 1994 Genocide in Rwanda	Rwanda	Published	Qualitative	Research/ single intervention	Conflict	MHPSS	MHPSS	22 children in an orphanage
15	Richardson, M.J. (2003). Save the Children UK: Sub-regional Separated Children Programme Review	Sierra Leone, Liberia, Guinea, Côte d'Ivoire	Unpublished	Quantitative	Evaluation	Conflict	UASC-specific CP programming	FTR	17,059 UASC
								Interim care	718 CAAFAG, Daru, Sierra Leone
16	Robertson, R. and Chiavaroli, E. (1995). An Assessment of a USAID Grant to UNICEF/Rwanda for Programme on Unaccompanied Children Affected by War	Rwanda	Unpublished	Quantitative	Evaluation	Conflict	UASC-specific CP programming	FTR	85,000 UASC in Rwanda and surrounding countries
17	Save the Children UK (around 2002). Family Tracing and Reunification Programme	Angola	Unpublished	Quantitative	Evaluation	Conflict	UASC-specific CP programming	FTR	18,000 UASC
18	UNICEF (2009). Children and the 2004 Indian Ocean Tsunami: An evaluation of UNICEF's Response in Indonesia (2005-2008)	Aceh, Indonesia	Unpublished	Quantitative	Research/ comparative	Disaster (tsunami)	UASC-specific CP programming	Interim care	UASC aged 6–17
								FTR	2,853 UASC registered in database
19	United Nations High Commissioner for Refugees (UNHCR, 2014). Protection of Refugee Children in the Middle East and North Africa	Egypt, Yemen, Sudan, Ethiopia, Jordan	Unpublished	Quantitative	Documentation	Conflict	UASC-specific CP programming	FTR	UAS refugee children in the Middle East
20	Williamson, J. (1997). Review of Displaced Children and Orphans Fund (DCOF) Funded Activities in Rwanda	Rwanda	Unpublished	Quantitative	Evaluation	Conflict	UASC-specific CP programming	FTR	40,000–50,000 children reunified in the Great Lakes
21	Williamson, J. and Cripe, L. (2002). Assessment of DCOF-Supported Child Demobilization and Reintegration Activities in Sierra Leone	Sierra Leone	Unpublished	Quantitative	Evaluation	Conflict	UASC-specific CP programming	FTR for CAAFAG	4,543 CAAFAG
22	Woolf, P. (1995a). The Orphans of Eritrea: A Comparison Study	Eritrea	Published	Quantitative	Research/ comparative	Conflict	UASC-specific CP programming	Interim care	74 children in an orphanage
23	Woolf, P. Dawit, Y. and Zere, B. (1995b). The Solomuna Orphanage: A Historical Survey	Eritrea	Published	Quantitative	Research/ single intervention	Conflict	UASC-specific CP programming	Interim care	74 children in an orphanage

A short narrative summary of each paper follows.

Boothby, 1993: Between 1980 and 1988, Mozambique was engulfed in a serious armed conflict that resulted in more than 900,000 deaths. Children were especially vulnerable during this period and with assistance from the United Nations Children's Fund (UNICEF), Save the Children UK, the Department of Special Education, and Save the Children US, the National Directorate of Social Action (DNAS) implemented an FTR programme in the country, as part of the 'Lhanguene Initiative'. The article outlines the challenges faced by DNAS in implementing a widespread national FTR programme and the successes achieved.

Boothby et al., 2006/2013: In Mozambique in 1988, following the end of an almost 30-year armed conflict, Save the Children began its Children and War Programme. This focused on 40 former child soldiers aged 6–16 years who had fought in the conflict. The boys were situated in the Lhanguene Rehabilitation Centre where they received care that focused on re-establishing self-regulation, promoting security-seeking behaviour, and supporting rehabilitation as they sought meaning from the violent events they had endured. The centre also established a FTR programme, community programmes, and apprenticeships to aid the boys in their rehabilitation journey. The section of the paper relevant to this review looked at how being in the centre for three months helped the boys' aggression, traumatic symptoms, and pro-social behaviour using a Child Behaviour Inventory Form.

Bowley, 1998: In August 1994, in the midst of the Rwandan genocide and war, Save the Children UK established a national programme aimed at tracing and reunifying UASC with their families. By October 1996, Save the Children UK partnered with the International Committee of the Red Cross (ICRC) to expand its FTR programming using a mass tracing methodology. The programming was quite successful in the verification process (family having been traced) but faced difficulties completing the reunifications. This report essentially outlines the challenges faced by Save the Children UK in the FTR programming as well as the successes achieved.

Brown et al., 1995: This extensive report highlights several different FTR programmes implemented by Save the Children UK in various countries including: Rwanda, Goma and Eastern Zaire (now within Democratic Republic of Congo/DRC), Angola, Liberia, Ethiopia and Mozambique. Each of these had faced some sort of armed conflict that led to a wide displacement of people and especially children. Save the Children UK worked with governments and local NGOs to implement FTR programming in these countries and the report highlights the successes and the challenges faced by the organization in this endeavour.

Charnley and Langa, 1994: Following the war in Mozambique, the Family Tracing and Reunification programme was formally initiated in 1988 to provide care and protection for children separated from their families. An evaluation of the programme focusing on various community and residential settings was carried out in June and July 1991, with follow-up one year later. Interviews were conducted with children in different placements and their families or residential care staff to: determine the emotional state of the children; examine the widely held belief that placement in unrelated substitute families would lead to children being ill-treated; and examine longer-term outcomes.

Culver et al., 2015: Following the 2010 earthquake in Haiti, Duke Global Health Institute partnered with two local orphanages and implemented an eight-week yoga intervention to reduce trauma-related symptoms and emotional and behavioural difficulties. Children in 'Orphanage A' were randomized to receive either the yoga intervention or the aerobic dance control while children from 'Orphanage B' were non-randomly assigned to a wait-list control. Sixty-one children aged 7–17 years were randomly placed in the three groups. The yoga intervention constituted of a twice-weekly 45-minute yoga class on-site. The class focused on reintegrating the mind and body processes, promoting peace, mindfulness, and trust in peers. The class included breathing techniques, poses and stories/games involving the yoga poses and guided meditation. Children in the dance control group attended twice-weekly 45-minute aerobic dance classes on-site. The dance classes included stretches, dance routines and dance-inspired games. The authors measured the effectiveness of the intervention in reducing post-traumatic stress disorder (PTSD) and emotional/behavioural difficulties using the University of California at Los Angeles (UCLA) PTSD-Reaction Index and a 'Strengths and Difficulties Questionnaire'.

Derib, 2001: During the Sudanese Civil War, Save the Children Sweden partnered with local refugee camps in Ethiopia and Kenya to provide care for UASC from South Sudan. Save the Children Sweden implemented a Family Attachment Programme – a form of fostering adapted to the culture of the context – within these camps. The NGO provided psychosocial support through alternative care arrangements as well as school support programmes. The study was conducted between 1990 and 1997 with the Family Attachment Programme lasting between 1993 and 1995. The authors collected data on the fostered children and investigated whether the children developed positive relationships with their foster carers, had good health, and would recommend foster care to other children.

Dowell et al., 1995: During the Rwandan Genocide in 1994, a massive influx of Rwandan refugees entered Zaire (now DRC). Unaccompanied children were cared for in over 20 centres in and around the city of Goma. A task force organized by UNICEF and United Nations High Commissioner for Refugees (UNHCR) developed improved guidelines for establishing centres and monitoring care. The authors of the paper collected mortality and nutritional data from unaccompanied children residing in 14 different camps over 6 weeks in 1994. One specific camp, Buhimba III, took specific measures to improve care. These included increasing staff-to-infant ratios, allowing paediatricians to supervise medical care, having a daily physician review medical conditions and monitor feeding for infants, and ensuring all infants were dressed in diapers and warm clothes.

Duerr et al., 2003: Following the massive influx of Rwandan refugees into Zaire (now DRC) in 1994, Food for the Hungry International (FHI) supported fostering of UASC as an alternative to child care centres. FHI also ran a programme to provide food supplements to vulnerable families including the families caring for children. This enabled them to compare weight gain and rates of reported illness between children living with their biological families (971 children) and children living in foster care (784 children) over a period of seven weeks.

Dunn et al., 2006: Following the 2004 Indian Ocean tsunami, UNICEF established a child protection network of 10 agencies focused on the IDTR of UASC. The sub-group met for several months, with UNICEF and Save the Children playing prominent roles. IDTR protocols were established, with a database supporting information management on UASC, under government ownership.

JMJ International for Save the Children Norway, 2005: Save the Children Norway evaluated their child protection programmes in the context of armed conflict and disaster in the following countries and regions: Angola, Guatemala, South East Europe, Kosovo, Sri Lanka and Uganda. All were engulfed with armed conflict that had a direct impact on the children residing there. Save the Children employed a wide variety of programming to protect and empower children who were directly impacted by the wars. Specifically, FTR programming was implemented in Guatemala and Sri Lanka as well as additional fostering support for those who could not be reunified.

Merkelbach, 2000: Following the 1994 war and genocide in Rwanda, ICRC established and ran a database to register unaccompanied children. ICRC set up offices to coordinate with the agencies in the field; register and follow-up on the information; and centralize data and keep track of and reunite children with their families. Registrations and reunifications took place in several phases. During the first phase, many children were spontaneously reunified with their families. During the second phase as refugee populations began to stabilize, the database was instrumental in facilitating many reunifications. During the third phase, as populations were supported to return to Rwanda, most reunifications were achieved by taking children back to their communities.

Mirindi and Ntabe, 2003: In 2002, violent clashes in eastern DRC resulted in a huge displacement of people in several different regions of the country. Specifically, in the town of Beni, Save the Children UK worked with ADECO (Action pour le Développement Communautaire – a local NGO), to support the reunification of UASC. With the assistance of several other local NGOs, a mass reunification project took place from 2002–2003. The article outlines the number of children who could be reunified and the challenges faced by the local NGOs and Save the Children UK.

Perrier and Nsengiumva, 2003: This paper documents the piloting of 'active science' sessions with two groups of 11 children living in an unaccompanied children's centre. It investigates how active science could inform a psychological support programme to assist victims in their recovery process. The paper focuses on the authors' observations of the reactions of the children (e.g. attitude shifts, level of happiness) participating in the pilot sequence.

Richardson, 2003: Since 1997, Save the Children UK has played an important role in responding to the protection of children affected by the conflict in the Mano River states of West Africa. The process of registering separated refugee children and tracing their families for eventual reunification usually began at border entry points or UNHCR-maintained way stations. Save the Children UK then provided a range of other services intended to stop further separation, including providing escorts to the way stations and advocating for children to be kept there for at least four days in case other family members were following behind, and to ensure their registration and tracking, support and protection from abuse and exploitation. Save the Children UK worked hard to ensure that reunifications were voluntary and informed on the part of the children both to respect the rights of the child to be involved in decisions that affect them and as a means of contributing to the sustainability of the reunions. The report also describes the broad efforts to protect children, including evaluating interim care arrangements.

Robertson and Chiavaroli, 1995: This report was conducted in 1995 by members of the United States Agency for International Development (USAID) to evaluate USAID-funded programming in Rwanda by several different NGOs and organizations. With respect to FTR programming, Save the Children UK led the project in registering and reunifying UASC in Rwanda. ICRC was responsible for the documentation of children in camps bordering Rwanda, and UNHCR aided in the reunification of children in neighbouring countries. The report highlights some of the successes of the programme as well as some challenges faced by the NGOs.

Save the Children UK, 2002: Following the Angolan war in 2002, by means of the Family Tracing and Reunification Programme, the Ministry of Social Assistance and Reintegration identified more than 18,000 children in 3 years. Ministry registration of child soldiers was a task of the Forças Armadas Angolanas, which was then handed over to the Ministry. Save the Children UK had committed to support the Ministry after July 2002 in IDTR of separated children. A growing caseload highlighted the need for a functional database, and a national consultant was hired to develop a three-phase strategy. A new multilateral partnership was required around the programme, and a child protection group started meeting in June 2002, initially involving the Ministry of Social Assistance and Reintegration, Save the Children UK, Christian Children's Fund and UNICEF, eventually enlarging to other Save the Children Alliance members. Training sessions on key tracing and reunification skills were run in six provinces, providing local partner agencies with basic expertise in FTR.

UNHCR, 2014: This report evaluates and highlights practices undertaken by NGOs, states and UNHCR to respond to the protection needs of refugee children. In the Middle East and North Africa, conflicts and disasters have resulted in a substantial increase in child refugees over the past few years. In 2013, UNHCR implemented 'Live, Learn & Play Safe 2014–2016' in Egypt, Yemen, Sudan, Ethiopia and Jordan. The programme aimed to address the challenges faced by UASC in the best interest of each individual child, with a special focus on preserving family unity. This report highlights the successes of this programme in Jordan.

UNICEF, 2009: Following the 2004 Indian Ocean tsunami in Indonesia, UNICEF partnered with local Indonesian NGOs and the Office of Social Welfare to provide care for UASC in the region. There were several different interventions, focusing on three main areas: registration and reunification of separated children; psychosocial activities; and protection from abuse, violence and exploitation. Between 2005 and 2008, the authors compared health outcomes; experience of abuse and exploitation; and mental health and psychosocial well-being for UASC. The document also reports outcomes of the family tracing and reunification efforts.

Williamson, 1997: In 1996, a technical report visit to Rwanda was carried out to review funded activities of Save the Children US and Save the Children UK. It was widely believed that many children in centres knew where their families are (and vice versa), but had effectively been placed in the centres by economically hard-pressed households as a coping strategy. Save the Children UK played an important role in the documentation, tracing, and reunion for separated children, and along with the ICRC, took the lead in the region for documentation, tracing, and family reunion. It was expected the ongoing responsibilities of these activities would be handed over to local government officials.

Williamson and Cripe, 2002: In May 2002, the Displaced Children and Orphans Fund (DCOF) sent two technical advisors to Sierra Leone to assess programmes facilitating rehabilitation and reintegration of demobilized children in interim care centres (ICC), as well as other war-affected children. UNICEF provided important leadership around child protection in Sierra Leone, helping the government to play its role more effectively and develop coordination and standards of good practice among NGOs involved in the identification, tracing, family reunification, demobilization, and care of separated children. One aspect of the effectiveness of the response for separated children was the development of an effective, integrated system involving civil society organizations, committees and the government. Children were documented by UNICEF's partners and the International Rescue Committee using standardized forms, and this information was sent to the organization responsible for tracing the district of each child's origin. Additional sensitization and mediation work was often required at the time of reunification and in the days and weeks that followed.

Wolff et al., 1995a: During the Eritrean-Ethiopian war, many children resided in orphanages. One in particular, the Solomuna Orphanage, underwent significant changes funded by the Eritrean Department of Social Affairs. Changes included: replacing tents with stone houses, sleeping fewer children in each dormitory, and increasing the number of staff. This comparison study was conducted two years after the changes were implemented in 1990–1991. The authors measured and compared social–emotional development, intelligence, language ability and physical status between 74 orphaned children residing in the Solomuna Orphanage and 74 refugee children residing in a refugee camp nearby.

Wolff et al., 1995b: During the Eritrean–Ethiopian war, the Eritrean Department of Social Affairs evaluated the Solomuna Orphanage and ordered significant changes to improve the well-being of the orphans residing there. These included: hiring new staff members with roles focused on meeting children's needs; increasing the ratio of child care workers to children; relieving staff of their ancillary duties so they could spend more personal time with the children; and training staff on child development. Each dormitory group was assigned a surrogate parent and two assistant caregivers; siblings and friends resided in the same dormitory group; some older children were tasked with caring for the young children; and children went to academic classes for elementary years. Sleeping and eating patterns, language ability, social impairment with peers/adults, and mood were measured and compared between 121 orphans in 1988 before the changes were made and 74 (different) orphans in 1991 after the changes were made.

3.3 SYNTHESIS OF DATA UNDER EACH DOMAIN AND SUB-DOMAIN

The following section presents the data from each paper, as relevant to each domain and sub-domain, and analyses what the overall data tells us about each domain and sub-domain.

Domain 1: Child protection – Child protection activities specific to unaccompanied and separated children

This section examines findings from papers that focus on evaluating the outcomes of child protection interventions, first by examining findings from interventions specific to UASC, and then by examining outcomes for UASC within general child protection interventions.

FTR: Profile of papers

Fourteen papers include data on FTR. One paper (Brown et al., 1995) provided case studies from four different countries (Rwanda/DRC, Brown; Rwanda/DRC, de la Soudiere; Mozambique, Charnley; and Ethiopia, Charnley); meaning 17 cases studies are included overall. Of the 14 papers, one is published (Boothby, 1993) and 13 are unpublished. Ten papers are evaluations of FTR programmes including one research paper (UNICEF, 2009), and seven document the FTR process in a specific country. As FTR papers were considered eligible if they included rates of reunification as a measure of outcome, by definition all of the papers use quantitative methodology to measure this. Thirteen papers focus on sub-Saharan Africa, two on Asia (Dunn 2006, UNICEF, 2009), one on Latin America (JMJ International, 2005) and one on the Middle East (UNHCR, 2014).

What the evidence tells us about FTR in humanitarian crises

Figure 3.3 collates the findings from the papers that include a focus on FTR.

Figure 3.3: Summary of papers that evaluate FTR efforts. Source: The research team

Paper, Study type, Location	Participant profile	Tracing/ reunification rates	Length of programme	Main findings	Quality
Boothby, 1993 Published Mozambique1993	Number of UASC: 14,000	670/800 UASC reunified within days in Sofala Province; 350 through formal and 320 through informal procedures. 50%+ of 1,500 UASC reunited in Gaza, Inhambane, Sofala and Zambezia	1988–1992 (4 years)	A revitalized, interagency initiative that engaged communities in the identification and documentation of UASC greatly increased the impact of FTR programming in Mozambique. Poster-based mass tracing campaigns achieved significant results in a short time. Engagement with community and kinship systems for dissemination and exchange of information made work more effective. Bottlenecks were created by the centralization of data in the National Directorate of Social Action (DNAS).	Medium
Bowley, C. (1998) Unpublished Rwanda/ DRC, 1998	Number of UASC 1995 – 62,000 UASC registered in Rwanda. 1996 – 92,000 UASC registered in the region, with 10,200 requiring active tracing	August 1997–July 1998, 2,361 cases traced and verified, 1,727 cases resolved; 474/1,570 (30%) *sans addresse* ('without address') cases were reunited. 85% of 20,000 UASC repatriated from Zaire were reunified within a few months of their return.	August 1997–August 1998 (1 year, 3 years post primary separation)	A coordinated network of FTR partners built up effective approaches to IDTR, with tracing and verification rates progressively exceeding reunification rates. Reunification was hampered by security concerns, and because many children in centres were placed there for socioeconomic reasons. An approach was developed to support the tracing of children *sans addresse* resulted in the reunification of 474/1,570 children (30%), and radio tracing resolved 7 'untraceable' cases. Following tracing for UASC returning from Zaire, the programme aimed to refocus on developing government structures and the social aspects of the work.	Low–medium
Brown et al., 1995 Unpublished Rwanda/ DRC (Brown), 1995	Number of UASC: 80,000–100,000, Rwanda and surrounding countries		April 1994–1995 (1+ years)	5,041 were placed in children's centres in Rwanda by June 1994. 12,000 children were placed in centres in Zaire, and 4,000–6,000 were taken in by Zairean families. By June 1995, 67,600 UASC were registered in the ICRC database. Save the Children UK registered 8,268 children in centres in Rwanda. By August 1995, 1,611 children had been reunified by Save the Children UK in Rwanda, and ICRC reported a further 500 reunified into Rwanda and 4,000 within and between refugee camps. In Goma, UNICEF reported 6,604 children reunified between December 1994 and August 1995, 61% due to active tracing, 15% spontaneously, 7% due to ICRC and 9% due to photo tracing.	Low–medium
	Number of UASC: 12,000 in centres	1,200/12,000 (10%) traced through photo tracing by August 1995, of which 261 (2.2%) reunified (mainly under 6). 941 0–5 year olds reunified. 2,000/12,000 (17%) traced and reunified through active tracing. By August 1995, only 3,024 children remained in centres, and the number of centres was reduced from 27 to 12.	April 1994–1995 (1+ years)	The establishment of centres to provide care and assistance to children above the level provided to the refugee population led to the separation of children who were placed there to access assistance – in 1 centre only 16 of 128 children were unaccompanied. Children in centres were prioritized for FTR, with family mediation a key element. The reports recommend making 'phased' reunifications for very young children who may have become used to a different caregiver.	Medium

Paper, Study type, Location	Participant profile	Tracing/ reunification rates	Length of programme	Main findings	Quality
Ethiopia (Charnley), 1985	Number of UASC: around 20,000 between 1983–1985. 2,617 left in shelters in Wollo Province after return of displaced population (1985)	7,000/20,000=35% reunified. 1,932/2,617=74% in Wollo Province	1985– (end date unclear)	2,617 children were left behind in shelters in Wollo Province after most camp survivors returned to their lands.	Low–medium
Mozambique (Charnley), 1994	Number of UASC: 20,000	Around 50% reunified	1992–1994 (around 2 years)	Approximately half of UASC were reunified, with most others continuing to live with substitute families in the community.	
Dunn et al., 2006 Unpublished Aceh, Indonesia (part of regional evaluation including India and Sri Lanka), 2006	Number of UASC/ single parent: 2,343 Female: 919 (39%); male: 1,424 (61%). Age range: 0–18. 70% of UASC were separated	Aceh: 362/2,343 (15%) reunified. Spontaneous: 302 (83%), agency-supported: 60 (17%)	2005–2006 (over 1 year)	*Regional:* Across the region, numbers of UASC were initially over-estimated, probably because higher numbers of children than anticipated were killed in the tsunami. Those who lost their parents were mainly placed in the care of relatives by their families before being registered by agencies. Agencies assumed higher numbers of UASC and that UASC and those who had lost one parent would be the most vulnerable children. The review suggests that income, shelter and security should also have been considered in vulnerability analysis. Missing children's requests were inappropriate for a context where those who remained missing were usually dead. Identification and registration may have missed children in unregistered residential care, particularly in Aceh. Where social work infrastructure was in place, as in India and Sri Lanka, government agencies were able to manage documentation, support and follow-up of children. No substantiated reports of direct trafficking, adoption or exploitation were made.	Medium–high
				Aceh: Emphasis on monthly follow-up was a strength of the programme. Additional, unregistered children live in 'pantis' (residential care). These children could potentially have been identified through better coordination with the Ministry of Religious Affairs.	
JMJ International for Save the Children Norway, 2005 Unpublished Guatemala 1996, as part of six-country programme meta-evaluation	Number of UASC: 230+	40/230 reunified: 17%.	Time period between 1996–2005 unclear	Over 230 children or young adults were registered as separated and 40 were reunified with families through the tracing programme in Guatemala.	Low
Merkelbach, 2000 Unpublished Rwanda, 1997	Number of UASC: 119,577 between April 1994 and December 1997	56,984 children (48%) were reunified. An additional 6,771 were traced but refused reunification.	April 1994–December 1997 (3.5 years)	The ICRC database assisted in 40% of documented reunifications (22,614 children). Between 9,547 (17%) and 13,042 (23%) were reunified as a result of computerized matching. 9,547 were reunified as a result of parents having consulted the database; and 3,495 (6.1%) resulted from a computerized matching system. In the first phase of the emergency, the database played no part in reunification and data entry was retrospective. The database was most useful for the more difficult reunifications of children who were in different countries/ locations to their parents. It was also useful for identifying inappropriately registered children (29%), allowing overall workload to be reduced. The author argued that it is most efficient to delay data centralization until it is clear which children will benefit from it. During the final phase of the emergency (mass returns during 1996–1997), reunification was facilitated by taking children to their communities of origin. This was largely successful and did not require the database. At the end of 1997, tracing continued for 13,878 children.	Medium–high
Goma, 1997	Number of UASC: 7,638	4,532/7,638 (53%) reunited with family.		3,591 of the 4,532 were reunited in the Goma area. Among 850,000 who fled to Goma between 14 and 18 July 1994, families and social structures remained largely intact, with the majority of separations largely resolved within the population and not requiring database support.	
Mirindi and Ntabe, 2003 Unpublished Eastern DRC, Bunia, Beni and Mambassa, 2003	Number of UASC: 2,030	72% reunited with family.	End of 2002–April 2003 (around 6 months)	The majority of children came with extended families or – to a lesser extent – foster families. They were identified as at additional risk of economic and physical exploitation, child recruitment and sexual abuse. The caseload was checked and 2,030 children were identified as needing FTR. 525 children were transferred between Beni and Bunia.	Low–medium

Paper, Study type, Location	Participant profile	Tracing/ reunification rates	Length of programme	Main findings	Quality
Richardson, 2003 Unpublished Sierra Leone, Liberia, Guinea, Côte d'Ivoire, 2003	Number of UASC: 17,059. Female: 1/3; male: 2/3 (Liberia: 34% of 1,737 were female)	Regional: 9,937/17,059 reunified: 58%. Sierra Leone: 6452/9424 reunified: 68% (1996–2003)	1997–2003 (6 years, starting in Liberia and expanding to the region)	The FTR systems and processes worked effectively in tracing and reunifying children with family members. This was due to: high quality training of government workers, staff, children and community members; coordination between agencies and government authorities for awareness raising and policy formation; and the consistent, comprehensive exchange of information across the region. Outcomes for longer-term separated children required further focus. The identification of and response to 'lost girls' was also of concern. The Sub-regional Separated Children Programme evolved into a programme to protect all children, not just separated children. E.g. in Sierra Leone, the Separated Children's Database was housed within the Ministry of Social Welfare, Gender and Children's Affairs and increased awareness of child sexual abuse as an endemic issue. Community involvement in the programme appeared to be most successful and sustained in camps where other needs were provided and the community group was sustained by the camp structure and agency support.	Medium
Robertson and Chiavaroli, 1995 Unpublished Rwanda and surrounding countries, 1995	85,000 UASC (40,000 in Rwanda and 45,000 in surrounding countries) including 22,000 living in 93 centres (11,500 inside Rwanda and 10,500 in surrounding countries). 41,850 were documented (10,000 in Rwanda and 31,850 in surrounding countries). Age range: 0–4: 12%; 5–10: 28%; 11–17: 60%	Agency facilitated: 3,000/41,850=7%, including 1,610/10,000 inside Rwanda=16%	April 1994 – March 1995 (less than 1 year)	Coordination on FTR between UN agencies, ICRC and NGOs developed well, although Save the Children UK and ICRC developed different registration forms and databases. Spontaneous reunifications constituted the majority of the first wave of reunifications, while just over 3,000 were facilitated by agencies (1,610 in Rwanda). In Goma and Bukavu, UNHCR anticipated that most children in centres had family in the refugee camps. The newly formed Rwandan government were keen to get involved and Save the Children UK agreed to share case information on UASC in Rwanda with the government, but no information was eventually shared. Agencies did not agree on this for children outside Rwanda. ICRC passed information to Save the Children UK on those children being returned to Rwanda, and met UNHCR trucks of returnees in order to document UASC. It was recommended that programmes shift from relief to long-term development approaches.	Medium
Save the Children UK, 2002 Unpublished Angola, 2002	Number of UASC: 18,927. Female: 49%; male: 51%.	Report was inconsistent. Table E2 indicates that 10,279 (54%) were traced and 7,796 (41%) were reunified, while E3 indicates that 9,832 (52%) were reunified	1 July 1999–31 July 2002 (3 years)	FTR was led by the government, but government authorities lacked the incentive to go beyond provincial capitals. Streamlining procedures, enhancing networks and ensuring adequate supplies greatly improved the capacity of provincial authorities to undertake FTR. At the end of the war in 2002 it became necessary to engage with social networks, such as churches, women's groups and social welfare associations, throughout vast rural areas. This approach had the added advantage of mobilizing communities towards supporting reintegration and acting as a social safety net. Incentives were paid to government staff per registration, monitoring visit and tracing, but programming was hampered by logistics and security rather than a lack of incentives, making incentives unjustified. The failure of military to identify children among those being demobilized was a missed opportunity to support their return to their families. CP agencies therefore aimed to include CAAFAG within broader UASC programming, linking them to family tracing mechanisms.	Medium
UNICEF, 2009 Unpublished Aceh, Indonesia, 2008	Number of UASC and single parent households: 2,494 by end of 2005	80% reunified. 17% were formally reunified and 83% were informally reunified	2005–2008 (3+ years)	During the first few weeks of the response, FTR agencies formed an interagency tracing network to standardize tracing and reunification efforts, including standard registration forms, a centralized database and on-the-job training for staff and volunteers. Temporary children's centres were established next to IDP camps to aid documentation of UASC and missing children, with 10-person tracing teams in each one. The FTR system was not designed to adequately address the causes and consequences of 'secondary separation'. Given that an estimated 20% of UASC were registered in the database, more could have been done to give broad support to vulnerable families.	Low–medium
UNHCR, 2014 Unpublished Egypt, Yemen, Sudan, Ethiopia, Jordan, 2014	Number of UASC: 8,000+ Syrian UASC in the Middle East and North Africa (MENA) region	89% of UASC in Jordan in 2014 were reunited with family members	2012 (assumed) – 2014 (2 years)	UNHCR promotes interagency CP responses, emphasizing the need to identify UASC in a timely manner, assess the extent of separation and situation for each child, conduct Best Interests Assessments (BIAs), and promote family reunification through tracing and verification. In Jordan, more than 4,114 BIAs were conducted for refugee children.	Low

Paper, Study type, Location	Participant profile	Tracing/ reunification rates	Length of programme	Main findings	Quality
Williamson, 1997 Unpublished Rwanda and surrounding countries, 1997	Number of UASC: not stated	40,000–50,000 children reunified overall. Food for the Hungry in Gitarama reunified 1,096/1,185 (92%)	April 1994–August 1997 (3.33 years)	Save the Children UK and ICRC led work on documentation, tracing and reunification with significant DCOF funding. Tracing teams were established in every prefecture, with as many as 30 expatriates initially working on the tracing programme. FTR was likely to be phased out in 1998 and handed over to government.	Low
Williamson et al., 2002 Unpublished Sierra Leone, 2002	Number of CAAFAG (2001–2002): 4,543 female: 274 (6%), male: 4,269 (94%). Age range: 7–17	2000 caseload: 91% UASC reunified; 2001 caseload: 52% reunified.	1998–September 2002 (4 years)	The Lome Peace Agreement was the first to pay special attention to the needs of children. An effective, integrated system involving a large number of civil society organizations and the government created a Child Protection Network that responded to the issue of UASC/CAAFAG, enabling it to go to scale. UNICEF and the International Rescue Committee worked on disarmament, demobilization, and reintegration between 2000 and 2003, with activities focused around interim care centres during the demobilization phase. By May 2002, few children remained in ICCs having been reunified or placed in alternative care. Community committees were critical to the effectiveness of reunification and reintegration. In total, 8,466 children were officially documented as missing between 1991 and 2002, with girls accounting for 50–57%.	Low–medium

The extent of the evidence on FTR

A total of 14 papers, incorporating 17 case studies, focus on FTR. The extent of the evidence on programme outcomes for FTR is therefore 'fair'.

The quality of the evidence on FTR

The quality of the evidence is evaluated to range from 'low' to 'medium to high', with the median score 'low to medium'.

The comparability of the evidence of FTR

Given the eligibility criteria for FTR reports, by definition all papers had to report a proportion of children reunified (or data from which it could be calculated), so are all comparable on this specific outcome. All but one (UNHCR, 2014) report the numerator and denominator for the calculation, which is sometimes done for a subset of the total caseload.

Several of the papers focus on the same locations during a similar time period, so findings can be compared and triangulated across papers. However, it is not clear whether there is any overlap between the subjects of studies in the same locations. These include six papers on Rwanda/DRC in the years following the 1994 Rwandan genocide (Bowley, 1998; Brown and de la Soudiere case studies in Brown et al., 1995; Merkelbach, 2000; Robertson and Chiavaroli, 1995; Williamson, 1997); two papers on Mozambique (Boothby, 1993; Charnley case study in Brown 1995); two papers that include Sierra Leone (Richardson, 2003; Williamson, 2002); and two papers on post-tsunami Aceh, Indonesia (Dunn, 2006; UNICEF, 2009). Three papers incorporate a focus on FTR programming for CAAFAG: two in Sierra Leone (Richardson, 2003; Williamson, 2002) and one in Angola (Save the Children UK, 2002).

Findings on FTR in humanitarian contexts

Rates of reunification are comparable in some contexts.

Among the 17 case studies there are some that focus on evaluating FTR programmes at a national or regional level for the humanitarian crisis as a whole (Charnley on Ethiopia and Charnley on Mozambique in Brown et al., 1995; Merkelbach, 2000, Save the Children UK, 2002; Richardson, 2003; UNICEF, 2009; UNHCR, 2014). Among these, by far the largest caseload of UASC was seen in Rwanda and surrounding countries following the 1994 genocide. Merkelbach (2000) provides the most complete review of the caseload as documented by ICRC and reports that it reached almost 120,000, making it six times larger than the next largest caseload. There are then several studies that report comparable caseload sizes in relatively similar contexts of conflict-affected humanitarian crises; about 20,000 in each of Ethiopia (Charnley in Brown et al., 1995) and Mozambique (Charnley in

Brown et al., 1995), 18,927 in Angola (Save the Children UK, 2002), and 17,059 in the Mano River countries (Richardson, 2003). When taken as percentages of affected child populations, however, differences become more apparent – values ranged from 0.23 percent in Angola, 0.28 percent in Mozambique and 0.49 percent in Ethiopia to 0.99 percent in the Mano River countries.[10] Rwanda remains an outlier at 3.7 percent of the child population. While the UASC caseload number among Syrian refugees in the Middle East was significantly lower at approximately 8,000, when taken as a percentage of the affected child population, it is comparable, even relatively high, at 0.74 percent.

Reunification rates in many of these contexts are also comparable, ranging from 35 percent in Ethiopia in 1985 (Charnley in Brown et al., 1995), 50 percent in Mozambique (Charnley in Brown et al., 1995), 52 percent in Angola (Save the Children UK, 2002) to 58 percent in the Mano River countries (Richardson, 2003). Merkelbach reports a comparable reunification rate of 48 percent in Rwanda. Tracing was successful in Rwanda for a further 5.7 percent of UASC who decided not to reunify at that time because of security concerns, bringing the overall tracing rate to 53 percent. Interestingly, rates of reunification across this small number of case studies focused on large-scale, chronic humanitarian crises demonstrate a progressive increase over time, although it is noted that the sample of studies is too small to draw any conclusions from.

The average length of FTR programming is three years and three months, and ranges from two years in Mozambique and the Middle East, to six years in West Africa. The two longest-running programmes – in West Africa and Rwanda -– were conducted in the two contexts with the highest proportion of UASC to affected population, indicating that the length of programming is related to the scale of the issue.

Rates of reunification may be different in different types of humanitarian crises.

The caseload in Aceh following the 2004 Indian Ocean tsunami was significantly lower at 2,494 (UNICEF, 2009), or 0.15 percent of the affected child population. Dunn (2006) reported low reunification rates of only 15 percent for UASC in Aceh, Indonesia, two years after the tsunami. For many of those who remained separated at this time, reunification was hampered by the lengthy process of declaring the missing as dead. Two years later, UNICEF reported a significantly higher reunification rate at 80 percent or more. In many cases, UASC were reunified not with family but with 'relatives and known neighbours' (UNICEF, 2009), giving an indication that primary caregivers had died, and been declared dead, for many of these children by this time. This high rate of reunification contrasts with lower rates in large-scale, protracted humanitarian crises.

The reunification rate in Jordan reported by UNHCR (2014) is the highest in any of the papers, at 89 percent. Although the reasons were unstated, this may be due to a smaller and more manageable caseload, or to factors such as strong family and kinship systems and strong child protection mechanisms that support FTR. It should also be noted that the UNHCR paper did not report the overall number of UASC in Jordan and it is possible that the caseload size is not comparable with those in other contexts. As well, the reunification rate was reported only for Jordan, and not for the other countries, where the rates may have been lower.

The scale and complexity of FTR in Rwanda and surrounding countries generated significant learning on different approaches to family tracing.

The Rwandan crisis marked a seminal moment in the development of child protection programming in response to humanitarian crises, most particularly in the area of FTR. At six times that of any other crisis, the scale of the UASC caseload in Rwanda and surrounding countries remains unprecedented. Out of the 17 FTR studies, six focused on Rwanda and surrounding countries (Bowley, 1998; Brown and de la Soudiere case studies in Brown et al., 1995; Merkelbach, 2000; Robertson and Chiavaroli, 1995; Williamson, 1997). A number of these papers document different tracing techniques that were developed in response to the scale and complexity of family separation among Rwandans.

[10] Calculations of UASC caseloads as a percentage of affected child populations were undertaken by the research team using historical population statistics from http:/www.populstat.info, and disaggregated to the child population.

The mass influx of Rwandan refugees to Eastern DRC resulted in the proliferation of centres to accommodate UASC. Bowley (1998), de la Soudiere (1995) and Merkelbach (2000) all note that many of these children were placed in centres for socioeconomic reasons in order to access assistance that was not otherwise available to the general refugee population, while Robertson and Chiavaroli (1995) note that most were thought to have family in the refugee camps. While family tracing was therefore relatively straightforward for most children, particular emphasis was placed on family mediation to facilitate reunification. It is also recognized that the targeting of assistance at UASC, rather than at all those in need, was a driving factor in creating separation (de la Soudiere, 1996).

de la Soudiere (1995) described a number of methods used to trace the families of UASC living in Eastern DRC in 1994–1995.

> '… decisions on tracing means are guided by a number of other factors which include the size of the area covered, the possibility of returning the children to their place of origin, issues of protection and safety, and access to modern technology.'
>
> (de la Soudiere in Brown et al., 1995, p. 41)

These techniques include the process of 'photo tracing' for UASC in refugee camps in Eastern DRC. This involved displaying anonymized photographs of up to 10,000 UASC in refugee camps. In its early stages in 1995 this had achieved limited success, resulting in the positive identification of only 20–25 percent of photographed UASC. This was attributed to mis-identification of children by potential relatives, and incomplete or mis-registration of photographed children by tracing agencies. On the other hand 'active tracing' – taking lists of UASC grouped by communes of origin and calling out parents' names at food distribution sites – led to the tracing of 80 percent of children, and reunification of 60 percent of these for whom relatives were living in the camps. However, this technique was only available to those UASC who knew their parents' names. Techniques were also developed to find the identity of children aged less than six living in centres, including interviewing anyone who visited the child and seeking out information from caregivers who worked in the centres in the early days of response. About 40 percent of unidentified children were identified in this way, as a first step in being able to trace their families.

In the context of Rwandan refugees returning to Rwanda, Merkelbach (2000) documents that children were taken directly to their communities of origin in order to facilitate tracing, with significant success. Following this repatriation, Bowley (1998) described an approach developed to support the tracing of 1,570 children *'sans addresse'* (without address). This involved the training of care centre staff in a methodology to gather information from these children over time, which achieved a reunification of 474/1,570 children (30 percent) by 1998.

Findings suggest that specific steps should be taken to ensure that children associated with armed forces and armed groups are identified through demobilization processes and that their specific needs are responded to.

In both Sierra Leone and Angola, critical opportunities were missed to identify children in armed forces and armed groups within the formal demobilization process, to understand the diversity of their needs and respond accordingly. In Angola in 2002, government armed forces responsible for demobilization failed to identify anyone under the age of 20 (Save the Children, 2002). In Sierra Leone, to qualify for demobilization, children had to be presented by a commander as a combatant, and demonstrate that they knew how to handle a weapon. These criteria precluded any 'non-combatant' children associated with armed forces or armed groups, including those in support roles, girls, and children born to members of armed forces or armed groups (Williamson, 2002).

> 'There were many differences among the children associated with the fighting forces. Not only were some children active combatants and others not, many had been abducted whereas others were children of adult combatants. Some children were anxious to return home if given the opportunity; others did not see home as an option.'
>
> (Williamson, 2002, p. 7).

As a way of addressing this gap, in both Angola and Sierra Leone, programme evaluations document the efficacy of linking CAAFAG to broader programming with UASC, enabling them to access FTR services and support to return home without needing to identify as CAAFAG.

A number of papers, particularly those related to CAAFAG, raised concerns about missing girls.

All the papers that include a focus on CAAFAG raise the issue of missing girls. Children in interim care centres in Mozambique and Sierra Leone, as reported by Boothby and Richardson, were all male, reflecting the male-centric nature of official disarmament, demobilization and reintegration processes. In Sierra Leone, 274 (8.5 percent) of children demobilized were girls, yet this number fails to reflect the significant numbers of girls who had been abducted by the Revolutionary United Front (Williamson, 2002, p. 32). Similarly, Richardson reports a gender imbalance in girls aged 13–18 in Sierra Leone and Liberia, indicating a hidden population of separated girls – including those associated with armed groups – who came to be known as the 'lost' girls (Richardson, 2002). The fear of stigmatization is reported as a key reason why girls felt unable to return home. In Angola, Save the Children document that abducted girls aged 12–14 were detained in quartering areas by military personnel who claimed that they were their wives (Save the Children, 2002, p. 8).

> '… demobilisation tended to be a process centred on men, where women, girls and children played a secondary role. Demobilisation and resettlement of the combatants to their areas of origin could be felt as a return to "normality" also in terms of gender relations.'
>
> (Save the Children, 2002, p. 8)

The issue of gender imbalance is not exclusive to programming with CAAFAG. In post-tsunami Aceh, Dunn reports that only 40 percent of the FTR caseload was female. Similarly, Robertson and Chiavaroli (1995) document concerns about gender imbalance in Rwanda.

> 'Virtually no research has been undertaken relative to young girls who have been affected by the war. Presumably their numbers should reach those of young boys. If the experience of other countries applies to Rwanda, it will be easier to place young girls in foster families. What is not clear is the conditions under which they are living, the work that they are required to do, whether they are being exploited, sexually abused or otherwise mistreated.'
>
> (Robertson and Chiavaroli, 1995, p. 12)

Several programming approaches were identified as contributing towards the success of FTR programming.

In many of the papers, authors specify factors that were considered to have contributed to or hindered the likelihood of reunification. It should be noted that these factors are not supported with data, so should be considered as indicative and based on limited evidence. Still, for completeness we have extracted and categorized these factors. They are divided into a) factors related to FTR programming, and b) external factors that influence FTR outcomes.

a) Factors related to FTR programming reported to have affected rates of reunification

- *Effective coordination between UN, NGOs, civil society organizations and governments*

  A number of papers attribute the success of family tracing programming to effective coordination across a large number of organizations and government agencies. In Rwanda, Robertson and Chiavaroli (1995), Williamson (1997) and Bowley (1998) highlight the effectiveness of a coordinated network of FTR partners working within Rwanda and with refugee populations across borders in surrounding countries. The Williamson paper details how tracing teams were established in every prefecture in Rwanda, with up to 30 expatriates working on FTR at any time (Williamson, 1997). Similarly, in Sierra Leone and the sub-region, both Richardson (2003) and Williamson (2002) highlight the effectiveness of an integrated network of civil society organizations and government authorities – the Child Protection Network -– that enabled the family tracing programme to go to scale across a wide geographical area, including across borders. Again, the UNICEF paper praises the speed at which child protection agencies responded to the Indian Ocean tsunami in Aceh by forming an interagency tracing network to standardize tracing and reunification efforts during the first few weeks of the response, including agreeing to the use of standard registration forms, a centralized database and on-the-job training for staff and volunteers.

- *Engaging with communities in identification, tracing and reunification*

  While government participation in FTR networks appear to be a positive factor in most papers, both Boothby in Mozambique (1993) and Save the Children Norway in Angola (2002) document government-led FTR systems that were relatively ineffective because of a lack of resources or because of an overly centralized process. Both of these papers document significant progress made in FTR programming when governments engaged with civil society organizations and formed localized networks of FTR actors. The Boothby paper (1993) documents the achievements of the 'Lhanguene Initiative', an interagency initiative involving government agencies and international NGOs in the formation of associations of volunteers in conflict-affected communities to promote localized solutions for children. This decentralization and emphasis on contextually appropriate solutions for children greatly increased the impact of FTR programming in Mozambique from 1988 onwards.

  > '... more than 8,000 volunteers, supported by over 700 national and international organisations are now involved in day-to-day tracing activities throughout Mozambique. Formal associations of national and international organisations linked to informal associations of community volunteers have managed to reunite more than 14,000 unaccompanied children with their families over the last four years.'
  >
  > (Boothby, 1993, p. 20)

  At the end of the war in Angola in 2002, Save the Children UK (2002) documents how government engagement with churches, women's groups and social welfare associations enabled FTR programming to spread across rural areas in the provinces, leading to significantly increased identification and reunification rates. In Sierra Leone, Williamson and Cripe (2002, p. xiii) emphasize the importance of an 'effective, integrated system involving a large number of civil society organizations and committees and the government' in establishing a framework for the protection of all vulnerable children, including UASC and CAAFAG. Richardson (2003) documents how, in Daru, Sierra Leone, Save the Children negotiated with the community firstly to agree to the interim care centre and then to actively work with the children to support their adjustment to civilian life, to trace their families and to provide long-term foster care. Richardson observes that the role of community members in engaging with children to change negative behaviours was pivotal to achieving positive outcomes for them. Community support to the interim care centre enabled boys to experience the acceptance that they needed to take the next step in to civilian life.

  Some of the papers emphasize the pivotal role that communities play in the identification of and response to separation, particularly following a sudden onset humanitarian crisis. Following the mass influx of Rwandan refugees in to Goma in 1994, Merkelbach (2000) reports that the majority of separations were resolved within the refugee population and did not require external agency support. The majority of children separated in Aceh were also reported to have been identified by family and community members in the hours and days after the Tsunami, and placed in the care of relatives before agencies could start registration (Dunn, 2006). This was verified by an analysis of the caseload in UNICEF (2009, p. 15) that indicates that 83 percent of reunifications were made informally through community mechanisms, and only 17 percent through agency support.

- *Capacity-building as integral to programming and systems-building*

  The need to ensure adequate capacity-building of staff was highlighted or threaded through several papers. Boothby highlights the training of community networks during the initial stages of the Lhanguene Initiative as a way of engaging them in the development of the IDTR process. In Rwanda, Bowley (1998) reports that training caregivers in techniques developed to trace *sans addresse* children was critical to reunification of many of these hard-to-trace cases. The report also highlights training of government social workers as a key aspect of the programmatic hand-over and exit strategy.

  In the Mano River sub-region, Richardson documents how ongoing capacity building initiatives contributed to the success of the FTR programme. Material adapted from the interagency 'Action for the Rights of the Child' training package was used across the region to disseminate knowledge 'and [to provide] frameworks for rights-based programming and actions at all levels in the region – community, children and young

peoples' groups, inter-agency, and governmental.' (Richardson, 2003, p. 14). This approach is recognized to have led to the development of common policies and approaches between agencies and with governments, and was thereby integral to advocacy to build a protective environment for UASC and other vulnerable children.

- *Effective information management*

  Many of the papers highlight complexities that arose from inadequate data or poor information management, and several include a focus on information management as a factor contributing to effective FTR programming.

  A number of papers (Richardson, 2003; Robertson and Chiavaroli, 1995; UNICEF, 2009) note that children who were reunified spontaneously or through community-led initiatives were not recorded in information management systems. This is an important point, as data from FTR or case management programmes should not be equated with prevalence of UASC. Additionally, Boothby (1993), Merkelbach (2000) and de la Soudiere (in Brown et al., 1995) all stated that information gathered on UASC is often incomplete or inaccurate. Inaccurate registration occurs because of mis-information at the point of registration (de la Soudiere in Brown et al., 1995) and clerical and other errors that occur when inputting data into databases (Boothby, 1993).

  Several papers refer to the importance of effective information management and exchange of information on FTR, particularly across borders. Richardson attributes the success of regional family tracing between Sierra Leone, Liberia, Guinea and Côte d'Ivoire in part to the consistent, comprehensive exchange of information across the region. The paper highlights the simplicity of the information management system as critical to its success:

  > 'The separated children database was developed first in Liberia by local staff and then replicated in Sierra Leone with the same local staff providing technical assistance. It is simple, easy to operate, serves the purpose for which it was intended, and was developed at a fraction of the cost of other attempts within and outside the organisation. It is a very good example of appropriately applied technology and information management capacity transfer.'
  >
  > (Richardson, 2003, p. F3)

  In contrast to this, Boothby describes how an over-centralized, government-run information management system created bottlenecks in the FTR process in Mozambique in the 1980s and continued to hamper reunifications during the Lhanguene Initiative.

  Brown (1995), Robertson and Chiavaroli (1995) and Williamson (1997) refer to relatively effective information management and information sharing on FTR in response to the Rwandan crisis in the years following the 1994 genocide. Both Save the Children UK and ICRC managed databases of UASC, creating some initial duplication in the registration process. An agreement made in 1995 helped to clarify roles and responsibilities in the identification and tracing process and to establish a common case coding system to enable cross-referencing of cases and minimize duplication between the two agencies (Brown et al., 1996). Agencies including ICRC, UNICEF, UNHCR and Save the Children UK collaborated in information sharing across the region as appropriate, in line with their mandates and data confidentiality. For example, ICRC passed information to Save the Children UK on children being returned to Rwanda, and met UNHCR trucks of returnees in order to document UASC (Robertson and Chiavaroli, 1995).

  In a paper focused solely on evaluating the efficacy of an information management system for supporting FTR objectives, Merkelbach (2000) offers an analysis of the role of the ICRC database in supporting FTR in Rwanda. The paper divides FTR programming in Rwanda and surrounding countries into three phases:

  - **phase one** (April 1994–August 1995) covering the initial emergency and migration of 850,000 Rwandan refugees to North Kivu
  - **phase two** (September 1995–October 1996) covering a period of relatively stable population movements enabling the registration of UASC
  - **phase three** (November 1996–December 1997) covering the mass return of Rwandans to Rwanda from surrounding countries such as DRC and Tanzania.

During the first phase, data on separated children was entered retrospectively, and the information management system did not contribute towards FTR. During the second phase, data entry and information sharing supported the tracing of difficult-to-trace cases, most particularly those children who were separated from family across borders. It also helped to identify and eliminate mis-registrations or registration duplicates, thereby making the FTR process more efficient. During the third phase, family reunification was facilitated in large part by taking children directly to their communities of origin, and the database played a limited role in supporting FTR. Merkelbach makes the following conclusion:

> 'The time and resources devoted to establishing a centralised database are considerable. Whereas the direct value of such a database in facilitating family reunifications during an emergency is limited, its value becomes apparent later on for families found to be more widely dispersed, when movement has ceased and when families separated but in the same geographical area have been reunited by a direct approach.'
>
> (Merkelbach, 2000, p. 7)

While coordination with government authorities in the fulfilment of their mandate to protect children is critical, Robertson and Chiavaroli (1995) highlight the dilemma that this can pose for humanitarian agencies seeking to maintain data confidentiality while working within national legal frameworks. In 1995, Save the Children UK agreed to share data on UASC within Rwanda at the request of the newly formed government. In the end, though, no data was shared. No equivalent agreement was made to share information on UASC outside of Rwanda, who fell under an international legal framework that protected their right to seek asylum from their country of origin.

- *Adequate, sustained funding of FTR programming*

  A number of papers highlighted the difficulty or necessity of sustaining funding for FTR programmes so they could adequately address child protection needs and transfer longer-term responsibilities to relevant government authorities. As funding cycles came to an end in Sierra Leone, Williamson (2002) emphasizes the critical need to sustain funding for FTR programming to ensure that missing girls were identified and supported. In Angola, Save the Children UK notes that insufficient resources to support FTR programming led to an increase in reliance on temporary foster care for children without being able to achieve long-term care options. In relation to both Ethiopia and Mozambique, Charnley (1994) highlights the need for agencies to combine available resources to achieve efficiency and effectiveness in FTR programming.

(b) External factors identified as influencing outcomes of FTR programming

- *Resistance to the identification of UASC*

  Some papers report reasons why UASC were not identified for FTR programming. These include girls hidden from demobilization programmes for reasons already outlined (Williamson and Cripe, 2002; Save the Children UK, 2002; Richardson, 2003), as well as resistance by managers of residential care facilities whose existence may have been threatened if children returned to their parents (Robertson and Chiavaroli, 1995).

- *Complexities related to reunification of UASC*

  Several papers report that it was more difficult to reunify children where family separation occurred voluntarily, e.g. because caregivers were unable to provide for their children and 'placed' them in centres to be cared for (Bowley, 1998; Brown et al., 1995; Merkelbach, 2000; Robertson and Chiavaroli, 1995; Save the Children UK, 2002; Williamson, 1997), or because children were sent away for work or to avoid being recruited into armed groups (Brown et al., 1995; Dunn, 2006; Merkelbach, 2000; Save the Children UK, 2002). As already outlined, providing assistance at the community level combined with family mediation to support children to return to their families was effective at reunifying Rwandan children living in Goma, DRC (de la Soudiere in Brown, 1996). The physical bringing together of children and parents was sometimes prevented by the security situation, including the need to cross international borders or cross front lines in conflict (Brown et al., 1995; Bowley, 1998; Merkelbach, 2000; Save the Children UK, 2002).

Once again, we caution readers that these factors are based on the impressions of the reports' authors (or those they contacted) and have little if any solid evidence behind them.

Interim care: Profile of papers

Nine papers evaluate interim care. Of these, six are published (Boothby, 2006; Charnley, 1994; Duerr, 2003; Dowell, 1995; Wolff, 1995a; Wolff, 1995b), and three are unpublished (Brown et al., 1995; Derib, 2001; Richardson, 2003; UNICEF, 2009). Eight use quantitative methodology and one qualitative (Charnley, 1994). Seven are pieces of research (Boothby, 2006; Charnley, 1994; Duerr, 2003; Dowell, 1995; UNICEF, 2009; Wolff, 1995a; Wolff, 1995b), and two are programme evaluations/documentation (Derib, 2001; Richardson, 2003).

Four papers (Charnley, 1994; Duerr, 2003; UNICEF, 2009; Wolff, 2005a) compare outcomes between different types of interim care. Of these, the types of care evaluated are foster care (three papers), residential care (three papers), boarding schools (one paper) and care within the family of origin as a comparative (two papers). The other five papers evaluate outcomes from a single interim care intervention. Four of these focus on residential care (Boothby, 2006; Dowell, 1995; Richardson, 2003; Wolff, 1995b), and one examines foster care (Derib, 2001).

No two papers compare the same types of interim care in different contexts, although a number of papers provide evidence on the same or similar context(s), making it possible to triangulate some limited information across papers.

Residential care: What the evidence tells us about residential care in humanitarian crises

Figure 3.4 collates the findings related to residential care from all of the papers that included this as a focus.

Figure 3.4: Summary of papers that evaluate residential care. Source: The research team

Paper author	Study type	Method	Research/ evaluation/ documentation	Location	Intervention type	Main findings	Strength of evidence
Boothby, 2006	Published	Quantitative	Research/single intervention	Mozambique	Residential care for CAAFAG	Reductions in proportion of children sometimes/frequently demonstrating each negative behaviour; increase in proportion demonstrating each pro-social behaviour.	Low
Charnley, 1994	Published	Qualitative	Research/comparative	Mozambique	Residential care and foster care for UASC	No clear differences found except in children in one residential care home whose physical and emotional health outcomes were significantly reduced.	Low
Dowell, 1995	Published	Quantitative	Research/single intervention	DRC	Residential care	Basic health-related standards in residential care settings contributed towards reduction in child mortality during cholera and dysentery epidemics.	Low–medium
Richardson, 2003	Unpublished	Quantitative	Evaluation	Sierra Leone (Daru)	Residential care for CAAFAG	Community support for an interim care centre for former child soldiers had a positive impact on their social adjustment and reintegration. All children were reunified or dispersed within communities through a foster care system.	Medium
UNICEF, 2009	Unpublished	Quantitative	Research/comparative	Indonesia	Residential care and foster care for UASC	Girls in foster care were generally better off in terms of basic needs (nutrition and financial stability), good behaviour, and sociability as compared with girls in orphanages or boarding schools. There were only very small differences between boys in different settings in relation to sociability, meeting basic needs and good behaviour	Low–medium
Woolf, 1995a	Published	Quantitative	Research/comparative	Eritrea	Residential care and family care for UASC	Children residing in orphanages showed more negative behavioural outcomes, but had better cognition, when compared with children living in the refugee camps.	Medium
Woolf, 1995b	Published	Quantitative	Research/single intervention	Eritrea	Residential care for UASC	Positive outcomes in well-being and behaviour from increasing staff-to-child ratios, prioritizing caregiver-child relationships, and providing training for staff in residential care.	Medium

The extent of the evidence on residential care

Seven papers look at the issue of residential care. The extent of the evidence on this issue is therefore 'limited'. Of the seven papers, five are published and two unpublished; six document research and one is a programme evaluation. Six use quantitative methodology and one (Charnley, 1994) uses qualitative methodology. Six papers focus on residential care in conflict-affected contexts in Africa, while one assesses residential care in Asia following the 2004 tsunami.

The quality of the evidence on residential care

The quality of the papers ranges from low to medium, with two evaluated as 'low', two as 'low–medium', and three as 'medium'. The median score is therefore 'low–medium'.

The comparability of the evidence on residential care

No papers are comparable, that is, none measure the same outcomes of the same intervention in different contexts so we cannot compare outcomes across contexts. However, two papers – by the same author – studied the same residential care centre in Eritrea (Wolff, 1995a; Wolff, 1995b) and can be considered complementary. Two papers (Boothby, 2006: Richardson, 2003) focus on interim care for CAAFAG.

Findings on residential care for UASC in humanitarian contexts

Interim care can be an effective way of enabling children associated with armed forces and armed groups to adjust to civilian life and promote psychosocial well-being.

Both Boothby (2006) and Richardson (2003) document positive outcomes for CAAFAG in interim care. In both cases, the interim care centres provided a stepping stone between a context of extreme violence within armed groups and a return to civilian life. In both papers, all boys were reunified with family or placed in foster care in the community.

Outcomes for other UASC living in residential care are mixed.

The five papers that assess outcomes for UASC (other than CAAFAG) in residential care demonstrate mixed results (Charnley, 1994; Dowell, 1995; UNICEF, 2009; Wolff, 1995a; Wolff, 1995b). Through a comparative analysis, Charnley and Langa (1994) aimed to test the assumption that residential care rather than foster care was the most appropriate form of care for children in Mozambique. It found no difference in feelings of sadness among the two groups of children, but notes that children in residential care were less likely to feel isolated and lonely. The paper includes a case study of one residential care centre where children demonstrated particularly negative outcomes.

Charnley and Langa attribute the negative impacts to several factors in this particular care setting, including separation of siblings, lack of educational opportunities, lack of privacy, lack of information on finding the children's families, little flexibility in daily routine, and lack of preparation for adult life.

Conversely, based on the assertion that group care may be the only viable option for many children living in crisis-affected contexts in Africa, Wolff (1995a) challenges the assumption that children do less well in residential care than in family-based care (albeit among refugees). Wolff compares outcomes for children aged four to seven living in the two settings. His study found few clinically important differences between the groups. Children in care settings had more behavioural symptoms of emotional distress but better cognition than the comparison group.

The UNICEF 2009 paper compares outcomes for UASC in institutional care and Islamic boarding schools in Aceh, Indonesia, with UASC in foster care. Girls, but not boys, aged between 6 and 17 living in residential care demonstrated higher levels of poor sociability as compared with those in foster care in Indonesia (UNICEF 2009). This contrasts with Charnley and Langa's (1994) finding that both boys and girls in residential care in the same age group reported feeling isolated and alone in foster care compared with residential care in Mozambique. As it is not possible to compare the quality of the interventions and control for contextual factors, it is not possible to attribute this discrepancy to any particular cause.

The quality of care provided in residential care has a significant impact on children's outcomes.

Despite this, two papers (Dowell, 1995; Wolff, 1995b) find that the quality of care can improve outcomes for children living in residential care. Dowell's study of Rwandan refugee children living in residential care in the former Zaire demonstrates how increasing staff-to-

child ratios and putting in place basic health standards dramatically decreased mortality rates in the context of cholera and dysentery epidemics.[11]

Wolff's second paper on the emotional well-being of children living in the same orphanage in Eritrea as his earlier report (1995a) measures outcomes before and after a social reorganization of the care centre. The results demonstrate that steps taken to ensure that care is child-centred, such as increasing the number of staff dedicated to child care and focusing on the child-to-caregiver relationship, led to a significant positive impact on the social and emotional well-being of a different group of girls and boys two years later.

Foster care: What the evidence tells us about foster care in humanitarian crises

Figure 3.5 collates the findings related to foster and kinship care from all of the papers that evaluated this. It should be noted that the term 'foster care' is used to describe both formal and informal foster care; however, this distinction is not always made or apparent in the papers.

Figure 3.5: Summary of papers that evaluate foster care. Source: The research team

Paper author	Study type	Method	Research/ evaluation/ documentation	Location	Intervention type	Main findings	Strength of evidence
Charnley, 1994	Published	Qualitative	Research/ comparative	Mozambique	Residential care and foster care for UASC	No clear differences found except children in one residential care home whose physical and emotional health outcomes were significantly reduced	Low
Derib, 2001	Unpublished	Quantitative	Evaluation	Kenya, Ethiopia	Foster care for UASC	Majority of children responded positively to foster families	Low
Duerr, 2003	Published	Quantitative	Research/ comparative	DRC	Foster care for UASC and family care	Fostered children gained weight at the same rate as children reunified with their biological families.	Medium
UNICEF, 2009	Unpublished	Quantitative	Research	Indonesia	Residential care and foster care for UASC	Girls in foster care were generally better off in terms of basic needs (nutrition and financial stability), good behaviour, and sociability as compared to girls in orphanages or boarding schools. There were only very small differences between boys in different settings in relation to sociability, meeting basic needs or good behaviour	Low–medium

The extent of the evidence on foster care

A total of four papers look at foster care. The extent of the evidence on this issue is therefore 'limited'. Of the four papers, two are published (Charnley, 1994; Duerr, 2003) and two are unpublished (Derib, 2001; UNICEF, 2009); three document research (Charnley, 1994; Duerr, 2003; UNICEF, 2009), and one is a programme evaluation (Derib, 2001). Three papers focus on foster care in conflict-affected contexts in Africa, and one on foster care in Asia following the 2004 Indian Ocean tsunami.

The quality of the evidence on foster care

The quality of the papers ranges from low to medium.

[88] de la Soudiere, in Brown et al. (1995), provides a secondary report of research undertaken in children's centres in Goma, DRC, during the same time period. An evaluation of psychosocial well-being of 1,000 children aged under six found that 72% demonstrated psychosocial distress. As these two evaluations measure different outcomes on the same or similar population, it is possible to speculate that improvements in care standards stabilised mortality rates, but that children – particularly very young children – continued to experience significant distress due to their separation from primary caregivers.

The comparability of the evidence on foster care

No papers are comparable, that is, none measure the same outcomes of the same intervention in different contexts so it is not possible to compare outcomes across contexts.

Findings on foster care in humanitarian contexts

Outcomes for children in foster care are generally positive.

There is consistency across the three research papers (Charnley, 1994; Duerr, 2003; UNICEF, 2009) that outcomes for children in foster care were generally positive for the majority of children, and at least as good as outcomes for children in other forms of care. One paper (Duerr, 2003) identifies outcomes in terms of weight gain for children in foster care that were comparable to those of children living with their families, while the incidence of reported illness was slightly lower for children in foster care. However, the authors note that the latter may have been due to a reporting bias, rather than a real difference in illness rates. Another paper (UNICEF, 2009) identifies better outcomes in terms of having basic needs met, behaviour and sociability for girls – but not boys – in foster care compared with those in residential care or Islamic boarding schools following the tsunami in Indonesia.

Charnley's (1994) paper on outcomes for children in foster care compared with children in residential care in Mozambique finds no clear difference in feelings of sadness between children in foster care and residential care. Additionally, when comparing children in foster care with other children in the household, there was no difference in unfair treatment, in how much food the children received or how much work they did. Fostered children reported lower levels of physical and verbal violence then other children in the household. Derib (2001) evaluates a programme intervention called 'Family Attachment' (a loose form of foster care) for South Sudanese UASC living in refugee camps in Kenya and demonstrated overall positive outcomes in terms of access to services and material assistance, family interaction and behaviour for children placed in care.

However, findings are not consistently positive, and indicate that significant support is required to make foster care work for UASC.

Despite overall positive results, it should be noted that 20 percent of children in Derib's paper on refugee children in Kenya reported some difficulties with their foster care, with 9 percent reporting that the problems were 'bad'. In her comparative study of UASC in foster care and residential care in Mozambique, Charnley (1994) found that slightly more children in foster care reported that they felt isolated and alone than those in residential care. These findings give some indication that children have a range of experiences in foster care, that they continue to need monitoring and support to ensure that the child's individual needs are met, and that foster families also need to be supported to ensure that they can meet the emotional, intellectual and social needs of the child, in addition to their material needs.[12]

There is limited possibility to compare outcomes between foster care and residential care.

As already outlined, four papers (Charnley, 1994; Duerr, 2003; UNICEF, 2009; Wolff, 2005a) compare outcomes between different types of interim care: foster care (three papers), residential care (three papers), boarding schools (one paper) and care within the family of origin as a comparative (two papers). These papers use different outcomes or outcome measures to evaluate the impact of care on children and so a comparison across papers is of limited value. In the UNICEF evaluation of care in post-tsunami Aceh, girls in foster care generally demonstrated better outcomes than those in residential care and boarding schools; however, this difference did not apply to boys. Charnley found that outcomes for children in residential care and foster care in Mozambique were comparable, except in one setting with poor care where poorer outcomes were found for children.

[12] de la Soudiere, in Brown et al. (1995), provides a secondary report of a programme evaluation undertaken by Food for the Hungry with children in foster care in Goma, DRC, which corroborates these findings. While families taking in Rwandan refugee children in DRC were provided with material support and home visits, the evaluation indicated that this was not sufficient to ensure that their emotional needs were met.

Analysis of outcomes and measurements of outcomes used to evaluate interim care for UASC

Figure 3.6 provides an overview of the outcomes used to evaluate interim care and how they were measured. Indicators of adequacy and appropriateness, as defined in Section 1, are used to analyse these measures.

Figure 3.6: Summary of measurements used and their adequacy in papers that evaluate interim care. Source: The research team

Paper author	Intervention type	Location	What was measured?	How was it measured?	Is it culturally valid?	Indicators of adequacy measured?				Indicators of appropriateness measured?
						Physical	Emotional	Intellectual	Social	
Boothby, 2006	Residential care for CAAFAG	Mozambique	Negative and pro-social behaviours	Child Behaviour Inventory Form	Unclear: whether Child Behaviour Inventory Form developed in context or not	No	Yes: negative and pro-social behaviours linked to social and emotional well-being	No: although less relevant to short-term stay in rehabilitation centre	Yes: negative and pro-social behaviours linked to social and emotional well-being	No
Charnley, 1994	Comparison between children in foster care and residential care undergoing FTR	Mozambique	Process of separation, placement or reintegration; physical and emotional health and feelings about current placement	Focused interviews	At least partially: interviews with children were designed to enable children to give free accounts of their experiences.	Yes	Yes	No	No: although interlinked with emotional health	No
Dowell, 1995	Residential care	DRC	Mortality rates; nutritional status	Retrospective mortality data analysis; health and nutritional status assessments	N/a	Yes	No	No	No: although interlinked with emotional health	Yes: this was one of the interventions measured pre- and post.
Derib, 2001	'Family Attachment', like foster care, in refugee camp	Kenya, Ethiopia	Usefulness of the foster care programme	Child and caregiver survey	Potentially: survey developed in context, but not clear what the questions were based on	Yes: material assistance and health	Partial: satisfaction with care arrangement	Yes: school attendance, work aspirations	Yes: family interaction and behaviour, initiation	No: although can be inferred from some of the responses to the question of satisfaction with care arrangement
Duerr, 2003	Comparison between children in foster care vs those reunified with their families	DRC	Association of weight gain and acute illness with family status	Weight and measurement taken during food distributions; documented reports of acute illness	N/a	Yes: weight gain and health	No	No	No	No
Richardson2003	Residential care for CAAFAG	Sierra Leone	Social adjustment	Not stated	Unclear: methodology not stated	No	No	No	Yes	No
UNICEF, 2009	Comparison of children in foster care vs orphanages or Islamic boarding schools	Indonesia	Children's well-being and school performance outcomes	Rapid ethnographic approach to establish socially and culturally relevant child well-being criteria, then used to compare outcomes between placements	Yes: measures developed in context	No	Yes: through contextually developed indicators of well-being	Yes: through school performance	Yes: through contextually developed indicators of well-being	No

Paper author	Intervention type	Location	What was measured?	How was it measured?	Is it culturally valid?	Indicators of adequacy measured?				Indicators of appropriateness measured?
						Physical	Emotional	Intellectual	Social	
Woolf, 1995a	Comparison between orphans residing in orphanages and refugee children residing with their biological families in a camp in Eritrea	Eritrea	Social-emotional state and cognitive development	Behavioural screening questionnaires; Leiter International Intelligence Scale, Raven Progressive Matrices; receptive language; language pragmatics; expressive language; medical records; paediatric examination	Partially: measures selected and adapted to context	Yes: health	Yes: behavioural screening	Yes: measures of intelligence, and focus on language as critical for 4–7 year olds	Yes: behavioural screening	No
Woolf, 1995b	Social reorganization of residential care	Eritrea	Social-emotional status and behavioural symptoms	Review of files documenting physical status, social development and behavioural characteristics coded against a behavioural inventory questionnaire	Partially: behavioural inventory questionnaires adapted to context	Yes: physical status	Yes: behavioural indicators of emotional status		Yes: behavioural indicators of social development	Yes: this was one of the interventions measured pre- and post

Figure 3.6 demonstrates the range of indicators that were used to evaluate interim care, and the range of instruments used to measure those indicators. Two papers (Dowell, 1995; Duerr, 2003) report only health-related measures to compare different forms of interventions (Duerr, 2003) or to compare children pre- and post- intervention (Dowell, 1995). The other seven papers evaluate social and emotional well-being, frequently using behavioural checklists in surveys and/or interviews. Some of these also assess physical status, for example through measures of health (Derib, 2001; Wolff, 1995a; Wolff, 1995b) or intellectual status. The latter is assessed through school attendance and performance (Derib, 2001; UNICEF, 2009), or language ability for pre-school children (Wolff, 1995a). Only one paper (Wolff, 1995a) reports measures against all four indicators of adequate care.

Only two of the papers measure indicators of the appropriateness of care by focusing on the child-to-caregiver ratio (Dowell, 1995; Wolff, 1995b). These are the two papers that assessed children before and after interventions that in both cases included reductions in the child-to-caregiver ratio. Both identify these improvements as critical to ensuring the adequacy of care for UASC.

Given the focus on social and emotional dimensions of adequate care, the research team incorporated an evaluation of 'cultural validity' into the assessment of measurements of outcomes; that is, the extent to which measures reflected local understandings of children's needs and priorities. The evaluation identified one example of contextually-developed child well-being measures (UNICEF, 2009) that demonstrates an example of good practice in this area. The approach entailed conducting semi-structured interviews with children to identify aspects of their lives they considered important. The answers were used to develop appropriate questionnaires.

Other papers included measures that – from the descriptions in the papers – could be considered to be at least partially culturally valid. These include the use of externally developed measures adapted to context (Wolff, 1995a; Wolff, 1995b) and the use of semi-structured interviews that enabled children to describe their experiences and express their thoughts and feelings (Charnley, 1994).

Domain 1: Child protection – General child protection activities

No papers examine outcomes for UASC in general child protection activities.

Domain 2: Mental health and psychosocial support

Profile of papers

Two papers examine the outcomes of MHPSS programmes with UASC. Both are published in peer-reviewed journals. Culver (2015) is a quantitative study, comparing outcomes between groups of children in residential care participating in yoga or dance interventions and comparing them with a waitlisted control group. Perrier and Nsengiyumya (2003) is a qualitative study, evaluating the impact of participating in 'active science' sessions for children living in residential care in Rwanda.

What the evidence tells us about MHPSS for UASC in humanitarian crises

Figure 3.7 collates the findings from the papers on MHPSS with UASC.

Figure 3.7: Summary of papers that evaluate MHPSS interventions. Source: The research team

Paper	Intervention type	Location	Participant profile	Main findings	Quality
Culver, 2015	*Focused, non-specialized supports*: Comparison between children enrolled in yoga intervention, dance intervention and a wait-listed control group	Haiti	*Children in residential care* No of participants: 76 Age range: 7–17	Reduction in trauma-related symptom scores across the groups, and showed that the yoga intervention resulted in greater reductions in symptoms for the children involved than the wait-list group; however, it was not significantly better than the dance intervention	Low–medium
Perrier and Nsengiyumva, 2003	*Community and family supports*: 'Active Science' sessions	Rwanda	*Children in residential care* No of participants: 22; female: 9, males: 13. Age range: 9–16	Active or hands-on science education sessions were observed by the authors as producing joy in some participants and contributed to an improved psychological state	Low–medium

The extent of the evidence on MHPSS

Only two papers were found that evaluate MHPSS for UASC. The extent of the evidence on MHPSS interventions with UASC is therefore 'extremely limited'.

The quality of the evidence on MHPSS

The risk of bias for both papers is evaluated as medium–high, meaning that the quality of both papers is low to medium.

The comparability of the evidence of MHPSS

The two papers are not comparable: they do not measure the same outcomes, or the same intervention, and were done in different contexts, so we cannot compare outcomes of the same intervention across contexts. Both papers evaluate the outcomes of psychosocial interventions, but each could be categorized on different levels of the IASC MHPSS pyramid (see Figure 1.5). The intervention in Culver's paper is considered to be a 'focused, non-specialised support' because it studied children who demonstrated symptoms of PTSD,

while the intervention in Perrier's paper is categorized as 'community and family supports' because it was open to all the children in the residential care centre.

Findings on MHPSS for UASC in humanitarian contexts

Outcomes of psychosocial interventions for UASC are generally positive.

The findings from the two papers are consistent in highlighting the positive impact of psychosocial interventions on the mental health and well-being of UASC. However, the limited extent and quality of the evidence make this finding inconclusive.

It is challenging to attribute the positive impact to the nature of the intervention.

While the Culver paper demonstrates the positive impact of yoga for reducing symptoms of PTSD, it was no more effective than a dance intervention. The Perrier paper evaluates the impact of a single intervention without a comparison group, making it impossible to determine what aspects of the intervention or context led to the positive outcomes. In both papers it is possible that the very fact of having a structured intervention with some attention focused on the children had a positive impact on the children involved.

The little evidence that exists focuses on externally developed models of psychosocial support.

It should be noted, however, that neither the 'active science' nor the yoga interventions are common psychosocial interventions with UASC (indeed, they may be unique). While the authors of these papers offer an evidence base and rationale for their intervention, both are atypical. The research team anticipated that the nature of psychosocial interventions would vary significantly according to contextual definitions of child health and well-being and appropriate responses to promoting these. Yet neither intervention in these papers was developed in context, rather each was an externally developed model imported to the context. Added to this, both papers were conducted by Western academics[13] on populations in poor and crisis-affected countries, raising questions about the cultural validity of the interventions themselves.

The evidence does not focus on the psychosocial impact of separation and loss specific to UASC.

Finally, it should be noted that neither of the MHPSS interventions addressed mental health and psychosocial well-being specific to the experience of separation and loss. Both were instead focused on addressing the impact of 'trauma'.

Analysis of outcomes and measurements of outcomes used to evaluate MHPSS interventions for UASC

Figure 3.8 evaluates how outcomes were measured in the papers on mental health and psychosocial support with UASC.

[13] It should be noted that Perrier (2003) was co-authored with an academic from the University of Rwanda (Nsengiyumva).

Figure 3.8: Summary of measurements used and their adequacy in papers that evaluate MHPSS interventions. Source: The research team

Paper	Intervention type	Location	What was measured?	Instruments used	Properties of the outcome measures		
					Culturally valid: Do measures reflect local understandings of children's needs and priorities?	**Reliable**: Do measures provide a consistent, coherent, trustworthy basis for drawing conclusions?	**Feasible**: Can measures be used appropriately with time and expertise available?
Culver, 2015	*Community and family supports*: Comparison between children enrolled in yoga intervention, dance intervention and a wait-listed control group	Haiti	*Primary* – trauma-related distress *Secondary* – feasibility and acceptability of a yoga programme for children *Tertiary* – efficacy evaluation of an 8-week Hatha yoga intervention to reduce trauma-related symptoms and emotional and behavioural difficulties	UCLA PTSD-Reaction Index, children and adolescents, DSM-IV; Strengths and Difficulties Questionnaire , adolescent self-report; Yoga Experience Questionnaire	No: measures used were pre-defined rather than defined in context. No adaptation was reported.	Partially: the PTSD-Reaction Index and Strengths and Difficulties Questionnaire are established and evidence based. However, the lack of contextual validation calls into question their reliability in context.	Yes: in the context of this paper with the expertise and study time available, the measures used were feasible. The study was conducted at least two years after a sudden onset emergency, making the emergency context less of a constraint.
Perrier and Nsengi-yumva, 2003	*Community and family supports*: 'active science' sessions	Rwanda	The impact of 'active science' as a psychological support programme	Researcher observations during sessions, including: degree of participation and engagement in sessions, demonstrations of curiosity, expression of emotions, engagement with peers	No: while researchers considered the impact of culture on the ways that children engaged with activities and expressed their feelings, the reliance on researcher observation limited cultural validity	No: while the use of observation is a recognized qualitative research measure, as the observational measures lacked an analytical framework or means of triangulation, it was not possible to prevent subjectivity of interpretation	Partial: while the use of observation is a feasible approach in context, the lack of cultural validity and reliability limit the appropriateness of the measures. The context was not a constraint as the study took place several years after the conflict

Findings from the evaluation of measures used to evaluate outcomes for MHPSS with UASC
Measures used to evaluate outcomes lacked cultural validity.

The evaluation in Figure 3.8 demonstrates that neither of the MHPSS interventions has been shown to have cultural validity. While the measures used by Culver et al. (2015) in Haiti, most particularly the PTSD Reaction Index and the Strengths and Difficulties Questionnaire, have been used in Western societies, the lack of proven cultural validity in Haiti calls into question their applicability in this paper. While these measures may be considered at least partially reliable and feasible to use in context, their reliability is undermined by the lack of demonstrated cultural validity.

The Perrier paper lacks a robust and objective measurement or analysis framework, relying instead on researcher observation. This approach cannot be considered to be culturally valid or reliable.

3.4 QUALITY ASSESSMENT OF THE ELIGIBLE PAPERS

We describe relevant features of the papers, and provide an overall assessment of the risk of bias in the papers. More detail using specific criteria proposed by CASP can be found in Appendix F for the papers on care and MHPSS, and using our own scale for FTR papers in Appendix G.[14] We treated risk of bias and quality as the converse of each other.

[14] We are aware that the Cochrane Handbook Higgins, J.P.T. and Green, S. (eds). (2008). *Cochrane Handbook for Systematic Reviews of Interventions*,189–90, Chichester, England: Wiley-Blackwell) does not consider 'quality' the converse of 'risk of bias', since even high

Most studies are of limited quality, and none show low risk of bias. Among nineteen of the studies, the risk of bias is rated low–medium for two, medium for five, medium–high for five, and high for seven. Of the remaining four reports, Brown (1995) includes case studies whose risk of bias is rated medium–high or high; Culver (2015) includes one comparison rated medium risk of bias and another with high risk of bias; in Richardson (2003), the risk of bias is medium for the FTR component, and high for the interim care section; and in the UNICEF (2009) report, the risk of bias is rated medium–high for both the FTR and care sections.

Boothby, 1993: With the aid of various organizations, the National Directorate of Social Action (DNAS) in Mozambique implemented an FTR programme to aid those who had been separated during the armed conflict within the country. Overall methods of the evaluation as well as descriptions of how the FTR programming was carried out are described in the paper. The paper describes the context in which the FTR programming took place and its effects on the programming, however, only partial numbers were given for reunifications and there was limited follow-up data.

Risk of bias: MEDIUM–HIGH

Boothby, 2006; Boothby et al., 2013: The papers report a long-term study of 40 former child soldiers in Mozambique followed from 1988 to 2003–2004. The boys spent six months in a rehabilitation centre, before returning to their communities. The data eligible for our review was collected in 1988, in month 1 and month 3 of the stay in the centre.

Programme staff observed and recorded the boys' behaviour at each time. They used a protocol for the Child Behaviour Inventory Form. Ten behaviours were included such as: aggressive with other children, withdrawn, sexually provocative, and cooperates with other children. No psychometric properties of the observations were stated. There was high potential for bias in the recorded observations, especially as the staff who conducted the intervention also made the observations.

No statistical tests were conducted to confirm whether the changes in prevalence of behaviours from month 1 to month 3 were significant. (The data presented does not allow the appropriate statistical technique, McNemar's test, to be done.)

The 2006 paper reports that there were 39 children; the second reports 40. In correspondence, the author stated that after a colleague left 'we found/included one more who was missing until later'. This cannot explain why the proportions of children reported to show the behaviours were identical in the two reports.

Risk of bias: HIGH

Bowley, 1998: This final report describes progress to date and results achieved by a FTR programme. The original objectives of the programme were modified to take into account the changing nature of the work of reunification, and as a result, Save the Children was able to reduce the number of staff employed while still maintaining effectiveness of tracing and reunification efforts. Methods of IDTR are referred to as being described in earlier reports, and overall methods are not stated. Constraints influencing reunification, such as socioeconomic factors, and politics and events, are mentioned. Complete data is only provided for certain sub-groups (for example, '*sans addressee'* children).

Risk of bias: MEDIUM–HIGH

Brown et al., 1995: This extensive report from Save the Children UK has four major case studies that are directly relevant to our review. Each of these case studies evaluated the FTR approach in various countries that had been affected by armed conflict resulting in mass displacement. In each case study, the methods of the FTR were described well. The case studies reported data on the rates of reunification, success; however, often these

quality studies can have a substantial risk of bias for reasons outside the investigators' control. In this review, no study was judged to be of high quality and we are confident that the risk of bias is the converse of quality.

numbers gave partial information to the success of the programme. Some of the caseloads had a thorough description of the context that the FTR programming was implemented in while other caseloads lacked this information. The numbers of families traced and the status of the entire caseload was not always complete and there was some uncertainty as to the number and proportion of children reunified successfully. Detailed information on the individual caseloads can be found in the report's Appendix F.

Risk of bias: MEDIUM–HIGH/MEDIUM

Charnley et al., 1994: The evaluation conducted qualitative interviews with UASCs in Mozambique to examine differences between children in various types of placement – with families, in substitute or adoptive families, in children's homes, and so on. The selection of the study sample is not described. Specific questions were asked, and topic areas were specified. 'Statistical analyses were carried out' but not reported in the paper; 'narrative material' was 'systematically extracted' but the method was not stated. Limited information is given and comparisons are not comprehensively reported.

Risk of bias: HIGH

Culver et al., 2015: The paper examines the effect of yoga as a MHPSS intervention for children in a Haitian orphanage. Children in 'Orphanage A' were randomly assigned to the yoga intervention or to an aerobic dance control. Children in 'Orphanage B' were considered a 'wait-list control group'. The wait-list control group was thus not randomized and included children in a different orphanage.

Outcome measures were the UCLA PTSD-Reaction Index (with modification) and the Strengths and Difficulties Questionnaire. The psychometric properties were not described. The measures were recorded pre and post-treatment for all three groups. Analyses examined the change in scores and adjusted for age and sex of the children.

Apart from those lost to follow-up, and missing data, some children were excluded from the analysis because they had not reported any potentially traumatic event pre or post-treatment. Others were excluded because they did not receive the allocated treatment. Overall, the analysis included 15/34 randomized to the yoga intervention, and 9/27 allocated to dance control. For wait-list control, the analysis included 7/15 of those initially recruited.

Risk of bias: *For comparisons between yoga intervention and wait-list control – HIGH*
For comparisons between yoga intervention and dance control – MEDIUM

Derib, 2001: The paper follows up UASCs in family attachment, a loose form of foster care. Few details are given of how this was done. The report does not state how children were selected into the programme, how or how many children were chosen for the assessment, or what measures were used to evaluate the programme (e.g. how children interacted with the foster parents); and there was no comparison group.

Risk of bias: HIGH

Dowell et al., 1995: The authors of the paper collected mortality and nutritional data from unaccompanied children residing in 14 different camps in Zaire over 6 weeks in 1994. The children were refugees from Rwanda. One specific camp, Buhimba III, took specific measures to improve care, though these were reported anecdotally. Comparisons over time were eligible for our review.

Daily crude mortality rates were estimated for the children. Also, weight-for-height z-scores were made at two centres, and compared between the first measurements and others made 11 days later. (Other measures could not be used to evaluate the changes in the programme.)

Given the conditions at the camps, there are limitations to the paper. Not all deaths may have been recorded. For the weight-for-height measures, the authors acknowledge they may have had a survivor group at the second measurement. No statistical tests were done.

Risk of bias: MEDIUM–HIGH

Duerr et al., 2003: The paper examines records of children admitted to a Food for the Hungry International/FHI programme. It compared children in foster care with children living with their families who made more than one visit to the programme. Weight gain per month and prevalence of illnesses at visits were used to compare the groups.

An exclusion criterion – omitting from the analysis those severely malnourished or very ill at baseline – was applied to the children with family, but not those in foster care. Follow-up of children was irregular, though to some extent accounted for in the analysis. The authors were limited by the data available from records. Some sensitivity analyses – restricting the duration of follow-up and analysing matched pairs of children – were conducted and were consistent with the main analyses.

Risk of bias: MEDIUM

Dunn, 2006: Following the 2004 Indian Ocean tsunami, UNICEF established an interagency family tracing database through interagency collaboration and a high level of coordination. Details of how the database was used to identify problems and improve practice, and a description of children who had been registered and their current situation, were provided. The importance of follow-ups for separated children was highlighted. Probable explanations for why there was an apparent shortfall in the number of children registered and separated were given.

Risk of bias: LOW–MEDIUM

Merkelbach, 2000: The evaluation of a centralized database established to register and reunify children is described in this paper. It draws attention to several issues pertaining to data management. Cultural and social factors as well as political sensitivities influencing data collection and tracing are acknowledged. Of the 119,577 separated children registered by the ICRC, less than half were reunited with their families by 2000. Reunifications were distinguished by those likely via the database and those reunified without assistance of the database.

Risk of bias: LOW–MEDIUM

Mirindi and Ntabe, 2003: Save the Children UK worked with ADECO, a local NGO, to implement a FTR project that took place during an armed conflict in DRC. This very brief report outlines the number of children reunified by the FTR project with some remaining figures indicating the number of children yet to be reunified in various regions. The FTR programming itself is not described and there is no clear time frame as to when the project was implemented. There is also a lack of data indicating how many families were traced and the context that the FTR project had occurred in.

Risk of bias: HIGH

Perrier et al., 2003: The paper reports the use of active science with groups of children in a Rwandan orphanage. It includes detailed discussion of the background, content and implementation of the programme. Records were entered into a log book after each session, and there was space for entering information on each child as well as ad hoc observations and debriefing notes. Photographs were also analysed. Observations were not made outside the sessions themselves. The authors note that limited quantitative data was obtained – and none is reported in the paper.

Risk of bias: MEDIUM–HIGH

Richardson et al., 2003:

FTR: A review of the quality and effectiveness of FTR networks and subsystems, a component of a sub-regional Separated Children's Programme, was undertaken by Save the Children UK. The methods of tracing are described, and the paper indicates that the systems and processes appeared to be working quite effectively in tracing and reunifying children with their families. Patterns of gender imbalance in registered children are noted. Save the Children UK research indicates long separations hindered sustainable family reunification, and emphasis was placed on informed and voluntary reunifications, and sensitization activities.

Risk of bias: MEDIUM

Interim care: The report describes interim care of separated CAAFAG, and claims that it was superior to moving children through camps. However, there is almost no information provided on how these conclusions are drawn.

Risk of bias: HIGH

Robertson and Chiavaroli, 1995: USAID evaluated programming conducted by various NGOs in Rwanda. Specifically related to FTR, Save the Children UK, ICRC and UNHCR all aided in the tracing and reunification of children who were displaced during the war. Methods of how the FTR programming was implemented and subsequently evaluated were reported. The authors were explicit in the number of children who had been reunified and discussed detailed contextual effects of reunification, such as cross-border reunifications. The authors do acknowledge that there may have been additional reunifications that had not been reported, and thus, proportions could not be completely confirmed.

Risk of bias: MEDIUM

Save the Children, Norway (JMJ International), 2005: Save the Children Norway undertook an extensive evaluation of their child protection programming in various countries affected by armed conflict. Data pertaining specifically to FTR is only given for one country and was not the focus of the evaluation. The evaluative approach is described in a separate appendix but no further information is given that details how Save the Children Norway carried out its FTR programming. The number of children reunified is given but little information outlining the process of the FTR and specific numbers of the status of the entire caseload is missing. It's important to note that the aim of this evaluation was not to directly evaluate FTR.

Risk of bias: HIGH

Save the Children UK Angola: The evaluation focused on the final six months of support for the implementation of a FTR programme. The status of the caseload is described for some but not all children, and numbers reflecting children registered, traced, placed and reunified did not amount to the correct total and/or were not consistent throughout the document. Contextual factors affecting society and the FTR programme are well described. These include operational contexts and partnerships. Socioeconomic conditions, such as poverty, are believed to be the main reason for the child separation. An increase in caseload left teams without sufficient resources to carry out effective tracing, and it is suggested that forms should collect more tracking information.

Risk of bias: MEDIUM

UNHCR, 2014: In 2013, UNHCR implemented the 'Live, Learn & Play Safe 2014–2016' programme in various Middle Eastern and North African countries affected by recent conflicts and disasters that resulted in a substantial increase in child refugees. This paper only reports relevant FTR data from one of the five countries; however, the data presented only gives overall proportions of children reunified. The actual number of children that had been traced and reunified is not given. While some context is given to the FTR programming, there is no description of how the FTR programming was implemented and carried out.

Risk of bias: HIGH

UNICEF, 2009:

FTR: Following the 2004 Indian Ocean tsunami, UNICEF evaluated its approach to various programming within Indonesia, including FTR. The methodology of the FTR programming and how it was implemented is not described and data given pertaining to the success of reunification is only given in the context of reunifying with relatives and known neighbours combined. However, no explicit number of those who were successfully reunified is given. UNICEF, however, does provide a timeline of events and some context to the FTR programming.

Risk of bias: MEDIUM–HIGH

***Interim care*:** UASCs in Indonesia following the 2004 tsunami were placed into one of three types of care: family care, *pantis* (orphanages), or *dayahs* (Islamic boarding schools). While those selected for the study were chosen randomly from those in the placements, the reasons why children were placed in each type of care are not stated. Children were divided into four groups based on age (younger/older) and sex (boy/girl). Children were asked what was important in their lives and questions for each group were derived from the responses. Questions were categorized – e.g. basic needs provided or sociability. No psychometric properties of the scales were stated. Also, the description of the scales in the text does not properly match the questions asked. Only some of the data is shown in the report.

Risk of bias: MEDIUM–HIGH

Williamson, 1997: An evaluation was conducted to review Displaced Children and Orphans Fund (DCOF)-funded activities of Save the Children UK and Save the Children US; however, the relevant data for our review is not within the scope of the paper's aims so limited relevant information is given. As such, the quality of the report is rated low across most categories. Socioeconomic issues of separated children are described; for example, while not supported by direct evidence, it is believed that, despite knowing where their families were (or vice versa), many children in centres were placed there by households as a coping strategy.

Risk of bias: HIGH

Williamson et al., 2002: The paper describes an evaluation of child demobilization and reintegration in Sierra Leone supported by the (DCOF), which includes an assessment of progress of reunification activities. Overall methods as well as the method of tracing are not described, and limited quantitative data is reported. Delays for some children are noted and attributed to inter-organizational differences; these include limited capacities of some members of the tracing network and delays in obtaining essential equipment; however, overall, the system worked.

Risk of bias: MEDIUM–HIGH

Wolff et al., 1995a: The paper compares socio-emotional status and behavioural symptoms in children in an Eritrean orphanage at two time points, before and after a major change in the social environment. Turnover meant different groups of children were assessed, and they were selected by systematic sampling. Measures were adapted from a standardized inventory, and reported by orphanage staff, a potential source of bias. Children at the second time point showed significantly lower proportions with all six domains of symptoms (statistical test not specified), but the comparability of the groups at entry into the orphanage was not assessed.

Risk of bias: MEDIUM

Wolff et al., 1995b: The paper compares the Eritrean children studied at the second time point from Wolff et al., 1995a with children of similar ages living with refugee families. The authors note this was not an ideal control group, but a better one was not accessible in the circumstances. The refugee children were 'case-matched' to the orphanage children, but the matching criteria were not reported. The authors attempted to use 'culture-fair standardized psychological tests', providing more detail on the tests than had been given in Wolff et al., 1995a. Eritreans with previous field research experience collected all data. F-tests were used to compare the two groups.

Risk of bias: MEDIUM

4 DISCUSSION AND CONCLUSIONS

This section of the report summarizes key issues relating to the process of the systematic review, and gives key findings of the review and their implications for future policy, practice and research. It concludes with reflections on the strengths and limitations of this research.

4.1 THE STATE OF THE EVIDENCE

The extent of the evidence is limited

Out of 5,535 records identified through searches of academic databases and grey literature websites, and through stakeholder engagement, 23 papers were found to be eligible for inclusion in the review. Of these, nine are published in peer-reviewed journals; eight of which document pieces of research, while one provides a historical record of programming. Fourteen are unpublished, of which ten document programme evaluations, three provide a historical documentation of programming, and one documents research. Given the extent of work to care for children during and following humanitarian emergencies, the volume of eligible literature is notably limited.

Identifying relevant grey literature was much more difficult than finding peer-reviewed papers. For the latter, there are readily searchable bibliographies. Users can enter a few key terms, and potentially eligible records (including titles and abstracts) are retrieved. This is typically not the case for grey literature, for which the various websites are not easy to search; and even when potentially relevant reports are identified, they do not include short abstracts of 150–250 words, as do peer-reviewed papers, that together with the titles can be quickly checked to rule out obviously non-eligible papers. Instead, executive summaries, where included, may be several pages long. Titles can be so vague that the whole report has to be read (or at least scanned), a time-consuming exercise. Because of these challenges, it is possible that the research team missed relevant papers.

- **To address some of these challenges, the research team recommends that consideration is given to establishing a centralized database of humanitarian evaluations, indexed by variables such as sector, subject, intervention type, and type of humanitarian crisis. Among the factors that need to be considered are: how complete such a database would/could be; how easy it would be to index the reports; and of course the cost of setting up and maintaining the database. Such an initiative would mark a step-change in the systematic sharing of evidence and learning among humanitarian agencies, and would require consensus-building throughout the sector and the development of a framework for information sharing.**

The quality of the evaluations is generally modest

Our review makes clear that the quality of the papers included is modest. While we certainly do not expect randomized controlled trials on, for instance, FTR programmes, too often findings were impressionistic rather than evidence-driven. In many cases, evaluations were conducted by the NGO that conducted the programme, raising concerns about possible (unconscious) bias on the part of those with a vested interest in the programme under scrutiny. Understandably, this was particularly the case for papers that reported programme evaluations to donors. In some FTR papers, the proportion reunified could only be determined for sub-group(s) of the caseload; sometimes the overall number of children reunified was stated, but a numerator and denominator was shown only for a sub-group.

It should be noted that the conditions under which some evaluations were done were difficult, and in places where the situation can change from day to day. Additionally, some of the FTR papers examine child protection programming more broadly, and the focus on FTR is limited. In such cases, the proportion of children reunified is mentioned almost incidentally, and little information is provided on the methodology. As well, a paper is included only if it was the first report with results of the evaluation. It is possible in some cases that there had

been an earlier report supplying more details on the methods, but the researchers were not able to identify that report, and so the quality of the paper is rated lower than it deserves.

The research team recommends at a minimum the following steps aimed at improving both the quality of evaluations undertaken with UASC in humanitarian crises themselves, and the way in which these evaluations are reported. Reports should describe the methods used in gathering and analysing information. They should state the sample size – the number of participants – when relevant, and how the sample was chosen. Differences between groups should be tested using robust statistical techniques. Data provided should make clear exactly who is included. In the FTR reports, the timeline should be clear; and it should also be clear if numbers of registered children are cumulative or new cases in a particular period. The number of children in the overall caseload and the number reunified should be stated; and the same data provided for sub-groups as appropriate.

In October 2016, ALNAP released the first Evaluation of Humanitarian Action Guide. This should help those responsible to ensure that evaluations are well designed and conducted and that enough details are reported to give readers confidence in the robustness of the results. The guide includes a table suggesting the structure for evaluation reports.

The focus of papers is heavily skewed towards conflicts in Africa

As outlined in Section 3, of the 26 case studies included in the review, 21 focus on conflict-affected countries in Africa. Of these 21, only three are authored or co-authored by national or regional researchers or evaluators (Derib, 2001; Perrier and Nsengiyumva, 2003; Mirindi and Ntabe, 2003).

Clearly many of these contexts offer the potential for rich learning. However, the over-emphasis on armed conflict in the African context, and the lack of nationally/regionally-driven research agendas and nationally/regionally-led research papers is of concern, particularly given the lack of cultural validity noted in some of the findings of this review.

- **The research team recommends that further emphasis should be placed on identifying research and evaluation questions from the 'bottom-up'; that is, driven by issues and needs identified at the field level, rather than those identified at the global level or within academic institutions. When undertaking research with UASC, every care should be taken to ensure that research teams have balanced representation including national and local researchers, questions are defined and refined in context, and the evaluation methods are contextually appropriate.**

Equally of concern is the lack of focus on natural disasters given their frequency and impact in LMICs. Only 3 of the 26 case studies evaluate outcomes for UASC following a natural disaster. Some of the findings of this review suggest that there may be significant differences between the nature and scale of separation following natural disasters, as opposed to chronic conflicts.

- **This review found that evaluations of interventions with UASC in natural disasters constitute a research gap. It is recommended that natural disasters are prioritized for further research and evaluation of interventions with UASC; this should focus particularly on understanding how the dynamics of natural disasters affect the nature and scale of separation.**

4.2 SUMMARY OF KEY FINDINGS AND THEIR IMPLICATIONS

UASC-specific child protection activities

Family tracing and reunification

The extent of the evidence is greater for FTR than any other area of programming with UASC, with 14 papers including 17 case studies focusing on this area. However, as rates of reunification constituted the most basic inclusion criteria for FTR programming, all of the papers are evaluated against this one common factor, and some papers are included that contain limited additional information about the impact of FTR programming on children. The majority of the papers are also considered to be of low to medium quality, limiting the conclusions that can be drawn from an analysis of the findings.

Similarities and differences in both caseload size and reunification rates in national or regional FTR programmes undertaken during large-scale chronic humanitarian crises are worth noting. Given that 6 out of 17 case studies on FTR applied to the Rwandan genocide and displacement into surrounding countries, this was clearly a seminal moment for the development of FTR as a key child protection intervention and for learning about what approaches are effective in achieving positive outcomes for children. As approximately 120,000 UASC were identified, constituting 3.7 percent of the affected child population, the scale of separation speaks for itself. Despite the relatively small Rwandan population, the evidence suggests that no other crisis over the past 30 years has experienced comparable numbers or rates of separation.

The similarity of caseload size in contexts such as Ethiopia, Mozambique, Angola and the Mano River countries is notable, but difficult to attribute. When caseload size is calculated as a percentage of the affected child population, there is more variability though this is still within a relatively limited range, from 0.23 percent in Angola, to 0.99 percent in the Mano River countries. It is important to recognize that caseload size does not represent the actual prevalence of UASC. It is possible that the numbers in UASC caseloads are limited by the funding available to support FTR programming. If so, the caseload as a proportion of affected children might be lower as the number of children affected rises.

However, it should be noted that caseload size both as an overall number and as a percentage of affected child population was significantly lower in Aceh, perhaps reflecting a critical difference in the degree of separation that takes place in natural disasters compared with conflict settings. This may be due to a number of factors, such as the relative cohesiveness of family and community structures, or the more limited geographical spread of displacement in natural disasters as opposed to conflicts. As already outlined, these factors merit further research and exploration.

- **Caseload size, both as an overall number and as a percentage of the affected child population, merits further analysis, drawing on additional data from other similar humanitarian crises. Such an analysis may provide important findings about contextual drivers of separation, about the scale of separation in different types of humanitarian contexts, and about the way in which parameters such as funding impact on caseload.**

When considering identified factors that support or hinder the achievement of positive FTR outcomes, it is worth noting that the body of evidence outlined in this review on the impact of FTR on UASC was largely generated in the 1990s and early 2000s. This may be considered a ‘norming’ phase in the development of FTR programming in response to a number of large-scale humanitarian crises during the post-Cold War era. The IAWG UASC was formed in 1995, propelled by the situation in Rwanda and with a vision to ‘*enhance the protection of unaccompanied and separated children in situations of conflict and natural disaster*’ (IAWG

UASC, 1995[15] It brought together the body of knowledge and experiences from member agencies and produced the Inter-agency Guiding Principles on Unaccompanied and Separated Children in 2004. Many of the programmes evaluated in the papers in this review are likely to have contributed to the development of these principles.

The emphasis on effective coordination between agencies and with government departments is reflected in the stress on complementarity and cooperation in the Guiding Principles (IAWG UASC, 2004). Long-term commitment, in terms of programming and resource allocation, is also underlined as critical in the Guiding Principles, echoing the emphasis on adequate sustained funding in order to maintain FTR programming described in several of the papers. Attention to information management is threaded throughout the Guiding Principles, particularly stressing individual documentation; confidentiality; the importance of information sharing in the child's best interest; the development of coordinated standardized information management approaches and compatible systems; and the importance of centralizing cross-border information sharing. Norms and inter-agency protocols relating to data protection and information management continues to develop both at the agency level through the development of data protection policies, and within the Inter-agency Child Protection Information Management System Steering Committee,[16] although it may be argued that this has added to the complexity of subsequent information management systems.

Community engagement and participation, and capacity-building are also reiterated throughout the Guiding Principles, but are arguably not afforded the degree of significance as integral to effective programming that the evaluations in this review imply that they should have. It is noted that these two programming areas have received more extensive prominence in the comprehensive Field Handbook on Unaccompanied and Separated Children, which was soon to be published by the IAWG-UASC at the time of press.

Similarly, findings related to CAAFAG reflect norms and principles developed to promote the protection of these children, in the Cape Town Principles and Best Practices (1997)[17] and the Paris Principles and Guidelines on Children Associated with Armed Forces or Armed Groups, which provide detailed guidance on the identification and release process and emphasize the specific situation of girls.

It is therefore considered that the learning from this review has been adequately incorporated into the norms and guidelines that support FTR programming with UASC in the humanitarian child protection sector. A broad range of both programmatic and contextual factors clearly help or hinder rates of reunification. Recognizing this, the progressively increasing rates of reunification seen across the papers that document national or regional programming in large-scale chronic humanitarian contexts do provide some hint that rates of reunification are increasing, perhaps due in part to programmatic improvements.

However, in relation to the Indian Ocean tsunami, Dunn et al. (2006) highlight that not only were initial child protection programme responses based on a significant over-estimate of numbers of separated children, but that standard approaches developed in conflict contexts were not appropriate in a context where children and relatives who remained missing after a relatively short period of time were unlikely to have survived. The paper cautions against over-reliance on external principles to guide programme interventions:

> 'While guiding principles such as those set out in the inter-agency working group on separated children have significantly improved capacity to advocate quickly and coherently in the protection field, it is important that these principles are translated into programme strategies that fit the specific circumstances of each emergency.'
>
> (Dunn, 2006, p. 43).

[15] Terms of Reference: 1995, revised 2010.

[16] The CPIMS Steering Committee was formed to support the development and implementation of the Inter-agency Child Protection Information Management System in support of child protection case management. Members are IRC, Save the Children, UNICEF and – since October 2016 – UNHCR.

[17] The Cape Town Principles and Best Practices were adopted at the 1997 Symposium of on the Prevention of Children in to the Armed Forces and on Demobilisation and Reintegration of Child Soldiers in Africa. Cape Town, South Africa, 27–30 April, 1997.

The paper goes on to recommend that programme interventions should be developed based on an assessment of the nature and scale of separation in a given context. It should be noted that the IAWG UASC is currently developing and piloting tools and methods to assess the nature and scale of separation in emergencies.

- **Findings from assessments to measure the nature and scale of separation in emergencies should be analysed in order to progressively build a picture of the drivers of separation in different contexts. This will be useful both for projecting the nature and scale of separation in future humanitarian crises, and also to give an indication of appropriate programmatic approaches to address separation.**

In addition, the research team identifies one specific issue that requires further emphasis and exploration: both the lack of information on gender, and – where included – the apparent gender bias in FTR programming. While the protocol stated that we would disaggregate the data and examine the impact of programme interventions on sub-groups such as girls and boys, and different age categories, the papers provide very little disaggregated data, limiting the conclusions that can be drawn. While most pronounced in relation to CAAFAG programming, the issue of gender imbalance also came up in some FTR programmes. The reasons that fewer girls are included in FTR programming are not always clear. It is possible that some of the drivers of separation, for example, for work or for recruitment into armed groups, may have a greater impact on boys. Alternatively, many girls may be missed in identification and registration processes because they can be more 'invisible' than boys. Without effective assessments of the nature and scale of separation in any given context, it is not possible to contextualize or understand this gender differential, and know how to address it. Additionally, not all FTR papers reported numbers of UASC and reunification rates disaggregated by gender.

- **The gap in evidence about gender and age disaggregation should be noted. It is recommended that the humanitarian child protection sector standardizes the disaggregation of data on UASC by gender and age categories, and provides caseload analysis that outline reasons for separation. 'Survival analysis' could also be used to understand how different variables are related to reunification.**

Finally, while FTR papers are included based on whether they reported proportions of children reunified, it is recognized that this is not the only, or always the most important, factor in evaluating FTR programmes. A potential alternative indicator would be the proportion of children for whom a permanent solution is achieved in their best interest.

Interim care

Nine papers focus on evaluating the impact of interim care on children, with quality ranging from low to medium, hence limited conclusions can be drawn. The following summary points should therefore be considered as suggestive findings that may warrant further exploration.

Outcomes for children in foster care were generally, but not consistently, positive. Study outcomes indicated that significant ongoing monitoring and support to both children and families is required to ensure that foster care is effective for all children.

- **Further research is needed to understand what aspects of both formal and informal foster care are critical to bring about positive outcomes for UASC in humanitarian contexts.**

The UN Guidelines for the Alternative Care of Children (2010) state that in emergencies, 'Care within a child's own community, including fostering, should be encouraged, as it provides continuity in socialization and development.' This principle is further elaborated in the Alternative Care in Emergencies Toolkit. In its Guiding Principles, it states that 'family-based care should be the first consideration… Non-group home residential care should be used only as a short-term measure until family-based care alternatives can be developed, or where it is specifically appropriate, necessary and constructive for the individual child' (IAWG UASC, 2013).

While providing some indications that verify these principles, the findings from this review are not enough in themselves to confirm or refute the prioritization of foster care over residential care as a norm for interim care in emergencies. This should not be interpreted as challenging this norm, as – in the absence of humanitarian-specific evidence – the body of evidence from non-humanitarian contexts that drives this norm remains relevant; yet it is also important that this norm is further examined in humanitarian contexts.

- **Further research is needed to compare the outcomes of formal and informal foster care versus residential care in humanitarian contexts.**

A range of indicators and measures were used to evaluate the impact of interim care for children. In this review, the research team drew on recognized definitions of adequacy and appropriateness, as outlined in the Alternative Care in Emergencies Toolkit and elaborated in Section 1 of this review (Background), to assess how the impact of care on children was evaluated. The majority of papers focusing on interim care evaluated outcomes against some – primarily social and emotional – but not all dimensions of the adequacy of care. Most papers did not evaluate outcomes in relation to the appropriateness of care. There is also wide variation in the cultural validity of the measures used. The outcomes reported therefore provide only a partial picture of the impact of the care intervention on the children concerned. The research team concludes that the humanitarian child protection sector would benefit from the development of a standardized, holistic framework, applied in a contextually appropriate way, for evaluating the outcomes of care interventions on UASC in humanitarian contexts.

- **Greater standardization is needed in choosing outcome indicators and measures of indicators, using approaches that are culturally valid. The dimensions of 'adequacy' and 'appropriateness' could be considered as one approach to defining the dimensions that should be measured.**

General child protection activities

We found no papers that evaluate the effectiveness of general child protection interventions on UASC. This is because, contrary to our expectations when beginning this review, evaluations of general humanitarian child protection programmes did not distinguish between separated and non-separated children. It was anticipated that child protection case management programmes would generate data that could be readily analysed for evaluations by status such as 'separated' or 'non-separated', as well as by other factors such as age and gender, but this was not the case. It is recognized that the case management approach is relatively new to the field of humanitarian child protection programming,[18] which may explain why it has neither generated significant data analysis nor undergone evaluation. It would be encouraging to see such data more systematically analysed and reported to understand the effectiveness of this critical approach.

The absence of papers is also notable given that programmes that address child labour or release of CAAFAG are likely to involve high percentages of UASC. Disaggregated analyses of separated and non-separated children in evaluations of these types of programmes will help in understanding whether the effectiveness of these interventions differs for UASC and other groups.

- **The humanitarian child protection sector should work to systematically analyse case management data, disaggregating by separation status and taking into account age, gender and other key variables related to child protection risks and vulnerabilities.**

[18] The first inter-agency guidelines for child protection case management in humanitarian contexts were finalised in 2014.

Mental health and psychosocial well-being activities

With only two papers – and these being of low to medium quality – focused on evaluating outcomes for children through interventions aimed at promoting MHPSS, the evidence in this area is extremely limited. Furthermore, the two interventions were externally-designed rather than contextually-appropriate MHPSS interventions, and they use MHPSS indicators and measures of outcomes that are not demonstrated to have cultural validity. Neither paper focuses on evaluating MHPSS issues that are considered common to the experience of separation, for example, those related to disrupted attachment or the loss of a primary caregiver. Thus we cannot draw any conclusions about MHPSS approaches for UASC from these studies.

The absence of robust evidence is a significant finding in itself. Given that UASC are among the most vulnerable children in populations affected by humanitarian crises, and that the loss of a primary caregiver is a significant source of distress and an aetiological factor for a range of mental health disorders, it is surprising that evidence in this area is so lacking.

- **The lack of evidence on MHPSS interventions for UASC should be considered a significant research gap. Further research is required that evaluates MHPSS outcomes, with sensitivity to those outcomes that may be specific to UASC. It is critical that contextually appropriate interventions are prioritized for evaluation in a culturally valid way in order to build up a body of evidence that identifies good practice. It is therefore recommended that further research is undertaken in the following areas:**
  - **review relevant evidence on the MHPSS impact of separation from non-humanitarian contexts and consider how this may apply in humanitarian contexts**
  - **evaluate the impact of separation in humanitarian crises on children's mental health and psychosocial distress in the short, medium and long-term**
  - **identify examples of contextually-appropriate MHPSS interventions with UASC and evaluate their impact on children's mental health and psychosocial well-being.**

- **Additionally, it is recommended that a clear approach for the evaluation of MHPSS outcomes for UASC is developed to promote culturally validity in evaluation.**

4.3 WHAT CONSTITUTES EVIDENCE?

Finally, the scarcity of 'evidence' on programme outcomes with UASC in humanitarian contexts when compared with the number of papers excluded through the selection process (23 papers out of 528 papers passed the first screening) raises questions about what constitutes evidence for humanitarian practitioners working with UASC. While some papers were excluded during the second screening for multiple reasons, it should be noted that 190 papers were excluded because they did not evaluate an intervention. Many of these papers – particularly in the grey literature – have interesting observations that would likely have been relevant for this review, but did not meet our inclusion criteria. Other papers provide empirical evidence, but are ambiguous about the subjects, intervention or context, making it difficult to determine their eligibility for the review.

On one hand this represents a missed opportunity to learn from these programmes and indicates a need to more effectively embed robust evaluation frameworks in programme interventions with UASC in humanitarian contexts. On the other hand, there is likely to be a wealth of knowledge and opinion in these papers related to programme interventions with UASC in humanitarian contexts that constitutes valuable evidence in itself.

The final recommendation of this report is that the broader literature on UASC be synthesized to identify themes and promising interventions with UASC that would then be rigorously evaluated to further develop the evidence base on this topic.

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APPENDICES

APPENDIX A: DETAILED SEARCH STRATEGIES

Notes: * indicates a word that has been truncated in order to search for variations of the word; tw: text word; yr: year

Medline – Ovid

8 December 2015

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

EMBASE – Ovid

8 December 2015

1. (unaccompanied adj3 (infant* or babies or child* or minors or adolescents or teen*)).tw.
2. (family reunification or family tracing).tw.
3. (child soldiers or boy soldiers).tw.
4. 1 or 2 or 3
5. ((separated or lone) adj3 (infant* or babies or child* or minors or adolescents or teen*)).tw.
6. orphaned child/
7. orphan*.tw.
8. (abandoned adj (children or infant* or babies)).tw.
9. 5 or 6 or 7 or 8
10. (earthquake* or flooding or tsunami* or avalanche* or mudslide* or tidal wave* or famine* or war* or drought* or cyclon* or hurrican* or tornad* or armed conflict* or genocide or volcan* or refugees or emergenc* or disaster* or humanitarian or epidemic*).tw.
11. disaster/ or mass disaster/ or natural disaster/ or relief work/ or rescue work/ or epidemic/
12. disaster planning/
13. emergency/
14. hurricane/ or tornado/

15. environmental impact/ or desertification/ or drought/ or flooding/ or greenhouse effect/ or sea level rise/
16. avalanche/ or earthquake/ or tsunami/ or volcanic ash/ or volcano/
17. war/ or war crime/ or genocide/
18. refugee/ or asylum seeker/ or refugee camp/
19. ((natural or man-made or manmade) adj2 (disaster* or emergenc*)).tw.
20. 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19
21. 9 and 20
22. 4 or 21
23. limit 22 to (book or book series or editorial or letter or note)
24. 22 not 23
25. limit 24 to yr="1983 -Current"
26. limit 25 to english language

27. remove duplicates from 26

PsycINFO – Ovid

8 December 2015

1. (unaccompanied adj3 (infant* or babies or child* or minors or adolescents or teen*)).tw.
2. (family reunification or family tracing).tw.
3. (child soldiers or boy soldiers).tw.
4. 1 or 2 or 3
5. ((separated or lone) adj3 (infant* or babies or child* or minors or adolescents or teen*)).tw.
6. orphan*.tw.
7. (abandoned adj (children or infant* or babies)).tw.
8. 5 or 6 or 7
9. (earthquake* or flooding or tsunami* or avalanche* or mudslide* or tidal wave* or famine* or war* or drought* or cyclon* or hurrican* or tornad* or armed conflict* or genocide or volcan* or refugees or emergenc* or disaster* or humanitarian or epidemic*).tw.
10. ((natural or man-made or manmade) adj2 (disaster* or emergenc*)).tw.
11. natural disasters/ or emergency management/ or emergency preparedness/ or emergency services/ or exp Epidemics/
12. Combat Experience/ or Political Revolution/
13. war/
14. disasters/ or terrorism/ or genocide/ or refugees/
15. 9 or 10 or 11 or 12 or 13 or 14
16. 8 and 15
17. 4 or 16
18. limit 17 to (abstract collection or chapter or "column/opinion" or "comment/reply" or editorial or encyclopedia entry or letter or review-book)
19. 17 not 18
20. limit 19 to yr="1983 -Current"
21. limit 20 to english language

CINAHL – EBSCO

10 December 2015

S23	S19 AND S21	Limiters – English Language Search modes – Boolean/Phrase
S22	S19 AND S21	Search modes – Boolean/Phrase
S21		Limiters – Published Date: 19830101-20151210 Search modes – Boolean/Phrase
S20	S19	Limiters – Publication Type: Book, Book Chapter, Book Review, Brief Item, Commentary, Editorial, Letter Search modes – Boolean/Phrase
S19	S4 OR S18	Search modes – Boolean/Phrase

S18	S9 AND S17	Search modes – Boolean/Phrase
S17	S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16	Search modes – Boolean/Phrase
S16	(MH "Emergencies")	Search modes – Boolean/Phrase
S15	(MH "Refugees")	Search modes – Boolean/Phrase
S14	(MH "War+")	Search modes – Boolean/Phrase
S13	(MH "Rescue Work")	Search modes – Boolean/Phrase
S12	(MH "Disasters") OR (MH "Disaster Planning") OR (MH "Mass Casualty Incidents") OR (MH "Natural Disasters") or (MH "Disease Outbreaks")	Search modes – Boolean/Phrase
S11	TX ((natural or man–made or manmade) N2 (disaster* or emergenc*))	Search modes – Boolean/Phrase
S10	TX (earthquake* or flooding or tsunami* or avalanche* or mudslide* or tidal wave* or famine* or war* or drought* or cyclon* or hurrican* or tornad* or armed conflict* or genocide or volcan* or refugees or emergenc* or disaster* or humanitarian or epidemic*)	Search modes – Boolean/Phrase
S9	S5 OR S6 OR S7 OR S8	Search modes – Boolean/Phrase
S8	TX (abandoned N1 (children or infant* or babies)	Search modes – Boolean/Phrase
S7	(MH "Orphans and Orphanages")	Search modes – Boolean/Phrase
S6	(MH "Child, Abandoned")	Search modes – Boolean/Phrase
S5	TX ((separated or lone) N3 (infant* or babies or child* or minors or adolescents or teen*))	Search modes – Boolean/Phrase
S4	S1 OR S2 OR S3	Search modes – Boolean/Phrase
S3	TX (child* soldiers or boy soldiers)	Search modes – Boolean/Phrase
S2	TX (family reunification or family tracing)	Search modes – Boolean/Phrase
S1	TX (unaccompanied N3 (infant* or babies or child* or minors or adolescents or teen*))	Search modes – Boolean/Phrase

ASSIA, Sociological Abstracts, ERIC – ProQuest

10 December 2013

(((all(unaccompanied) NEAR/3 (all(infant*) OR all(babies) OR all(child*) OR all(minors) OR all(adolescents) OR all(teen*))) OR (all(family reunification) OR all(family tracing)) OR (all(child* soldier)) OR (all(boy soldier))) OR ((((all(separated) NEAR/3 (all(infant*) OR all(babies) OR all(child*) OR all(minors) OR all(adolescents) OR all(teen*))) OR SU.EXACT("Orphans")) OR (all(abandoned) NEAR/1 (all(children) OR all(infant*) OR all(babies))) OR all(orphan*)) AND ((all(earthquake*) OR all(flooding) OR all(tsunami*) OR all(avalanche*) OR all(mudslide*) OR all(tidal wave*) OR all(famine*) OR all(war*) OR all(drought*) OR all(cyclon*) OR all(hurrican*) OR all(tornad*) OR all(armed conflict*) OR all(genocide) OR all(volcan*) OR all(refugees) OR all(emergenc*) OR all(disaster*) OR all(humanitarian) OR all(epidemic*)) OR ((SU.EXACT("Cyclones") OR SU.EXACT("Avalanches") OR SU.EXACT.EXPLODE("Epidemics" OR "Pandemics") OR SU.EXACT("Earthquakes") OR SU.EXACT("Tornadoes") OR SU.EXACT("Hurricanes") OR SU.EXACT("Volcanoes") OR SU.EXACT("Firestorms") OR SU.EXACT("Drought")) OR SU.EXACT("Natural disasters")) OR ((all(natural) OR all(man-made) OR all(manmade)) NEAR/2 (all(disaster*) OR all(emergenc*))) OR ((SU.EXACT("Emergency services") OR SU.EXACT("Rescue services")) OR SU.EXACT("Emergency") OR SU.EXACT("Civil wars")) OR (SU.EXACT("Ethnic conflict") OR (SU.EXACT("Genocide") OR SU.EXACT("Crimes against humanity") OR SU.EXACT("Massacres")) OR (SU.EXACT("Terrorism") OR SU.EXACT("Conflict") OR SU.EXACT("Violence")) OR SU.EXACT("Refugees"))))) AND pd(19830101-20151231)

Engineering Village (Compendex, Inspec, GEOBASE and GeoRef)

20 December 2015

((((((((((((({lone children}) WN ALL) OR (({lone minors}) WN ALL)) OR (({lone adolescents}) WN ALL)) OR (({lone teenagers}) WN ALL)) OR (({lone teens}) WN ALL)) AND (1785-2016 WN YR)) OR ((((((((({separated children}) WN ALL) OR (({separated infants}) WN ALL)) OR (({separated babies}) WN ALL)) OR (({separated minors}) WN ALL)) OR (({separated teens}) WN ALL)) OR (({separated teenagers}) WN ALL)) OR (({separated adolescents}) WN ALL)) AND (1785-2016 WN YR)) OR ((((((({abandoned child*}) WN ALL) OR (({abandoned infants}) WN ALL)) OR (({abandoned adolescents}) WN ALL)) OR (({abandoned teen*}) WN ALL)) OR (({abandoned minor*}) WN ALL)) AND (1785-2016 WN YR)) OR ((($orphans) WN ALL) OR (($orphaned) WN ALL)) AND (1785-2016 WN YR)))) AND ((((((((((((((earthquake*) WN ALL) OR (($flooding) WN ALL)) OR ((tsunami*) WN ALL)) OR ((avalanche*) WN ALL)) OR ((mudslide*) WN ALL)) OR (($tidal wave*) WN ALL)) OR ((famine*) WN ALL)) OR ((war*) WN ALL)) OR ((drought*) WN ALL)) OR ((cyclon*) WN ALL)) OR ((hurrican*) WN ALL)) OR ((tornad*) WN ALL)) AND (1785-2016 WN YR)) OR ((((((((((($armed conflict*) WN ALL) OR (($genocide) WN ALL)) OR ((volcan*) WN ALL)) OR (($refugees) WN ALL)) OR ((emergenc*) WN ALL)) OR ((disaster*) WN ALL)) OR (($humanitarian) WN ALL)) OR (($epidemic) WN ALL)) AND (1785-2016 WN YR)))))) OR (((((($unaccompanied $child) WN ALL) AND (1785-2016 WN YR)) OR ((($unaccompanied $children) WN ALL) AND (1785-2016 WN YR)) OR ((($unaccompanied $teens) WN ALL) AND (1785-2016 WN YR)) OR ((($unaccompanied $adolescents) WN ALL) AND (1785-2016 WN YR)) OR (((({family reunification}) WN ALL) OR (({family tracing}) WN ALL)) AND (1785-2016 WN YR)) OR (((({child soldiers}) WN ALL) OR (({boy soldiers}) WN ALL)) AND (1785-2016 WN YR)) OR (((($unaccompanied $minors) WN ALL) OR (($unaccompanied $babies) WN ALL)) OR (($unaccompanied $infants) WN ALL)) AND (1785-2016 WN YR))))) +(2015 OR 2014 OR 2013 OR 2012 OR 2011 OR 2010 OR 2009 OR 2008 OR 2007 OR 2006 OR 2005 OR 2004 OR 2003 OR 2002 OR 2001 OR 2000 OR 1999 OR 1998 OR 1997 OR 1996 OR 1995 OR 1994 OR 1993 OR 1992 OR 1991 OR 1990 OR 1989 OR1988 OR 1987 OR 1986 OR 1985 OR 1984 OR 1983) WN YR +{english} WN LA

Web of Science

21 December 2015

17 #15 OR #4 OR #3

Refined by=[excluding] **DOCUMENT TYPES=**(MEETING ABSTRACT OR BOOK CHAPTER OR BOOK REVIEW OR EDITORIAL MATERIAL OR NEWS ITEM OR NOTE OR LETTER OR EXCERPT)

Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1983-2015

16 #15 OR #4 OR #3

Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1983-2015

15 #14 AND #13

Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1983-2015

14 #12 OR #8

Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1983-2015

13 #11 OR #7 OR #6

Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1983-2015

12 **TS=**("natural disaster*") *OR* **TS=**("man-made disaster*")

Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1983-2015

11 **TI=**(orphaned children) *NOT* **TI=**(orphan drugs)

Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1983-2015

10 #9 AND #8

Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1983-2015

9 #7 OR #6 OR #5

Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1983-2015

8 (TS=(earthquake* or flooding or tsunami* or avalanche* or mudslide* or "tidal wave*" or famine* or war* or drought* or cyclon* or hurrican* or tornad* or "armed conflict*" or genocide or volcan* or refugees or emergenc* or disaster* or humanitarian)) *AND* **LANGUAGE=**(English)

Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1983-2015

7 **TS=**("abandoned children") *OR* **TS=**("abandoned infant*") *OR* **TS=**("abandoned babies")

Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1983-2015

6 (TS=("separated child*") OR TS=("separated infant*") OR TS=("separated babies") OR TS=("separated minors") OR TS=("separated adolescents") OR TS=("separated teen*")) *AND* **LANGUAGE=**(English)

Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1983-2015

5 (TS=("lone child*") OR TS=("lone infant*") OR TS=("lone babies") OR TS=("lone minors") OR TS=("lone adolescents") OR TS=("lone teen*")) *AND* **LANGUAGE=**(English)

Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1983-2015

4 #3 OR #2 OR #1

Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1983-2015

3 (TS=("unaccompanied child*") OR TS=("unaccompanied infant*") OR TS=("unaccompanied babies") OR TS=("unaccompanied minors") OR TS=("unaccompanied adolescents") OR TS=("unaccompanied teen*")) *AND* **LANGUAGE=**(English)

Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1983-2015

2 **TS=**("child soldiers") *OR* **TS=**("boy soldiers")

Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1983-2015

1 **TS=**("family reunification") *OR* **TS=**("family tracing")

Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=1983-2015

** Did one additional search=**TS=**("conflict-affected") *AND* **TS=**(children)

PILOTS – ProQuest

21 December 2015

SU.exact("CHILD SOLDIERS") OR (SU.EXACT("Children") AND SU.EXACT.EXPLODE("(Individual Wars)" OR "Abkhazian War" OR "Afghan War" OR "Afghanistan War" OR "Algerian War" OR "American Civil War" OR "Arab-Israeli War" OR "Boer War" OR "Chechnya War" OR "Crimean War" OR "Falklands War" OR "Gulf War" OR "Indochina War" OR "Indonesian Revolution" OR "Intifada" OR "Iran-Iraq War" OR "Iraq War" OR "Israel-Gaza War" OR "Israel-Hezbollah War" OR "Israel-Lebanon War" OR "Korean War" OR "Nigerian Civil War" OR "Russo-Japanese War" OR "Spanish Civil War" OR "Vietnam War" OR "World War I" OR "World War II" OR "Yom Kippur War" OR "Yugoslav Wars of Secession")) OR (SU.EXACT("Children") AND (SU.EXACT.EXPLODE("Avalanches" OR "Blizzards" OR "Drought" OR "Earthquakes" OR "Epidemics" OR "Epizootics" OR "Famine" OR "Floods" OR "Hurricanes" OR "Landslides" OR "Lightning" OR "Natural Disasters" OR "Tornadoes" OR "Tsunamis" OR "Volcanoes") OR SU.EXACT("Terrorism") OR SU.EXACT.EXPLODE("Accidents" OR "Agent Orange" OR

"Air Traffic Accidents" OR "Avalanches" OR "Blizzards" OR "Building Collapse" OR "Disasters" OR "Drought" OR "Earthquakes" OR "Epidemics" OR "Epizootics" OR "Explosions" OR "Famine" OR "Fires" OR "Floods" OR "Home Accidents" OR "Hurricanes" OR "Industrial Accidents" OR "Landmines" OR "Landslides" OR "Lightning" OR "Motor Traffic Accidents" OR "Natural Disasters" OR "Nuclear Accidents" OR "Nuclear Testing" OR "Oil Spills" OR "Pedestrian Accidents" OR "Railroad Accidents" OR "Ship Accidents" OR "Technological Disasters" OR "Tornadoes" OR "Toxic Contamination" OR "Tsunamis" OR "Volcanoes"))) OR (unaccompanied children) OR (unaccompanied minors) OR (unaccompanied adolescents) OR (unaccompanied youth) OR (family reunification) OR (SU.EXACT("Abandoned Children") OR SU.EXACT.EXPLODE("Abandoned Children")) OR SU.EXACT.EXPLODE("Orphans") OR SU.EXACT.EXPLODE("Epidemics" OR "Epizootics") OR (SU.EXACT.EXPLODE("Epidemics" OR "Epizootics") AND SU.EXACT.EXPLODE("Children" OR "Infants" OR "Neonates" OR "Preadolescents" OR "Preschool Age Children" OR "School Age Children")) OR (SU.EXACT.EXPLODE("Epidemics" OR "Epizootics") AND (child* OR adolescents OR minors OR teenagers OR teens))

Applied filters: **Publication date** 1 January 1983 – 26 January 2016

3ie Impact Evaluations database

21 December 2015

Unaccompanied OR Child Solider* OR Orphan* OR "family reunification" OR "family tracing" OR "abandoned children" OR "separated children" OR "lone children" OR Disasters AND children OR Emergencies AND children OR children AND refugees OR Conflict Afflicted AND children OR conflict-affected children

ReliefWeb

21 January 2016

Unaccompanied OR child soldiers OR orphans OR orphaned OR abandoned children OR family reunification OR family tracing

APPENDIX B: LIST OF WEBSITES SEARCHED

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

Type of organization	Name	Website
	Norwegian Agency for Development Cooperation (Norad)	http://www.norad.no/en/front/
	Danish International Development Agency (Danida)	http://um.dk/en/danida-en/
	Swedish International Development Cooperation (Sida)	http://www.sida.se/English/
International network	RedR UK	http://www.redr.org.uk/
	ReliefWeb	http://reliefweb.int/topics/wash
	Emergency Environmental Health Forum	Personally maintained list
	Overseas Development Institute	http://www.odi.org/search/site/data
	Humanitarian Practice Network (HPN)	http://odihpn.org/resource/
	Humanitarian Policy Group (HPG)	Part of ODI
	CDAC (Communicating with Disaster Affected Communities) Network	http://www.cdacnetwork.org/tools-and-resources/
	Humanitarian Data Exchange	https://data.hdx.rwlabs.org/
	Save the Children's Resource Centre	http://resourcecentre.savethechildren.se/
	ALNAP (Active Learning Network for Accountability and Performance in Humanitarian Action)	http://www.alnap.org/
	Feinstein International Center	http://fic.tufts.edu/
	Professionals in Humanitarian Assistance and Protection (PHAP)	https://phap.org/
	Humanitarian Accountability Partnership (HAP)[19]	http://www.hapinternational.org/
	Humanitarian Social Network	http://aidsource.ning.com/
	Eldis (Institute of Development Studies)	http://www.eldis.org/
NGO	Action Against Hunger	http://www.actionagainsthunger.org/technical-surveys/list
	Care International	http://www.care.org/
	International Rescue Committee	http://www.rescue.org/
	Oxfam	http://www.oxfam.org.uk/
	Médecins Sans Frontières	http://www.msf.org/reports
	Save the Children	http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.6153061/k.7E4A/Publications_and_Reports.htm
	Norwegian Refugee Council (NRC)	http://www.nrc.no/?aid=9137113
	Danish Refugee Council (DRC)	http://drc.dk
	Samaritan's Purse	http://www.samaritanspurse.org/
	Medair	http://relief.medair.org/en/
	World Vision	http://www.worldvision.org/
	Catholic Relief Services	http://www.crs.org/publications/
	PATH	http://www.path.org/publications/list.php

[19] This is now the CHS Alliance, http://www.chsalliance.org/

APPENDIX C: DATA EXTRACTED FROM INCLUDED PAPERS

First author	Surname
Year publication	(YYYY)
Publication type	Peer-reviewed journal article Non-peer reviewed journal article Working study Book Unpublished peer reviewed Unpublished non-peer reviewed NGO report (distributed) NGO report (non-distributed) Other agency (non-distributed)
Funder of intervention	Private funds Local government Other (name) Not reported
Author affiliation	Employee of intervening body Non-employee of intervening body Academic Not reported
Intervention Design	
Implementer (primary agency)	International NGO National NGO UN agency National government Local government Military Other
Intervention partner	With a local partner Without a local partner
Target group	Unaccompanied children Separated children Girls Boys Internally displaced persons (IDP) Refugee/asylum seekers Orphans Children affiliated with armed forces and groups (CAAFAG) Age range: Under the age of 5 Between the ages of 5–12 Between the ages of 12–18
Intervention target	Mental health and psychosocial well-being Interim alternative care Child protection
Description of intervention	Whole community Family Non-specific services
Research question(s)	
Intervention period	(MM/YY–MM/YY)
Time between the onset of the crisis and intervention	# of months
Time between separation and intervention	# of months
Length of intervention	# of months
Continuation of intervention beyond initial	Yes/No/Unclear

First author	Surname			
Disaster type	Natural disasters Geophysical (earthquakes) Hydrological (floods) Climatological (droughts) Meteorological (storms, tornadoes) Biological (epidemics) Man-made disasters Armed conflict Industrial accident Complex emergencies Food insecurity			
Onset of crisis	Slow onset Sudden Protracted			
Country of disaster				
Country of intervention				
Region	Sub-Saharan Africa Middle East and North Africa Central Asia South Asia East Asia and Pacific Latin America, Caribbean, and South America Oceania Europe North America			
Study type	Quantitative Randomized controlled trial (RCT)/quasi-RCT Case-control Cohort Cross-sectional Non-experimental	Mixed-methods	Qualitative	Economic
Comparison group	Yes/No/Unclear If no, why?			
Method of allocating groups	Random/Systematic/None/Not Applicable			
Sample size	Number of: Girls Boys <5 year olds 5–12 year olds 13–18 year olds Unaccompanied children Separated children Orphans Refugee/asylum seekers			
Sample attrition (% of follow-up)	Yes/No/Minimal			
Mental health and psychosocial well-being	Contextually appropriate mental health Contextually appropriate emotional well-being Contextually appropriate social well-being[26]			
Restoration of a protective environment	Appropriateness of interim alternative care arrangement/Adequacy of interim alternative care arrangement/Sustainability of interim alternative care arrangement			
Safety from abuse, exploitation, violence, neglect	Safety from dangers and injuries Safety from sexual violence Safety from labour exploitation Safety from violence and exploitation within armed forces/armed groups			
Permanent restoration of a protective environment	Child, family and community acceptance of reunification/Access to ongoing community-based supports and services/Sustainability of reunification			

APPENDIX D: RISK-OF-BIAS ASSESSMENT TOOLS

Criteria for randomized controlled trials

1. Did the trial address a clearly focused issue?
   - Yes
   - Can't tell
   - No
2. Was the assignment of children to interventions randomized?
   - Yes
   - Can't tell
   - No
3. Were children, aid workers and study personnel blinded?
   - Yes
   - Can't tell
   - No
4. Were the groups similar at the start of the trial?
   - Yes
   - Can't tell
   - No
5. Aside from the experimental intervention, were the groups treated equally?
   - Yes
   - Can't tell
   - No
6. Were all of the children who entered the trial properly accounted for at its conclusion?
   - Yes
   - Can't tell
   - No
7. What are the results?
8. How large was the treatment effect?
9. How precise was the estimate of the treatment effect?
10. Can the results be applied in other settings?
11. Were all important outcomes considered?
    - Yes
    - Can't tell
    - No
12. Are the benefits worth the harms and costs?
    - Yes
    - Can't tell
    - No

Criteria for cohort studies

1. Did the paper address a clearly focused issue?
   - Yes
   - Can't tell
   - No
2. Was the cohort recruited in an acceptable way?
   - Yes
   - Can't tell
   - No

3. Was the exposure accurately measured to minimize bias?
   Yes
   Can't tell
   No
4. Was the outcome accurately measured to minimize bias?
   Yes
   Can't tell
   No
5. (a) Have the authors identified all important confounding factors?
   Yes
   Can't tell
   No
   List the ones you think might be important, that the author missed.

   (b) Have they taken account of the confounding factors in the design and/or analysis?
   List these
6. (a) Was the follow-up of subjects complete enough?
   Yes
   Can't tell
   No

   (b) Was the follow-up of subjects long enough?
   Yes
   Can't tell
   No
7. What are the results of this paper?
8. How precise are the results?
9. Do you believe the results?
   Yes
   Can't tell
   No
10. Can the results be applied to other situations?
    Yes
    Can't tell
    No
11. What are the implications of this paper for practice?

Risk of bias for case-control studies

1. Did the paper address a clearly focused issue?
   Yes
   Can't tell
   No
2. Did the authors use an appropriate method to answer their question?
   Yes
   Can't tell
   No
3. Were the case children recruited in an acceptable way?
   Yes
   Can't tell
   No
4. Were the controls selected in an acceptable way?
   Yes
   Can't tell
   No
   Not applicable

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

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

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

7. What are the results of this paper?

8. (a) How precise are the results?

   (b) How precise is the estimate of risk?

9. Do you believe the results?
   Yes
   No

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

Criteria for qualitative studies

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

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

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

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

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

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

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

8. Was the data analysis sufficiently rigorous?
   Yes
   Can't tell
   No
9. Is there a clear statement of findings?
   Yes
   Can't tell
   No
10. How valuable is the research?

Criteria for cross-sectional studies

1. Did the paper address a clearly focused issue?
   Yes
   Can't tell
   No
2. Was the cohort recruited in an acceptable way?
   Yes
   Can't tell
   No
3. Was the exposure accurately measured to minimize bias?
   Yes
   Can't tell
   No
4. Was the outcome accurately measured to minimize bias?
   Yes
   Can't tell
   No
5. (a) Have the authors identified all important confounding factors?
   Yes
   Can't tell
   No

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

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

   List these
6. Was the response rate of subjects high enough?
   Yes
   Can't tell
   No
7. What are the results of this paper?
8. How precise are the results?
9. Do you believe the results?
   Yes
   Can't tell
   No
10. Can the results be applied to other situations?
    Yes
    Can't tell
    No
11. What are the implications of this paper for practice?

Criteria for FTR evaluations

1. Focused question
   While likely to be the case, it may be that FTR is only mentioned in passing, and is not the main focus of the report.
2. Overall methods clearly described
   Does the report include a methods section? Especially if FTR is not the focus of the report, the evaluation approach may not be reported.
3. Method of tracing well described
   Did the paper report how the tracing was carried out?
4. Status of entire caseload
   Did the authors know the status of all the UASC registered (reunified, foster care, residential care, etc), or were there some who had 'disappeared', i.e. whose locations were unknown?
5. Timeline and follow-up
   Was the timeline clearly described? Was the duration of follow-up reported? Is the start of the FTR stated, and appropriate dates noted? While registration of UASC likely takes place over a period of time, is there some indication of how long the FTR efforts were?
6. Description of context (and likely effect on reunifications)
   In some circumstances, reunification may be less likely, e.g. if it entails crossing border(s). Or if conflict is ongoing and security is a concern, FTR may be much more difficult.
7. Number with family traced reported
   Family may be traced, but for a variety of reasons not reunified. This item seeks to distinguish tracing and reunification.
8. Numerators and denominators match
   The number of UASC registered in several calendar periods may be reported, together with the number traced and/or reunified in the same period. However, it may be, for example, that the tracing/reunification applies to UASC registered in an earlier period. If so, the numerator and denominator do not match, so the proportion reunified cannot be correctly estimated.

Overall quality assessment

APPENDIX E: PAPERS EXCLUDED DURING SCREEN 2 AND REASONS FOR EXCLUSION

Reason for exclusion	Papers excluded
Review	Ager, A., Metzler, J., Vojta, M. and Savage, K. (2013). *Child friendly spaces. Intervention*, 11(2), 133–47. http://dx.doi.org/10.1097/01.wtf.0000431120.01602.e2 Babatunde, A. (2014). *Harnessing traditional practices for use in the reintegration of child soldiers in Africa. Intervention*, 12(3), 379–92. http://dx.doi.org/10.1097/wtf.0000000000000057 Cerniglia, L., Cimin, S. (2012). *Immigration children, adolescents and traumatic experiences: An overview of risk and protection factors. Infanzia e Adolescenza*, 11(1), 11–24. Charnley, H. (2006). *The sustainability of substitute family care for children separated from their families by war: evidence from Mozambique. Children & Society*. http://dx.doi.org/10.1002/chi.883 Fegley, R. (2008). *Comparative Perspectives on the Rehabilitation of Ex-Slave Former Child Soldiers with Special Reference to Sudan. African Studies Quarterly: The Online Journal of African Studies*, 10(1). Jordans, M., Tol, W., Komproe, I. and de Jong, J. (2009). *Systematic Review of Evidence and Treatment Approaches: Psychosocial and Mental Health Care for Children in War. Child And Adolescent Mental Health*, 14(1), 2–14. http://dx.doi.org/10.1111/j.1475-3588.2008.00515.x Kalksma-Van Lith, B. (2007). *Psychosocial interventions for children in war-affected areas: the state of the art. Intervention*, 5(1), 3–17. http://dx.doi.org/10.1097/wtf.0b013e3280c264cd Lloyd, E., Penn H., Barreau S. et al. (2005). *How effective are measures taken to mitigate the impact of direct experience of armed conflict on the psychosocial and cognitive development of children aged 0–8?* Research Evidence in Education Library. Strebel, A. (2004). *The Development, Implementation and Evaluation of Interventions for the Care of Orphans and Vulnerable Children in Botswana, South Africa and Zimbabwe: A literature review of evidence-based interventions for home-based child-centred development*. HSRC Publishers. Song, S.J., de Jong, J. (2015). *Child Soldiers: Children Associated with Fighting Forces. Child & Adolescent Psychiatric Clinics of North America*, 24(4), 765–75. http://dx.doi.org/10.1016/j.chc.2015.06.006
No response from author to request for more information	Brown, L., Rice, J., Boris, N., Thurman, T.R., Snider, L., Ntaganira, J., Nyirazinyoye, L., Kalisa, E. & Nshizirungu, E. (2007). *Psychosocial benefits of a mentoring program for youth-headed households in Rwanda*. Horizons Research Summary. Washington, DC: Population Council Rather, Y. (2011). *The children living in orphanages in Kashmir: an exploration of their nurture, nature and needs. European Psychiatry*, 26, 339. http://dx.doi.org/10.1016/s0924-9338(11)72048-x Schaal, S., Elbert, T., and Neuner, F. (2009). *Narrative Exposure Therapy versus Interpersonal Psychotherapy: A pilot randomized controlled trial with Rwandan genocide orphans. Psychotherapy And Psychosomatics*, 78(5), 298–306. http://dx.doi.org/10.1159/000229768 Wilson, P.A., Berkman, A. (2007). *The FXB village model Programme in Rwanda: Evaluation and reflections on strategic issues*. Mailman School of Public Health.
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Reason for exclusion	Papers excluded
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Reason for exclusion	Papers excluded
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Study outcomes are not relevant	Betancourt, T.S., Newnham, E.A., Brennan, R.T. et al. (2012). *Moderators of Treatment Effectiveness for War-Affected Youth with Depression in Northern Uganda*. *Journal of Adolescent Health,* 51, 544–50. Callaway, D., Peabody, C., Hoffman, A. et al. (2012). *Disaster Mobile Health Technology: Lessons from Haiti. Prehospital And Disaster Medicine*, 27(02), 148–52. http://dx.doi.org/10.1017/s1049023x12000441 Chitiyo, M., Changara, D., and Chitiyo, G. (2010). *The acceptability of psychosocial support interventions for children orphaned by HIV/AIDS: an evaluation of teacher ratings*. *British Journal Of Special Education*, 37(2), 95–101. http://dx.doi.org/10.1111/j.1467-8578.2010.00459.x Denov, M. (2005). *Child Soldiers in Sierra Leone: Experiences, Implications and Strategies for Rehabilitation and Community Reintegration*. http://www.operationspaix.net/DATA/DOCUMENT/5552~v~Child_Soldiers_in_Sierra_Leone__Experiences_Implications_and_Strategies_for_Rehabilitation_and_Community_Reintegration.pdf Denov, M., Doucet, D., and Kamara, A. (2012). *Engaging war affected youth through photography. Intervention*, 10(2), 117–33. http://dx.doi.org/10.1097/wtf.0b013e328355ed82 Ertl, V., Pfeiffer, A., Schauer, E. et al. (2011). *Community-Implemented Trauma Therapy for Former Child Soldiers in Northern Uganda: A Randomized Controlled Trial*. *JAMA,* 306(5), 503–12. Foster, G. (2002). *Sounding board. Supporting community efforts to assist orphans in Africa*. *New England Journal of Medicine,* 346(24), 1907–10. Gale, L. (2008). Beyond men pikin: *Improving understanding of post-conflict child fostering in Sierra Leone*. http://fic.tufts.edu/assets/Gale-Beyond-men-pikin-improving-understanding-of-post-conflict-child-fostering-in-Sierra-Leone.pdf Grétry, L. (2011). *Child soldiers: our representation challenged by their reality*. *International Journal Of Sociology And Social Policy*, 31(9/10), 583–93. http://dx.doi.org/10.1108/01443331111164160 Honwana, A and Panizzo, E. (1995). *Final Evaluation of the Children and War Project: A Programme of Save the Children Federation (USA)*. Joshi, M. (2015). *Comprehensive peace agreement implementation and reduction in neonatal, infant and under-5 mortality rates in post-armed conflict states*, 1989–2012. *BMC International Health And Human Rights*, *15*(1). http://dx.doi.org/10.1186/s12914-015-0066-7 Knowledge for Development Without Borders. (2015). *Orphans Congo Case Study*. http://www.knowledgefordevelopmentwithoutborders.org/wp-content/uploads/2015/11/pepa-congo.pdf Morah, E., Mebrathu, S., and Sebhatu, K. (1998). *Evaluation of the orphans reunification project in Eritrea. Evaluation And Programme Planning*, 21(4), 437–48. http://dx.doi.org/10.1016/s0149-7189(98)00033-0 Mott, T., Thuo, C., Robbins, L., Bryant, D. (2009). *Giving Hope: Asset-based Empowerment & Reconciliation for Youth Caregivers*. http://www.bettercarenetwork.org/sites/default/files/attachments/Giving%20Hope.pdf Mutanga, T, et al. (2015) *Ethiopia Shelter Evaluation*. OPSALCA. (no date). *Assistance to Orphans and Displaced Children*: Salesian Missions. Sam-Peal, E. (2008). *Pastor Emile's children. International Journal Of Children's Spirituality*, 13(3), 235–39. http://dx.doi.org/10.1080/13644360802236672 Save the Children. [2012]. *What Cash Transfer Programming can do to protect children from violence, abuse and exploitation: Review and recommendations*. http://reliefweb.int/sites/reliefweb.int/files/resources/Discussion%2Bpaper%2B-%2BWhat%2Bcash%2Btransfer%2Bprogramming%2Bcan%2Bdo%2Bto%2Bprotect%2Bchildren.pdf Shearar, A. (1997). *Dying to go to school. Africa Insight,* 27(3), 166–70. Song, S., de Jong, J., O'Hara, R., and Koopman, C. (2013). *Children of Former Child Soldiers and Never-Conscripted Civilians: A Preliminary Intergenerational Study in Burundi*. *Journal Of Aggression, Maltreatment & Trauma*, 22(7), 757–72. http://dx.doi.org/10.1080/10926771.2013.813881 Song, S., Tol, W., and de Jong, J. (2014). *Indero: Intergenerational Trauma and Resilience between Burundian Former Child Soldiers and Their Children*. *Family Process*, 53(2), 239–251. http://dx.doi.org/10.1111/famp.12071

Reason for exclusion	Papers excluded
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Disaster occurred before 1983	Heying, S. (2012). *Finding hope: Guatemalan war orphans' responses to the long-term consequences of genocide*. http://digitalrepository.unm.edu/cgi/viewcontent.cgi?article=1030&context=anth_etds
Not in English	Bissouma, A., Te Bonle, D., Yeo-Tenena, J. et al. (2010). *Mental health profile of children soldiers involved in the war in western region of Cote d'Ivoire. Neuropsychiatrie de l'Enfance et de l'Adolescence*, 58(6–7), 410–15. Blom, F. (2009). Child soldiers: *Mental health consequences and intervention*. *Anuario de Psicologia,* 40(3), 329–44. Bourassa, J. (2012). [Renard: child soldier]. *Perspective Infirmiere*, 9(3), 48. Cordahi, C. (2002). *The orphans of war: A Lebanese experience and methodology of a prospective follow-up*. *Revue Medicale Libanaise,* 14(2–3), 66–72. Daxhelet, M.L., Brunet, L. (2013). *The Experience of Child Soldiers. Psychic Evolution and Identity Transformations. Psychiatrie De L'Enfant,* 56(1), 219–43. Kakudji, A. (2006). *The Democratic Republic of the Congo's Breakup Children Analysis of a Collective Research Experiment*. *Civilisations*, 54, 125–33. Mulbiri-P, M.A. (2008). *Psychological aspects of ex child soldiers of Burundi*. *Archives De Pediatrie,* 15(5), 626–8. Mundt, A., Wuensche, P., Heinz, A., Pross, C. (2011). *Trauma Therapy in Crisis and Disaster Areas – A Critical Review of Standardized Interventions such as Narrative Exposure Therapy*. *Psychiatrische Praxis,* 38(6), 300–5. Qu, X.Y., Liu, Y-X., Liao, J-M., Wang, X-L. (2003). *Survey of cognitive-behavioral therapy for orphans with post-traumatic stress disorder following Wenchuan earthquake*. *Chinese Mental Health Journal,* 27(7), 502–7. Schmidt, B. (2010). *Haiti after the earthquake. A pediatric clinic in Port-au-Prince as partner and sponsor clinic. Kinderkrankenschwester,* 29(6), 249–50. Yan, W.H. (2008). *Psychological intervention for victims of Wenchuan earthquake: From a rational perspective.* [Chinese]. *Academic Journal of Second Military Medical University,* 29(6), 594–9.
Data presented was not sufficient	Bonnerjea, L. (1994). *Disasters, Family Tracing and Children's Rights: Some Questions About the Best Interests of Separated Children. Disasters*, 18(3), 277–83. http://dx.doi.org/10.1111/j.1467-7717.1994.tb00313.x Brown, M. (1995). *Children separated by war: Family tracing and reunification*. Save the Children. Dunn, A., Parry-Williams, J., Petty, C. (2006*). Picking up the Pieces: Caring for children affected by the tsunami.* Save the Children. ICRC. (2000). *Reuniting children separated from their families after the Rwandan crisis of 1994: the relative value of a centralized database*. MacDonald, N. *Save the Children in Uganda: Mid-term Evaluation of Strategic plan 2006–2009.* Phiri, S., Duncan, J. (1993). *Substitute Family Placements of Unaccompanied Mozambican Refugee Children: A field perspective. Journal of Social Development in Africa,* 8(2), 73–81. Peterson, L., Birnbaum, L. (2016). *Rapid FTR in South Sudan: A Review*. Save the Children South Sudan.

APPENDIX F: RISK-OF-BIAS/QUALITY ASSESSMENTS

Figure F.1: Quantitative studies: Randomized controlled trials

Study	Focused issue	Assignment randomized	Children, aid workers, study personnel blinded[20]	Groups similar at start of trial	Groups treated equally other than treatment	All children accounted for at end	Size of treatment effect	Precision of effect estimate	Results apply in other settings	All important outcomes considered	Benefits worth harms and costs
Culver et al., 2015	Yes. Examined 'feasibility, acceptability, and preliminary efficacy' of yoga in children in Haitian orphanages.	Yes, but not for comparison with control group. Children in one orphanage randomized to yoga or dance classes; children in another orphanage formed wait-list control group.	Can't tell. Research team blinded to baseline scores during random-ization, but no other statement made on blinding.	Can't tell. Baseline scores of outcome variables shown for the three groups – and showed higher trauma-related scores in yoga group than dance class group. Means of total difficulties scores were similar. But no other characteristics comparing groups were shown.	Yes. Though yoga group had additional measures at follow-up.	Yes. Though high proportion excluded for various reasons, including failure to complete assessments.	Trauma-related symptoms score in yoga group fell from 28.6 to 18.9; in dance class group from 21.8 to 14.3. Total difficulties score in yoga group increased from 13.4 to 16.6, in dance group fell from 14.5 to 13.9.	Mean differences in scores for any group for either treatment not statistically significant.	Can't tell. No information on either orphanage provided.	Yes. Relevant psychological measures included.	Yes. No apparent harms, even if benefits not certain.

20 Blinding means that those making an assessment of an individual are unaware of which intervention was given to the individual. The aim is to remove any conscious or sub-conscious bias in the assessment.

Figure F.2: Quantitative studies: Cohort/follow-up studies

Study	Focused issue	Cohort recruitment acceptable	Exposure measured to minimize bias	Outcome measured to reduce bias	Confounding factors identified; List missing	Confounding factors allowed for in analysis	Follow-up complete enough	Follow-up long enough	Results of study	Precision of results	Believe results	Results apply to other situations	Implications for practice
Boothby, 2006; Boothby et al., 2013	Yes. Though relevant outcome for this review was not the primary aim of the study.	No. Not randomly selected, drawn 'from detention centres … by government'. Also, all boys.	No. 'Exposure' simply living in the Lhanguene Centre.	Can't tell. NGO staff made observantions of behaviour using 'Child Behaviour Inventory form, but no data given on reliability, validity of the measures.	No. None identified.	No.	Yes. However, one paper referred to 39 children, the other to 40. No explanation given for discrepancy.	Can't tell. Observations made at Month 1 and Month 3 of stay in centre.	Undesirable behaviours reduced; pro-social behaviours increased.	Can't tell. No statistical tests done, and data shown does not allow correct tests to be done.	Can't tell. Proportions reported to be the same in both studies, although denominators differed. Also, regardless of correct number of children (39 or 40), some proportions are incorrect (they are mathematically impossible).	Can't tell. No description of how centre treated children.	No description of programmes at the centre, so can't replicate what was done.
Dowell et al., 1995	Yes. Presenting surveillance results on mortality and nutritional status of unaccomp-anied children in 21 camps in Goma, Zaire housing refugees from Rwanda.	Yes. Apparently, all children in 21 camps. Not explicitly stated that these were all such camps in area.	Yes. Exposure simply being in camp in period studied.	Can't tell. Some deaths may not have been recorded. Weight and height likely to have been adequately measured.	N/A	N/A	Can't tell. The mortality lists may have missed some deaths. Not clear how the children whose height and weight were measured were selected.	N/A	Drop in mortality rates and severe malnutrition over time. In one camp the decline in mortality rate coincided with measures taken to improve the situation in the camp.	Apart from a t-test comparing mean weight-for-height scores (nutritional status) at two surveys, no statistical measures of spread were given.	Can't tell. The reported drop in mortality is likely genuine, but the improvement in nutritional status could have been due to a survivor bias (as the authors note).	Can't tell. This was an extreme situation with very high rates of death.	Authors report various lessons learned.

Study	Focused issue	Cohort recruitment acceptable	Exposure measured to minimize bias	Outcome measured to reduce bias	Confounding factors identified; List missing	Confounding factors allowed for in analysis	Follow-up complete enough	Follow-up long enough	Results of study	Precision of results	Believe results	Results apply to other situations	Implications for practice
Duerr et al., 2003	Yes. The aim was to compare weight gain and acute illnesses in fostered children and children returned to their biological parents.	Can't tell. The analysis excluded children with biological parents who were severely malnourished or very ill. A similar exclusion was not applied to fostered children.	Yes. Straight-forward definition of the two groups	Yes for weight gain. Can't tell for illnesses. While method of weight measurement not specified, likely to be OK, and not biased between the groups. Illnesses were reported by caregivers, and may have been differential between groups (e.g. if parents in the two groups had different levels of concern about the children).	Yes. Child's age; blankets; month of enrolment; severe malnutrition at visit; child's sex; caregiver's gender; caregiver's status (single vs couple); plastic sheeting.	Yes.	Can't tell. The authors note that degree of follow-up was highly variable and might have been due to illness.	Can't tell Though likely long enough to see important differences between groups. Mean follow-up was 121 days in fostered, 70 days in biological children.	In the final model, the weight gain was 0.20 kg/month for fostered children, 0.19 kg/month for children with biological parents (p=0.98). Fostered children were less likely to have reported illnesses, Odds ratio = 0.79 (95% confidence interval (CI) = 0.70, 0.88). In the matched pairs, the mean weight gain was similar: 0.36 kg/month for fostered children, 0.41 for biological children, p=0.68.	Can't tell for weight gain. Yes for illnesses. No precision measure given for weight gain. 95% CI shown for reports of illnesses.	Yes. Though analyses could have included all biological children, at least as a sensitivity analysis.	Can't tell. In some places, fostering is not part of the culture, so it might not be successful.	In places where fostering is feasible, this study shows that children's weight gain and illnesses are no worse than for children still with their biological families. However, there was no group of children placed in an institution (the alternative to foster care), so its effect on these outcomes cannot be determined.

Study	Focused issue	Cohort recruitment acceptable	Exposure measured to minimize bias	Outcome measured to reduce bias	Confounding factors identified; List missing	Confounding factors allowed for in analysis	Follow-up complete enough	Follow-up long enough	Results of study	Precision of results	Believe results	Results apply to other situations	Implications for practice
Richard-son, 2003	Yes. The aims were clearly stated, to understand the impact of the child protection efforts. The relevant section for the review covers a group who went through interim care centres (ICCs) in Sierra Leone.	Can't tell. Apparently includes the CAAFAG in Daru, Sierra Leone.	Can't tell. The relevant information applies to children who went through ICCs rather than through camps. Also, the report lists activities such as engaging community members and skills training for CAAFAG in general.	No. No information given on any specific measure.	No. None specified.	No	Can't tell. No information provided.	Can't tell. No information provided.	Vague statement such as 'appears to be far greater success' for programmes that moved children through ICCs compared with camps, or 'successful, sustainable reintegration of separated [CAAFAG] has obviously taken place'.	No quanti-tative data provided.	Can't tell.	Can't tell.	Can't tell given the lack of information.

Figure F.3: Quantitative studies: Cross-sectional studies

Study	Focused issue	Participant recruitment acceptable	Exposure measured to minimize bias	Outcome measured to reduce bias	Confounding factors identified; list missing	Confounding factors allowed for in analysis; list	Response rate high enough	Results of study	Precision of results	Believe results	Results apply to other situations	Implications for practice
Wolff 1995a* Social Science & Medicine	Yes. To determine if orphanages can provide 'humane group care' – a reorganization of the orphanage to increase child involvement in decisions and selection and training of staff – for orphans in times of few resources.	Yes. 'Representative group of children chosen in each dormitory, using every fifth name on alphabetical list.	N/A Description given of orphanage style before and after intervention.	Can't tell. Observations written by orphanage staff in children's records were coded by research staff. Not stated if attempts were made to blind research staff to group status. Also, not clear if orphanage staff might have reported differently before and after the intervention.	No. Did not discuss if the type of children in the two groups differed, and whether their experiences had been different.	No	N/A. Used records to identify behaviour-al symptoms.	Sleep disturbances, eating disorders, language delays, impaired social interactions with adults, mood disorders all significantly lower at time 2 than time 1. Exact percentages not available – must be taken from graph. All comparisons statistically significant. Also, general observant-ions made showing improved behaviours.	Can't tell. Though could use data in graph to approximate.	Yes. Despite study limitations, the improvement appears credible.	Can't tell. Though could likely adapt the principles to other orphan-ages.	'Properly' run orphanages can provide 'humane group care'.

Study	Focused issue	Participant recruitment acceptable	Exposure measured to minimize bias	Outcome measured to reduce bias	Confounding factors identified; list missing	Confounding factors allowed for in analysis; list	Response rate high enough	Results of study	Precision of results	Believe results	Results apply to other situations	Implications for practice
Wolff 1995b, JCPP	Yes. To compare socio-emotional state and cognitive development in orphans and refugee children in families.	No. Somewhat arbitrary selection of both groups.	N/A. Distinct groups chosen.	Yes. Planning to ensure standard measures, and also used standard tests, where possible 'culture-fair'.	No. None identified.	No.	Can't tell. No statement on this.	'[R]elatively few clinically significant differences between groups'. More behavioural symptoms in orphans, but they were better on cognition and language. Symptoms included enuresis, interactions with peers, interactions with adults, phobias. First three more prevalent in orphans, last more prevalent in refugees.	Can't tell for symptoms, though could get approx. CI from graph. For language and cognition, just p-values shown, but could calculate CIs from data provided.	Can't tell.	Yes. Group homes anywhere could adopt the methods used by this one.	'… sometimes possible to provide culturally appropriate and humane care' .

Study	Focused issue	Participant recruitment acceptable	Exposure measured to minimize bias	Outcome measured to reduce bias	Confounding factors identified; list missing	Confounding factors allowed for in analysis; list	Response rate high enough	Results of study	Precision of results	Believe results	Results apply to other situations	Implications for practice
UNICEF, 2009	Yes. To determine the impact of UNICEF's response to the 2004 Indian Ocean tsunami.	No. Stated as a random sample of children in each type of placement (although the allocation to each type was not clear).	N/A. The exposure was the type of placement.	No. The measures were based on what children in each of four groups stated was important for them, and 9 questionnaire items were derived from these for each sub-group of children to measure three areas: basic needs, behaviour, and sociability. However, no psycho-metric properties of the measures were included. Also, the text description of the measures did not properly reflect the items the children were asked.	No.	No.	Can't tell. Not reported, indeed the final sample size was not reported.	Basic needs (nutritious food and financial security) for girls aged 6–12 were better met for those in family care. Girls aged 13–18 reported better behaviour in family care, and girls in family care in both age groups were somewhat more sociable. For boys there were only small differences across the groups.	Can't tell. No sample sizes reported.	Can't tell. Given the failure to provide sample sizes, the significance of any differences cannot be determined.	Can't tell.	Those comparisons that were reported suggest family care is better than or at least as good as the other types of placement.

Study	Focused issue	Participant recruitment acceptable	Exposure measured to minimize bias	Outcome measured to reduce bias	Confounding factors identified; list missing	Confounding factors allowed for in analysis; list	Response rate high enough	Results of study	Precision of results	Believe results	Results apply to other situations	Implications for practice
Derib, 2001, Save the Children, Sweden	Can't tell. The specific focus of the 'internal evaluation' was simply stated as 'an effort to measure the degree of success of the Family Attachment (FA) programme'.	Can't tell. No details provided on selection of survey sample.	N/A. Exposure was the FA programme, which was described in broad terms.	Can't tell. Several variables reported on, but the questions used to measure them were not shown.	No.	N/A	Can't tell. Neither the number of respondents nor the number asked to participate were reported.	'.. general interaction between children and their foster parents was fairly normal 29% of children stated their health was 'good', 23% 'fair', 38% 'bad'. Last of these attributed to inadequate nutrition in the camp. While no comparative data was available, 'experiences' suggested FA children did better in school than those in group care.	Can't tell. Sample size not reported.	Can't tell. May be correct, but far too little information on the methodology.	Yes. General approach likely to be usable in cultures that accept fostering.	This form of fostering 'was very much liked' by most stakeholders. Author did suggest some ways to improve the process.

*Treated as cross-sectional because comparison was between two groups of children, each assessed at one time only, albeit at different times for each group.

Figure F.4: Qualitative studies

Study	Clear statement of research aims	Appropriate qualitative methodology	Appropriate research design to address research aims	Appropriate recruitment strategy to research aims	Data collected in way that addressed research issue	Relationship between researcher and participants adequately considered	Ethical issues taken into consideration	Data analysis sufficiently rigorous	Clear statement of findings	Research valuable
Charnley and Langa, 1994	Yes. Objectives of evaluation were to - examine longer-term outcomes for children - identify differences between children in different placements - examine the widely held belief that separated children would not be placed in substitute families where there is no blood relationship, for fear of the child being ill treated - identify strengths and weaknesses of the programme - make recommendations for the future given the constantly changing conditions in Mozambique.	Can't tell. Refers only to data collection method (focused interviews).	Yes. Evaluation with follow-up one year later. Case study.	No. Though the sample of children was not representative, and number of children in some categories was small. Recruitment was limited to main town and one or two other centres High percentage of school children reflects a bias in the sample towards children with a much higher than average chance of receiving formal education, due to the priority granted to children, in especially difficult circumstances.	Yes. Interviews with children conducted in 14 different languages, duration between 45–75 minutes. Interviews with family, residential care staff. Questions designed to allow children to give free accounts of their experiences.	Yes. Research team received basic training in interview techniques with emphasis on children who have experienced separation, loss, violence. All interview scripts were checked immediately to identify gaps/information requiring clarification.	Can't tell.	Can't tell. 'Narrative material from open-ended questions have been systematically extracted for textual analysis and for illustrative purposes'.	Can't tell. Limited findings were communicated.	No. Study is quite dated (20+ years), with limited findings and methodological shortcomings.
Perrier and Nsengi-yumva, 2003	Yes. To investigate if active science can be useful as part of psychological support programme for child victims of war and violence.	Can't tell.	Can't tell. Unclear why pre-post test design was not carried out in addition to observations. Authors only state 'few quantitative data on the children were obtained before and after the sequence'.	Yes. Though preference would have been to select children in a more stable situation.	Yes. Diary-like logbook; experimental logbook; debriefing report; photographs.	Yes. At times no intervention was needed, children were playing by themselves.	Yes. Authorization to take photographs was obtained from the management of the orphanage and all participating children. Stated 'ethical rules of meditation therapies are to be followed'.	Can't tell.	No. No substantive data presented; mostly theoretical discussion about child development.	Can't tell. Cross-sectional design; longer-term follow-up is needed.

APPENDIX G: QUALITY ASSESSMENT OF FTR REPORTS

Paper	Focused question	Overall methods clearly stated	Method of tracing well described	Status of entire caseload reported	Timeline and follow-up duration well described	Description of context and likely effect on reunifications	Number of families traced reported	Number reunified reported	Numerators and denominators match	Overall quality
Boothby, 1993	Yes.	Yes.	Yes. The 'six-part process' was outlined.	No.	No. Some dates given, but also phrases such as 'eventually reunited' used with no dates.	Yes. Some description of problems encountered.	No.	Partly. An (apparently) overall number of reunifications reported, but no overall number of UASCs given.	Partly. They match for just one of the sets of numbers provided.	LOW–MEDIUM
Robertson and Chiavaroli, 1995	Yes. Five issues listed, including 'status and inter-relationships of NGO project for child tracing and family reunification'.	Very limited.	Partly. Limited description.	No. Authors note that spontaneous reunifications were the majority, but 'number… can only be guessed at'.	Somewhat. Separations apparently occurred in April 1994, and report uses figures up to February 1995.	Yes. E.g. constraints of confidentiality (no information passed across borders) and incompatible computer systems noted.	No	Partly. Approximate number assisted by international organizations stated.	Yes. At least to the extent numbers were available, they were reported.	MEDIUM
Brown et al., 1995, pp. 15–35, Rwanda[*,†]	Yes. Not stated directly in text, but implicit in the chapter title.	Partly. Many aspects well described, but can't tell which numbers fit in where.	Yes. Section on tracing methodologies.	No. Numbers confusing and difficult to follow.	Somewhat. History of origins of tracing programme outlined with dates, but mostly refers to timeline of agreements between the relevant parties.	Yes. For example, it was noted that 41% of a sample of UASCs in children's centres believed both their parents to be dead. Also, author notes that poor parents left their children in centres for care.	Partly. Some numbers shown, but not clear how representative they were of all UASCs in Rwanda.	Partly. As with numbers traced, not clear what group the children reunified came from.	No.	LOW–MEDIUM. While some aspects of the study were well-reported, the crucial data on proportion reunified was very poorly described.
Brown et al., 1995, pp. 15–35, Goma[*,†]	Yes. Not stated directly in text, but implicit in the chapter title.	Partly. Many aspects well described, but can't tell which numbers fit in where.	Yes. Section on tracing methodologies.	No.	Somewhat. History of origins of tracing programme outlined with dates, but mostly refers to timeline of agreements between the relevant parties.	Yes. For example, it was noted that 41% of a sample of UASCs in children's centres believed both their parents to be dead. Also, author notes that poor parents left their children in centres for care.	Partly. Some numbers shown, but not clear what group the children represent.	Partly. As with tracing, can't tell what the denominator group was.	No.	LOW–MEDIUM

Paper	Focused question	Overall methods clearly stated	Method of tracing well described	Status of entire caseload reported	Timeline and follow-up duration well described	Description of context and likely effect on reunifications	Number of families traced reported	Number reunified reported	Numerators and denominators match	Overall quality
de la Soudiere, 1995, pp. 36–43, Goma[*,‡]	Yes. Not stated directly in text, but implicit in the chapter title.	Partly.	Yes.	Partly.	Yes. Section on chronology of FTR programme.	No. Some of that provided in Brown	Partly. Different numbers of children photographed given (12,300 and 'more than 3,000'), no clear explanation of the differences.	Partly. Number shown for the 'more than 3,000' set of children.	Partly.	MEDIUM
Charnley, 1995, pp. 75–93, Ethiopia[*]	Yes. Not stated directly in text, but implicit in the chapter title.	Partly.	Partly. Brief description of procedures used.	Not clear. Numbers of UASCs given help in shelters during 1983–1985 drought reported, but this is fewer than number in institutions at the time of writing the report. Author also noted that numbers of street children were 'extremely high'.	No. Did not state period over which the UASCs wee reunified.	Somewhat.	No	Yes. However, two sets of numbers were given. One may have been a subset in Wollo province.	Yes. At least for the numbers shown.	LOW–MEDIUM
Charnley, 1995, pp. 75–93, Mozam-bique[*]	Yes. Not stated directly in text, but implicit in the chapter title.	No.	No.	No.	Yes.	Somewhat.	No.	Yes. Approximate proportion given.	Yes. Although the numbers are reported as approximate.	LOW–MEDIUM
Williamson, 1997	Yes. The relevant data for our review falls outside the scope of the report. The report was to evaluate Save the Children's work in the Rwandan crisis, but data concerns FHI's efforts.	No.	No. At least not for the reunification proportion reported.	No. Although for the subgroup of children with relevant data, there were relatively few not reunited.	No. No information on how FHI conducted its work.	Partly. Section on 'Context'.	No.	Yes. At least for the UASCs documented by FHI.	Yes.	LOW (at least for the relevant data)

Paper	Focused question	Overall methods clearly stated	Method of tracing well described	Status of entire caseload reported	Timeline and follow-up duration well described	Description of context and likely effect on reunifications	Number of families traced reported	Number reunified reported	Numerators and denominators match	Overall quality
OFDA, 1998	No. Report is of national FTR programme, but specific aims of the review are not stated.	Somewhat.	Partly. Referred to earlier reports to funders'' claiming 'effective methods' of IDTR had been developed.	No.	Unclear. Appears to have started registration in August 1994, and statistics as of July 1998 shown. However, programme being evaluated did not start until August 1997.	Yes. Author commented that various factors limited movement of children across borders and extended the time to complete reunifications.	Partly. For some sub-groups, the numbers are shown.	Partly. Reported for '*sans addresse*' UASCs, but they are only a fraction of the total of UASCs.	Partly. But only for the '*sans addresse*' children.	LOW–MEDIUM
Merkelbach, 2000	Partly. The aim is implicit in the title of the report, but not directly stated.	Yes. Author listed items in database that were examined for the report.	Yes. Process outlined, albeit with little detail.	Yes. Author reported numbers of children (a) with case closed or suspended and (b) with tracing efforts ongoing.	Yes. Three phases were determined with dates specified.	Somewhat. Various factors in documenting children and tracing families were noted, and reference was made to political sensitivities.	No	Yes Divided into those (likely) via the database and those reunited without help of the database.	Yes	MEDIUM–HIGH
Williamson, 2002	Yes. Aims of DCOF grants were described, and objective of the evaluation was stated to be an assessment of progress of the programmes.	No.	No. Methods not described.	Somewhat. Authors noted placement of '[m]ost' of those not reunited.	Partly. The authors reported the percentage of the caseload for 2000 and 2001 that had apparently been reunited by May 2002.	Yes. Various historical backgrounds were reported and some reasons for difficulties in reunification were stated.	No	No	Not clear. Proportion of caseloads for two years reported, but not stated if the denominators were the numbers demobilized in each year.	LOW–MEDIUM
Save the Children UK, Angola, around 2002	Yes. Mainly evaluating the final 6 months of support for an FTR programme.	No.	Yes.	Somewhat. Numbers traced, reunited and placed (in foster homes) reported, but status of other children not stated.	Somewhat. Numbers registered, traced, placed, and reunited by six-month period (1999–2002) shown, but numbers do not all add properly.	Yes. Description of several factors affecting society and the FTR programme.	Yes.	Yes.	Can't tell. ...since numbers do not add up properly. For example, total number reunited in one table given as 7,796, but numbers from table showing numbers in six-month periods add to 9,833.	MEDIUM

Paper	Focused question	Overall methods clearly stated	Method of tracing well described	Status of entire caseload reported	Timeline and follow-up duration well described	Description of context and likely effect on reunifications	Number of families traced reported	Number reunified reported	Numerators and denominators match	Overall quality
Richardson, 2003	Yes. While several specific objectives listed, overarching aim was to evaluate Save the Children UK's Sub-regional Separated Children's Programme for separated children in Liberia and region.	Somewhat. Process of FTR described, implicitly providing some methodology.	Yes	No. Stated that 58% had been reunited, but acknowledged that others may have reunited but not recorded.	Partly. Programme began in 1997 and results reported to April 2003. Not clear how long each child had been registered.	Yes. For example, discussed issues with cross-border reunifications.	No.	Yes. And authors note that other reunifications may have occurred.	Yes.	MEDIUM
Mirindi and Ntabe, 2003	No. No explicit statement of the aims of the (very brief) report.	No.	No. Report mentioned briefing sessions and training of personnel, but did not describe how tracing and reunification was carried out.	Partly. 'Remaining figures' – the number of children not yet reunified (divided by region) – was reported, but no further detail was provided.	Not clear. FTR may have taken place over a short time frame in 2003, but no explicit statement made.	No.	No. Report refers to 'tracing and reunification', but did not separate number with tracing only.	Yes.	Yes.	LOW
Save the Children, Norway, 2005	Yes. Evaluation of the programmes of Save the Children Norway in several countries. Relevant data for our review came from only one country, and was not the focus of the evaluation.	Yes. Appendix described the overall approach.	No. No specific information.	No.	No.	No.	No	Yes	Yes.	LOW Although the aim of the evaluation was not to directly evaluate FTR.

Paper	Focused question	Overall methods clearly stated	Method of tracing well described	Status of entire caseload reported	Timeline and follow-up duration well described	Description of context and likely effect on reunifications	Number of families traced reported	Number reunified reported	Numerators and denominators match	Overall quality
Save the Children/ Dunn, 2006	Yes. To review what had happened to children affected by the 2004 Indian Ocean tsunami, and learn lessons from the child protection response.	Somewhat.	Somewhat. For Indonesia, the one location of data relevant to our review, a limited description of FTR efforts was given.	Yes. Details were given about the proportion of children in institutions and in non-kinship care. (Authors used the term 'reunified' to apply only to reuniting with parents. The number living with extended family was reported separately.	Yes. Tsunami occurred in December 2004, and situation on 13 October 2005 was reported.	Somewhat. There was some information on the situation before the tsunami, and on issues after separation.	No. (Although relatively few children were not with immediate or extended family.)	Yes. Number reunited with family – spontaneously or formally; number with extended family; number in institution; and number in non-kinship care all reported.	Yes.	MEDIUM–HIGH
UNICEF, Boothby, 2009	Yes. Three 'interrelated' aims specified, but data on reunifications comes from earlier results. Hence data was incidental to report.	No.	No. Simply a comment that a network of children's centres were used to help tracing and reunificat-ions.	No.	Yes. January–June 2005	Somewhat. Some description of the area before the tsunami, and statement that children's centres were used to help tracing and reunification.	No.	No. Number given is for reuniting with relatives and known neighbours combined.	Yes. ...although the two numbers are reported as approximations.	LOW–MEDIUM
UNHCR, 2014	Yes. Report aimed to 'outline a range of good practices' to protect refugee children in the Middle East and North Africa by UNHCR, NGOs and others.	No.	No	No. Proportion reunified stated only for children in Jordan.	Yes. Data reported for Jordan showed reunifications in the first half of 2014.	Somewhat. A small amount of background information on the situation in Jordan was stated.	No.	Partly. Proportion reunified in Jordan given, but no similar information for other countries.	No. The actual numbers were not stated; only the overall proportion was given.	LOW

[*] All these papers were included in a report on a meeting in September 1995. The document was published by Save the Children, and the relevant page numbers are shown in column 1.

[†] The report considered UASCs in Rwanda and in Goma, Zaire. Some aspects seemed to refer to both sets of children, while others were specific to their location. The distinction is not always clear – so some of the assessment may not apply to both locations.

[‡] The chapter includes additional detail on the case of Goma, reported in the row above (Brown et al., 1995, pp.15–35, Goma). But the overlap in numbers is not clear.

[**] We have not been able to find these reports.

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Oxfam GB, Oxfam House, John Smith Drive, Cowley, Oxford, OX4 2JY, UK.

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