



Sint Maarten

post-hurricane
Irma assessment

Child protection sector

CONTENTS

Acronyms	3
Acknowledgements	4
Background	4
Scope and methodology	5
Assessment framework	6
General disaster coordination structure and data	7
Brief Overview of Available Emergency Statistics	9
Child Protection findings	10
Core Commitment 1: Protection in Coordination, Assessment and Relief Management	10
Core Commitment 3: Strengthened Child Protection Mechanisms	11
Core Commitment 6: Psychosocial Support	13
Core Commitment 4: Preserving Family Unity	14
Recommendations	15
Annex 1 Sint Maarten Post-Hurricane Child Protection Assessment Framework	18

ACRONYMS

DRR	Disaster Risk Reduction
ECCE	Early Childhood Care and Education
EMIS	Education Management Information System
ESF	Emergency Support Functions
GBV	Gender based violence
IASC	Interagency Standing Committee
IOM	International Organisation for Migration
INEE	Interagency Network for Education in Emergencies
LSBE	Life Skills Based Education
MECYS	Ministry of Education, Culture, Youth and Sport
MHPSS	Mental health and psychosocial support
NGO	Non-governmental organization
NOCC	National Operations Coordination Centre
PAHO	Pan American Health Organisation
SECDA	Sint Maarten Early Childcare Development Association
SSP	School Safety Plan
SSSD	Student Support Services Division
TVET	Technical Vocational Training and Education
UNDAC	United Nations Disaster and Coordination
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAR	Netherlands Urban Search and Rescue
VSA	Ministry of Public Health, Social Development and Labor
VROMI	Ministry of Public Housing, Spatial Planning, Environment and Infrastructure
WFP	World Food Programme

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BACKGROUND

Following hurricane Irma that struck Sint Maarten on 6 September 2017, the Ministry of Education, Culture, Youth and Sport requested international assistance by UNICEF in the domains of education, psychosocial support and child protection. Specifically, UNICEF was asked to carry out a needs assessment and provide assistance during the emergency and recovery phases and longer term as needed.

In line with UNICEF's Core Commitments to Children in Emergencies, UNICEF conducted a child protection assessment. The assessment findings and recommendations are presented in this document. In the Annex, a general framework for the assessment can be found.



SCOPE AND METHODOLOGY

On 15 September 2017, the Minister of Education, Culture, Youth and Sport sent a request for international assistance from UNICEF to the United Nations Resident Coordinator in the region, Richard Blewitt. MECYS asked for UNICEF's support to conduct a needs assessment in the child protection sector including psychosocial support as well provide necessary assistance following hurricane Irma.

The assessment was carried out on Sint Maarten from 25 September to 27 October 2017 and the team split to also cover Saba and St. Eustatius. The UNICEF team comprised three persons: Bart Vrolijk - education in emergencies advisor, Malia Robinson – child protection in emergencies advisor and La-Toya Charles – child rights in the Caribbean specialist.

The team assessed the situation against UNICEF's Core Commitments to Children in Emergencies (see annex). The assessment consisted of:

- Desk top research and mapping
- Meetings with key informants from the Government, schools, service organisations and communities
- Field visits to schools, daycare centres, churches and other



ASSESSMENT FRAMEWORK

- i. Request from the Ministry of Education, Culture, Youth and Sport (see above)
- ii. UNICEF’s Core Commitments for Children in Humanitarian Action¹ (as relevant – see below)

Child Protection - Priority Core Commitments and Benchmarks	
<p>Commitment 1: Effective leadership is established for both the child protection and gender-based violence (GBV) cluster areas of responsibility, with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues. Support is provided for the establishment of a mental health and psychosocial support (MHPSS) coordination mechanism.</p>	<p>Benchmark 1: Both child protection and GBV coordination mechanisms provide guidance to all partners on common standards, strategies and approaches, ensuring that all critical child protection/GBV gaps and vulnerabilities are identified; information is provided on roles, responsibilities and accountability to ensure that all gaps are addressed without duplication. MHPSS coordination mechanisms are established, with linkages to relevant clusters.</p>
<p>Commitment 3: Key child protection mechanisms are strengthened in emergency-affected areas.</p>	<p>Benchmark 3: A plan is in place for preventing and responding to major child protection risks, building on existing systems; safe environments are established for the most vulnerable children.</p>
<p>Commitment 4: Separation of children from families is prevented and addressed, and family-based care is promoted.</p>	<p>Benchmark 4: All separated and unaccompanied children are identified and are in family-based care or an appropriate alternative.</p>
<p>Commitment 5: Violence, exploitation and abuse of children and women, including GBV, are prevented and addressed.</p>	<p>Benchmark 5: Affected communities are mobilized to prevent and address violence, exploitation and abuse of children and women; existing systems to respond to the needs of GBV survivors are improved.</p>
<p>Commitment 6: Psychosocial support is provided to children and their caregivers.</p>	<p>Benchmark 6: All child protection programs integrate psychosocial support in their work, in line with the IASC MHPSS guidelines.</p>

¹ https://www.unicef.org/publications/files/CCC_042010.pdf

GENERAL DISASTER COORDINATION STRUCTURE AND DATA

Initial disaster response was provided by the Netherlands marine hub in Curacao, focused on restoring vital infrastructure and establish order. Police officers were also deployed from Curacao and Aruba. The Dutch Ministry of Internal Affairs and Kingdom Relations established a coordination team in The Hague, as well as on Sint Maarten to liaise between the Sint Maarten Government and the Dutch Government.

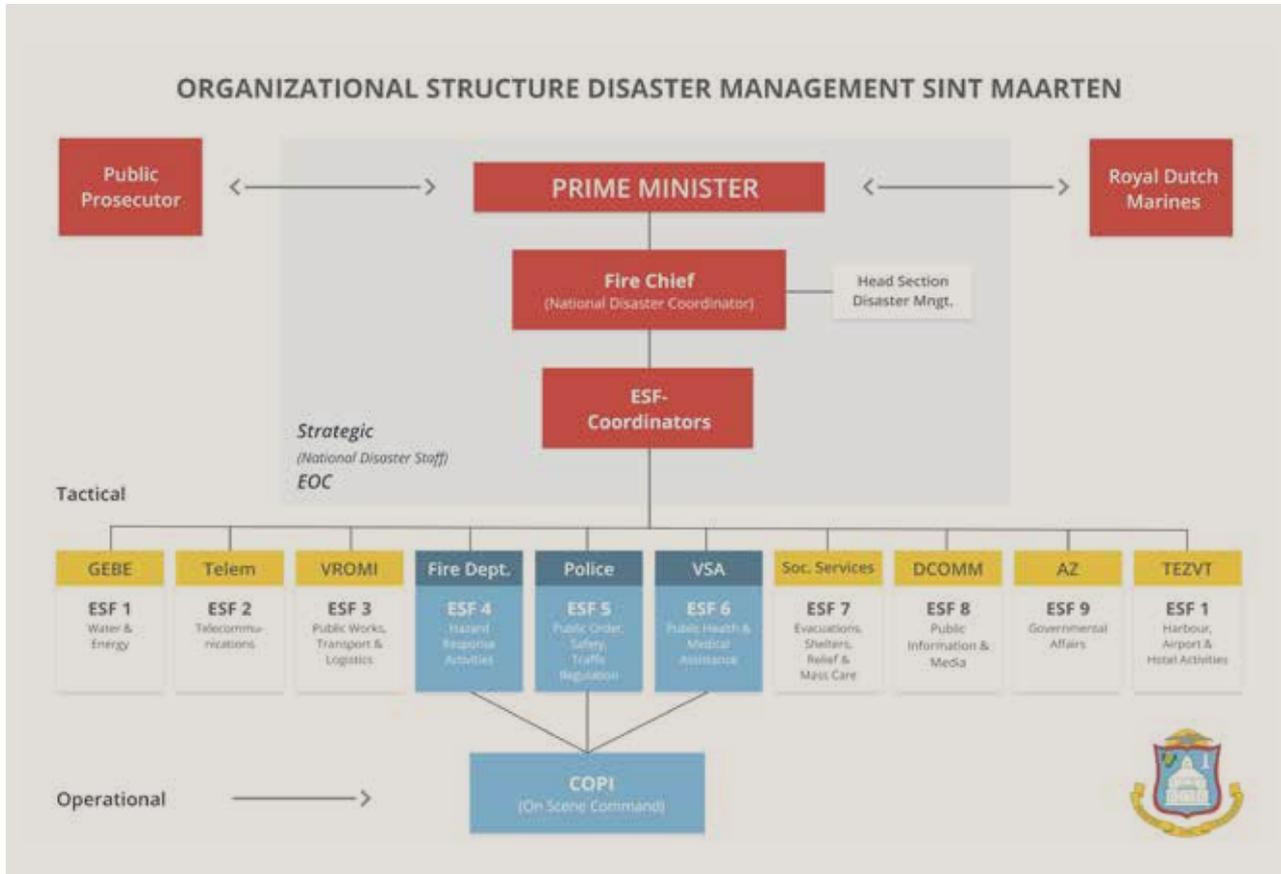
A United Nations Disaster and Coordination Assessment team (UNDAC) was deployed immediately to Sint Maarten, along with the Netherlands Urban Search and Rescue (USAR), UNDP, IOM, WFP and UNICEF. The UN Environmental Programme did an assessment to inform shelter planning. The Pan American Health Organisation (PAHO) conducted rapid health assessments. The Netherlands Red Cross deployed staff to Sint Maarten to work with the Sint Maarten Red Cross, along with additional support from Curacao and Aruba, to conduct relief distribution, assessment, and family tracing activities. Other humanitarian actors involved in initial assessment and relief efforts included Cordaid, ADRA, Samaritan's Purse, among others. The National Operations Coordination Centre (NOCC) became operational first at the Fire Department and later at the Sint Maarten Government Administration Building to manage the information and data collection and serve as a meeting point for responders and stakeholders.

National Disaster Management Structure

The Government of Sint Maarten has played a lead role in overseeing the national disaster management mechanism coordinating all humanitarian, relief and recovery actions. This system is built around 10 Emergency Support Functions (ESF) that report to the emergency operation coordination platform, chaired by the disaster manager of the government of Sint Maarten, who is also the commander of the fire brigade. The national disaster manager reports to the Prime Minister. All ministries play a crucial role in the coordination of the sectors and intensive interaction exists with the Dutch Army, the Ministry of Interior and Kingdom Affairs from the Netherlands, the USAR's from the Netherlands and from Colombia, the Red Cross, United Nations agencies, and NGO's.

UNDAC and USAR-NL have handed over all coordination to the Government of Sint Maarten, which has put in place a Recovery Committee for Sint Maarten, constituted of senior members of government and society who are elaborating a recovery plan for the Sint Maarten.

Overall structure:



Source: Government of Sint Maarten, October 2017

Brief Overview of Available Emergency Statistics

- Total population estimates: 42,083 (IOM, 3/10/2017); 38,921 (UNDP, 24/9/2017)
- There is no official statistic of undocumented persons
- Total exposed population: 42,083 (100%, IOM, 3/10/2017)
- Number of children and youth (0-24, registered) in Sint Maarten: 12,813 (MECYS, 2017); 12,190 (Civil Registry as of August 2017)
- Number of persons displaced: 5,000 (IOM, 11 Sept 2017)
- Number of emergency shelters opened: 15 centers (IOM, 3/10/2017; only one remaining open primarily for patients with health concerns)
- Number of persons given shelter: 219 persons
- Property destruction:² +90% - destruction of 3863 buildings, 2,425 highly damaged houses, and 6,263 houses with slight or no damage (Red Cross and Government of Sint Maarten estimates reported by UNDP, 24/9/2017)

Requests have been made via the Ministry of Justice (Court of Guardianship, SJIB and Police counter-trafficking focal point) for additional data on:

- Evacuation registration
- Changes in reports of abuse, neglect or other family protection concerns (authorities believe there will be an increase, some anecdotal reports of domestic violence, but no data at this time)
- Trafficking statistics; changes in reports
- Baseline data on demographics of children in the care system and priority protection concerns in the caseload (123 children and youth <18 years)
- All have been checked on and no significant concerns cited
- In-depth assessments are underway on the physical and social status of the households (have requested a summary of this information)

2 Details of damages to educational facilities are reported in the Education Sector assessment report by UNICEF.

CHILD PROTECTION FINDINGS

Core Commitment 1: Protection in Coordination, Assessment and Relief Management

Commitment 1: *Effective leadership is established for both the child protection and gender-based violence (GBV) cluster areas of responsibility, with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues. Support is provided for the establishment of a mental health and psychosocial support (MHPSS) coordination mechanism.*

Child Protection Coordination

- The initial disaster response efforts were heavily focused on infrastructure, public safety and distribution of basic emergency relief supplies (water, food, tarpaulins, etc.). Though there is an ESF related to social services, within it there was little focus on protection outside of emergency shelter and food distribution. The national emergency management structure differs from the inter-agency cluster system, and there is no dedicated support function, or sub-function specific to child protection, education, gender-based violence or MHPSS, per se. This can, and does lead to diminished attention to priority protection concerns.
- The main international actors focusing on protection were the Red Cross, IOM and UNICEF and though communication was good there was rapid turnover of non-UNICEF staff, so continuity was a problem. Data remained a challenge for all actors. Contact with the relevant social services ministry, VSA, was challenging and no meeting took place during the assessment period, however follow up is being made to hold a meeting and ask for data from the housing and vulnerability assessment that is currently underway.

MHPSS Coordination

- Mental health needs and responses were addressed in the health ESF 6 with active involvement by a recently formed association of psychologists in Sint Maarten (Association of Psychologists and Allied Professionals, APAP). Some of the members are school-based psychologists or affiliated with the Mental Health Foundation that is the national body for mental health services. Most also have private practices. APAP was also active in liaising with the MECYS Student Support Services Division (SSSD), which is responsible for services to students who have special needs.
- The focus of MHPSS has been heavily on clinical/mental health responses. A Red Cross Health delegate was participating in the health ESF and advocating for strengthening community-based (non-clinical) supports. UNICEF will follow up with these efforts.

Education Coordination

- UNICEF's response to the emergency was requested by the Sint Maarten Minister of Education, Culture, Youth and Sport (MECYS) in a formal request through the UN Resident Coordinator for assistance in child protection, psychosocial support and education. Coordination and collaboration with the MECYS was strong from the beginning. It created opportunities for addressing child protection and psychosocial support issues through the schools, including day care and afterschool programs.
- There was a rapid collection of information on damages to educational facilities (affecting all to varying degrees). UNICEF undertook a more comprehensive education assessment which includes data about the number of students expected to return to school, status of teachers and students who had evacuated the island, and special needs for psychosocial support and referral. Though in general the response has been effective in starting schools up rapidly, communication has been a challenge and hindrance to effective coordination. A dedicated coordination mechanism for education emergency planning, preparedness and response will enhance future responses.

Shelter and Housing Coordination

- The shelter and housing coordination was moving into the recovery phase as UNICEF became active. IOM and Red Cross were active in supporting the ESF 7 (led by VSA). A recorded 5,000 persons are displaced from their homes, with a total of 219 persons provided shelter in 15 shelters.³ Thus the large majority of those displaced were taken in by host families or left the island.
- Coordination in this area seemed effective and is continuing into the recovery phase. IOM invited UNICEF to comment on the draft combined housing and social support needs proposal and assessment, though a deadline limited the ability to contribute strongly. UNICEF will remain involved in these processes, particularly via the VSA in the area of social support.

Core Commitment 3: Strengthened Child Protection Mechanisms

Commitment 3: *Key child protection mechanisms are strengthened in emergency-affected areas.*

Emergencies can amplify the gaps or weak point in child protection systems. These systems in Sint Maarten are mainly located within the formal systems, which have quite well developed policy frameworks, but are lacking in some key elements of the legal and regulatory framework. It was not possible to gather information from all key offices. However, below is a summary of how the systems are responding and what challenges and gaps arose thus far. The judicial system will be addressed under the section of multiple Core Commitments in a section below.

Social Services Recovery Plan⁴

- A combined housing and vulnerability assessment was the most prominent effort in the early recovery phase of social protection. Assistance is available to foreign nationals, in addition to citizens, but the requirement to apply in person could discourage applications from these very marginalized individuals.
- There is no online process, so forms must be submitted physically to the office in the Government Administrative Building. This could limit the access to services, due to ongoing communication and transportation challenges
- In this process, applicants provide information about their housing and financial needs to see if they qualify for the different types of government assistance that will be made available. To the elderly, pregnant and lactating mothers, people with medical needs or with physical or mental challenges priority is given in facilitating emergency housing, as well as to victims of violence and family members that are living separately due to the passing of the last two hurricanes. This includes the collection of information on children in affected household and will provide the most accurate data on vulnerability in terms of financial, food, medical and housing support.
- Temporary housing options will be overseen by the Ministry of Public Housing, Spatial Planning, Environment and Infrastructure (VROMI), the Red Cross and VSA and include fixed communal living facilities hosting up to around 280 people, then the provision of pods and tents on private and available land, as well as a longer term option of containers. The plan does not include specific plans or guidance for protection of families in these temporary facilities, which requires follow up.
- The Red Cross will be leading a large-scale Relief Building Program as part of the government recovery plan and UNICEF will liaise with them regarding special protection needs.

³ IOM situational report, 3 October 2017. There are differing reports of the numbers of shelters, but it seems that was due to the original number planned being added to over time, perhaps in a sometimes ad hoc fashion.

⁴ Government of Sint Maarten. *Proposal Program Emergency Housing Hurricane Victims. (Final draft 6 October 2017)*

Children in the Protection System

Protective Care

The SJIB (Family Guardianship Foundation contracted by the Ministry of Justice to provide protective care for children and youth <18 years in the protective care system) has a current caseload placement of 123:

- New Start Foundation (foster group home) = 13 minors
- I Can Foundation (foster group home) = 22 minors
- Foster family placements = 14 minors
- In-home placement = 70 minors
- Miss Lalie Center = 1 minor who is now in residential care with a mentor as the center was taken over to be used for shelter
- Ujima Center (specialized home for boys with behavioral issues) = 1
- Off-island = 2 (one is undocumented minor trying to regulate documentation)
 - The Family Guardianship Foundation team conducted rapid checks on almost all children and families. Although most of them were fine, the team was still looking for a few by 23 October 2017. The team is currently undertaking a more detailed assessment on the physical, nutritional, financial and psychosocial status of the children and on related concerns about the home situation. The need for new housing is an important issue. As of now, water and food is provided to the families and it is expected this will continue in the near future.
 - Group homes were damaged, but not to the amount that it displaced residents. The facilities seemed safe upon visit and informants reported that children were well and showed no signs of traumatic stress.
 - One of the challenges the team is facing is that they have one staff unable to return to work and their caseloads are high: 23 – 25 youth per Guardian.

Youth Probation

In the looting and violence that took place in the aftermath of Irma, seven youth were arrested and put immediately in the care of the CoG Youth Probation Office. Here, they are doing community service cleaning debris from schools, community centers, and other places important for community restoration, along with the other youth under care.

Public Health for Vulnerable Children

- Within a couple of weeks after the hurricane, a mobile health bus service was set up by the Public Health Department and Collective Prevention Services (CPS). People who were unable to reach their general practitioner, could come here. The physician would refill prescriptions; conduct checkups and basic primary care; routine child vaccines (0 – 17 years of age); limited hours with an APAP psychologist onboard to treat psychological complaints. The bus has been moving to different parts of the island with a publicized schedule.
- The Baby Clinic was prioritized for rapid reopening for routine vaccination services.
- Physician offices and pharmacies were prioritized for support to reopen as quickly as possible. Many, if not most, were open by the end of September. The hospital remained open during the entire emergency period with minor damage and a temporary transfer of the laboratory to a suitable location.

Type of abuse	2014	2015	2016
Neglect	14	61	67
Physical abuse	14	13	22
Psychological abuse	2	1	5
Sexual abuse	19	8	6
Total	49	91	100

Table 1. Source: Ministry of Justice, Court of Guardianship 2014, 2015, 2016

Community-based Child Protection

- The community center afterschool programs provide an important role in child protection and well-being. One of the primary causes of children getting into the protection system is due to neglect, in many cases because parents (often single parents) have shift work in the tourism industry, or due to substance and gambling abuse and addictions. Increasing numbers of children are left unsupervised for long periods of time.
- There is a lack of supervised, positive activities for children and young people to participate in outside of school. The following community centers receive subsidization from the MECYS (as well as grant and in-kind funding) to offer afterschool programs: After School Activities (ASA), Belvédère Community Center, Sint Maarten Youth Council—Rupert Maynard Youth Community Center, The Alpha and Omega afterschool programs/The Positively Active After-school Kids.
- None of the centers suffered any serious damage and all were able to open by the start of the school year. Some centers created special programs earlier in the day to offer a space for children to be supervised while their parents were taking care of their affairs. At the request of the police and first responders, Belvédère established an additional morning program to care for the children of first responders who were being called to work extremely long hours.
- Supporting these centers to re-establish programs as quickly as possible is a critical protection and well-being intervention. The centers are limited in what they can offer to an increasing number of children in need of supervised care that offers a range of stimulating activities. There seems to be a lack of different kinds of sports, cultural, social and academic afterschool options that are free and accessible with limited transport.

Core Commitment 6: Psychosocial Support⁵

Commitment 6: *Psychosocial support (PSS) is provided to children and their caregivers.*

- No data has yet been made public about mental health assessments. It is speculated, based on studies from other countries, that there is a high trauma potential. This needs to be explored further, as culture plays an important role in understanding traumatic stress and coping strategies.
- The Association of Psychologists and Allied Professionals (APAP) has been active in developing psycho-educational materials about understanding the reactions to traumatic events, self-care and referral mechanisms. These have been widely disseminated in the local media, through Facebook and on the Government of Sint Maarten website. APAP is working with the MECYS SSSD and records psycho-educational radio talks for broadcast on the popular radio station Laser 101. APAP, together with the St. Maarten Foundation for Psychologists and Orthopedagogists (SFPO), has written editorials in the Daily Herald newspaper about the importance of understanding the dynamics of stress reactions and care taking advice.
- Although a referral mechanism is in place for specialized services referred to by House Doctors and the schools (SSSD), APAP feels there is still not enough specialized personnel in Sint Maarten and specialists will need to be brought in. They acknowledge the challenge of people wanting to work with local islanders, of whom APAP has one.
- Under APAP's lead, the attention was directed at the clinical aspects of well-being and response. SFPO wrote a very thoughtful editorial about the needs for community-level healing, care and support. In this assessment there has been agreement that a strengthened continuum of care in the protection and well-being services is needed, and at the moment less is known about the community level elements.
- Until early October, a Health Delegate of the Red Cross was in Sint Maarten. The delegate strongly recommended to ESF 6 to mobilize IFRC support from the region (Trinidad) to conduct a training in Psychological First Aid for Sint Maarten Red Cross volunteers. If this materializes, the training should be opened widely to professionals including afterschool staff, the social and judicial service team leaders as well as community leaders.

⁵ A strong emphasis on PSS within the overall response is located within the education programs, including SSSD, day care centers and afterschool centers. These will be primarily addressed in the education assessment.

The Impact of Looting

- To many informants, the looting and violence that took place in the immediate aftermath of the hurricane is a subject of great concern. They watched their neighbors and other community members participate and felt appalled. Foster parents were very concerned how this affected the youth in their care, some of whom asked why they couldn't participate.
- It would be worth exploring if a dialogue could be started within the schools, community centers, faith communities and other institutions about what happened. This could also provide a form of healing and coming together in a facilitated fashion. Some attribute the lawlessness and violence as stemming from a lack of connectedness to or ownership of community resources.

Staff Care

- One of the unavoidable observations and topic of discussion is how those responsible for helping with the response and the recovery, were themselves affected and have not been able to address their own losses in many cases.
 - The personnel of the Ministry of Education have been working on a continuous basis on the possibility for staff to address their own experiences and losses; afterschool center directors and staff in some cases ran shelters and then have been focused on getting programs running for the children and taking care of others; teachers were back in school in less than one month.
 - The staff of the Court of Guardianship and SJIB worked through the acute emergency phase checking on children and youth in protective care, registering evacuating children at the airport, supporting foster families who sheltered in place with their children, etc.
 - Staff of all relevant government authorities responsible for child protection and development who have been responding since the hurricane need respite, and yet there are personnel shortages due to people having left the island and now unable to return.
 - Support is needed to relieve these responders temporarily from their wide range of responsibilities.
- With the closing of day care centers, community centers and other programs, many people with child caring jobs have become unemployed. A number of those programs pay their teachers out of fees charged to parents, so in addition to lost income they are looking at the uncertainty of parents being able to afford fees for child care and activities.

Core Commitment 4: Preserving Family Unity

Commitment 4: *Separation of children from families is prevented and addressed, and family-based care is promoted.*

- While family unity is one of the highest priority protection concerns, little is known about it. Voluntary evacuations began before the hurricane hit with no procedures in place to register children, assess adults traveling with them, or collect contact information from Sint Maarten or their destination. After the hurricane struck, evacuation flights were carried out. A notary as well as the CoG were at the airport on a voluntary basis to provide power of attorney documents to the children departing without their parents. No list is available on the amount of children that traveled without their parents.
- The Court of Guardianship states that the most immediate priority is verifying the location and status of children now, particularly those that have left the island. Sources of information would be the Civil Registry, schools, day care centers, medical centers, immigration, police, and other institutions. These institutions are awaiting data from the field. This process also requires contacting partner departments on other neighboring islands and countries and in the Netherlands.
- In Sint Maarten, the effort requires interagency cooperation between the Ministry of General Affairs (MGA), MECYS, Ministry of Public Health, Social Development & Labour (MPSL), and Ministry of Justice – Court of Guardianship (MoJ – CoG). The process is hindered partially due to the fact that information about youth is found in different locations. The system lacks a coordinated, inter-agency youth information system to collate all relevant data for the relevant ministries. It is a central function in the draft *Integrated Youth Policy that is under consideration*.
- Another challenge for the CoG is a lack of staffing to dedicate to this process. Currently, three out of five positions are vacant. One position is filled, but the recruited worker awaits a transfer from another ministry. This will reportedly not happen until January 2018.

RECOMMENDATIONS

Core Commitment 1

- Strengthen the disaster management system through advocacy and technical assistance. In this way, robust child protection can be assured, focusing on planning, response, monitoring and recovery.
- Advocate for the inclusion of the CoG to be a standing member of the appropriate ESF. As the government entity responsible for child protection it is imperative that the office is involved in emergency preparedness planning, as well as response and recovery. This is an important element of improving the registration system for child evacuation and protection of children in protective custody.
- The relevant Ministries are in need of support to be able to develop appropriate plans and mechanisms through inclusive and participatory processes (e.g. involvement of children, youth, and groups deemed particularly at risk to natural disaster).
- Together with other UN agencies and relevant actors, high-level advocacy is needed to refine the national disaster coordination system, in order to be more aligned with global humanitarian structures and standards (Ministry of General Affairs). Support to a “lessons learned” exercise could initiate this.
- Technical assistance is needed to develop common emergency planning and assessment approaches (e.g. tools, operating procedures) that are aligned with global standards (e.g. Sphere, CPWG *Minimum Standards*, IASC *MHPSS Guidelines*, among others). *This ensures a strong protection focus in each step and facilitation of efficient data collection and management systems to inform appropriate response.*

Core commitment 3

- Technical and other support to ensuring robust protection policies (and their implementation) in the temporary shelter programs.
- Development of public information campaigns (Communication 4 Development style) on promoting protection, well-being, health and social cohesions for different groups (e.g. parents, school-age children, young people) in the recovery process, as well as disaster preparedness at the family and community levels. Particularly engaging youth to develop engaging messages for children and youth using appropriate media. Coordinate with relevant ministries (MECYS, VSA, telecommunications, etc.) and potentially private entities with whom to partner.
- Ongoing support to community centers with afterschool activities while exploring opportunities to expand them.
- Mapping of community-based resources to supplement the VSA Community Development office, led by youth with a child/youth protection, well-being and disaster risk mitigation focus to map challenges, and assets that can be built upon.
- Advocacy and technical guidance to the relevant ministries to support the establishment of a child protection coordination system (see more below in the discussion of the draft Integrated Youth Policy proposal) to develop sound policies and coordinated planning informed by common standards and a strong information management system.
- Collaborate with IOM in an updated mapping of the migrant population in Sint Maarten and advocacy for a strategy for reconstruction in Sint Maarten to include irregular migrant workers and their protection.

Core Commitment 6

- Engage with the recovery coordination body focusing on MHPSS and advocate for it to become a national MHPSS coordinating body focused on the development of a strong referral system from community level to clinical care, emergency preparedness planning, and technical capacity development.
- Support a psychosocial support training for after-school staff if it aligns with the MECYS plans.
- Facilitate wide access for professionals and community partners, and ministry staff if applicable, to access IFRC *Psychological First Aid training*.
- The CoG and the SJIB family guardianship staff should also be able to access that kind of training.

Core Commitment 4

- Provide financial and technical support for additional temporary staff (1 – 2 persons) dedicated to tracing and follow up of children who left the island, as well as those who have returned or whose status is unknown. A very clear Terms of Reference should be developed for this/these temporary appointments and monitoring provided to ensure adherence, as there are a lot of competing demands. This will likely involve advocacy with the Ministry of Justice, as well as inter-agency agreements by the other relevant ministries. Details would need to be explored further.
- Provide longer term technical support to implement child protection policies that strengthen/develop:
 - Information management (shared as appropriate across relevant ministries)
 - Inter-agency emergency preparedness plans with common registration tools, standard operating procedures (who triggers what when?), delineation of responsibilities, etc.
 - Emphasis on regional coordination, policies and procedures
 - Training of immigration officials, airport/airline personnel, and others who come into contact with children crossing borders

Core Commitment 5:

The post-hurricane prevalence of violence, abuse and exploitation, including gender based violence, requires further research. The assessment team did not have the means to enquire about this issue in depth and draw conclusions supported by evidence.

Longer Term Priorities

The protective concerns in the longer term recovery period run across the priority Core Commitments framing the assessment—strong systems that prevent/mitigate violence, abuse and exploitation, establish a protective environment, are adaptive and responsive to shocks like emergencies, hold stakeholders accountable, and involve children and young people in meaningful ways to influence their protection.

Some systemic challenges:

- Shortage of staff and high caseloads;
- Lack of specialized/therapeutic inpatient and outpatient (including therapeutic family-based support) services for children and youth on the island, particularly older adolescent girls and boys;
- The FG team does what it can after placement, following up with children and families, but has many other responsibilities and does not have the time or specific expertise to provide therapeutic services for children and general family guidance support, which is needed;
- Mental health services are already stretched on the island, and are more catered to individual psychiatric/psychological counseling and not family-based care, or behavioral therapeutic care for children and adolescents;
- More stretched now after the emergency, but even before, a referral to a psychological/psychiatric specialist could take a month;
- Special challenges for girls as there are no group or therapeutic family-based placement options for girls with intensive needs, and many of the girls in the caseload with severe behavioral issues have about exhausted their placement options, but must remain under protection. Ujima is the only residential facility and is limited to boys with behavioral issues that cannot be addressed in community settings;
- Undocumented children and youth;

A lot of children in the current caseload are undocumented, presenting a number of needs that are difficult to address due to their inability to access so many services, for example:

- Working with the range of issues the families are dealing with is challenging, their being outside of the legal system
- They cannot have health insurance policies, so rely on obtaining a court letter of guarantee for payment. Though some doctors will not treat them, the SJIB does have one doctor who will screen and treat all children in protective custody
- Challenges in the educational system (access, support services overstretched, etc.)
- Limited opportunities once they turn 18 and age of out the system

- Lack of transitional programming for children aging out of the system (residential or outreach independent living support)
- General concerns for children in the protection system
- Foster home system does not meet UN alternative care standards
 - Lack of access to meaningful extra-curricular activities to promote development

Child Protection Recovery Plan

To formalize the CoG within the government structure, the implementation of the “Judicial Care Services of Sint Maarten (DJZV)” should be a priority. Now the different elements are not under the same administration (e.g. Miss Lalie Center and Children’s Homes; Family Guardianship is a sub-contractor; etc.).

Other priorities include better regulation of the foster care system (according to international standards), the ratification of relevant international conventions regarding protection (e.g. adoption, trafficking, etc.), advocacy for a stronger prioritization of child protection within the MoJ.

Another key priority is strengthening interagency cooperation between Ministry of General Affairs (MGA), MECYS, Ministry of Public Health, Social Development & Labour (MPSL), and Ministry of Justice – Court of Guardianship (MoJ – CoG), particularly through formalization of an “Automated Youth Monitor System.” There is a draft *Integrated Youth Policy* that is an inter-agency policy to establish a more comprehensive national child protection system that would align with global standards and lead to the drafting of a Youth Care Act.

It is still a draft, but already it is evident how it has contributed to strengthening the system. For example: MECYS had already started implementing agreed upon policies and regulations for day care centers (regarding organization and inspection) proposed in the plan and this allowed for a rapid and safe reopening of a number of schools because the processes for inspection and certification were clearly outlined.

On the other hand, these policies and regulations are not yet in place for foster or group homes, and in the post-emergency phase it is clearer why this lack of a regulatory framework can increase protection risks (e.g. no regulation on the conditions necessary for residential care, or the establishment of new home, etc.). There have been anecdotal reports that foreign groups are raising money to establish foster/care homes here and the legal and regulatory framework is not in place to prevent or manage that. The lack of an integrated child protection information management system also contributes to challenges in oversight.

These are all areas of systems strengthening that UNICEF has great expertise in and with a committed presence could positively contribute to achieving the national goals of the child protection stakeholders.

ANNEX 1 SINT MAARTEN POST-HURRICANE CHILD PROTECTION ASSESSMENT FRAMEWORK

UNICEF Core Commitments for Children in Humanitarian Action (CCC)

Child Protection Sector Strategic Result:

Girls' and boys' rights to protection from violence, abuse and exploitation are sustained and promoted.

Technical justification/evidence:

Experience demonstrates that humanitarian situations both exacerbate existing protection risks and create new ones. The prevention and programmatic response to specific violations committed against children – such as the separation of children from their families [. . .] and psychosocial distress – are supported by the development and implementation of inter-agency guidelines in these areas. There is also increasing recognition of the need to strengthen a range of child protection mechanisms to prevent and respond to various forms of violence, abuse and exploitation. (p. 33 CCC)

Priority Core Commitments and Benchmarks	
<p>Commitment 1: Effective leadership is established for both the child protection and gender-based violence (GBV) cluster areas of responsibility, with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues. Support is provided for the establishment of a mental health and psychosocial support (MHPSS) coordination mechanism.</p>	<p>Benchmark 1: Both child protection and GBV coordination mechanisms provide guidance to all partners on common standards, strategies and approaches, ensuring that all critical child protection/GBV gaps and vulnerabilities are identified; information is provided on roles, responsibilities and accountability to ensure that all gaps are addressed without duplication. MHPSS coordination mechanisms are established, with linkages to relevant clusters.</p>
<p>Commitment 3: Key child protection mechanisms are strengthened in emergency-affected areas.</p>	<p>Benchmark 3: A plan is in place for preventing and responding to major child protection risks, building on existing systems; safe environments are established for the most vulnerable children.</p>
<p>Commitment 4: Separation of children from families is prevented and addressed, and family-based care is promoted.</p>	<p>Benchmark 4: All separated and unaccompanied children are identified and are in family-based care or an appropriate alternative.</p>
<p>Commitment 5: Violence, exploitation and abuse of children and women, including GBV, are prevented and addressed.</p>	<p>Benchmark 5: Affected communities are mobilized to prevent and address violence, exploitation and abuse of children and women; existing systems to respond to the needs of GBV survivors are improved.</p>
<p>Commitment 6: Psychosocial support is provided to children and their caregivers.</p>	<p>Benchmark 6: All child protection programmes integrate psychosocial support in their work, in line with the IASC MHPSS guidelines.</p>

Sources of Information

1. Government demographic data (background/baseline)
2. Humanitarian situation reports
3. Meetings and interviews
4. Observation of community facilities

Key Elements of Inquiry

- Overview of the legal and regulatory elements of child protection in the country, including responsible entities.
- Baseline on key elements of the formal child protection system:
 - Basic mapping of the system
 - Priority child protection risks/rights violations (child abuse data?)
 - Number of children and youth (boys and girls) in formal protection system
 - Types/number of care placement
 - Strengths and challenges
- Baseline on key elements of the informal child protection system:
 - How child and youth protection is understood at the community level
 - Key child protection concerns at the community level
 - Systems, structures, and individuals that mobilize to protect children and youth (“community-based child protection mechanisms”)
- Risk and protection of undocumented children (if possible)
- Strengths and challenges
- Impacts of the emergency on individual protection/well-being and the system
- Boys and girls (and families) in protective care
- Other vulnerable families (Social Services)
- Formal protection mechanisms
- Community-based mechanisms
- Emergence of new risks (e.g. increased reporting of abuse; startup of unlicensed care facilities; trafficking; etc.)?
- Needs for child and youth protection and well-being
- Immediate needs (urgent response)
- Mid-term needs (recovery)
- Longer-term needs (systems strengthening)
- Recommendations

Potential Key Informants and Structures

- Ministry of Education, Culture, Youth and Sports (MECYS)
- Department of Youth (day care and after school programs)
- Student Support Services Division (PSS support)
- Ministry of Justice
- Court of Guardianship
- Youth Probation
- The Foundation Judicial Institutes of St. Maarten (Family Guardianship program)
- Foster care group homes
- Immigration (stats?)
- National Bureau on Trafficking
- Ministry of Public Health, Social Development and Labor (VSA)
- Department of Social Services
- Community Development, Family and Humanitarian Affairs
- Department of Statistics, Civil Registry
- Shelter ESF (data)
- Red Cross/IFRC
- Religious and other community groups

Related Policy and Guidance Documentation

Child Protection Working Group. (2012) *Minimum Standards for Child Protection in Humanitarian Action*. CPWG.

INEE. (2004) *The Inter-Agency Network for Education in Emergencies (INEE) Minimum Standards for Education in Emergencies, Chronic Crisis and Early Reconstruction*. (And related INEE guidance)

Inter-agency Standing Committee. (2006) *Protecting Persons Affected by Natural Disasters: IASC Operational Guidelines on Human Rights and Natural Disasters*. IASC.

Inter-agency Standing Committee. (2007) *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. IASC.

UNICEF. (2013) *The Situation of Children and Adolescents in Sint Maarten*. UNICEF.



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