

Research, Policy and Practice: Child Protection in Haiti

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By the numbers- 2009

- UNDP Human Development Report ranked Haiti 149/182 based on life expectancy, knowledge/education and standard of living
- Nearly 30% of children under age 5 are undernourished
- The earthquake in Haiti has compounded the already very difficult humanitarian conditions- 70% of population lives on less than \$2/day



Economic/Food Insecurity

- 2.4 million Haitians are food insecure
- Heavy reliance on imported food- 48% of national consumed food is imported
- Economic vulnerability due to dwindling agricultural sector and lack of urban jobs
- Environmental factors: soil degradation, vulnerability to natural disasters (e.g. annual hurricane season)



Access to Education

- About half of school-age children do not attend
- Adult literacy rate: 62.1% (Latin American/Caribbean Average is 90%)



Photograph from wfp.org



Physical Safety/Child Protection

- 21% of children aged 5-14 involved in child labor
- Estimated 225,000-300,000 children live in forced/violent servitude, known as *restavék*, or “to stay with”²
 - Disproportionately affects girls
 - Expected to increase substantially with rising number of orphans following earthquake
- 27% of girls married before the age of 18



Feasibility study: Psychosocial Intervention in Haiti with HIV-affected families

- Prior to earthquake we conducted a pilot study to alleviate distress among HIV-affected families
- Primary goal of the study: to examine the feasibility of offering a psychosocial support intervention for HIV-affected youth and their caregivers



Background

- Approximately 120,000 Haitians suffer from HIV/AIDS
- Youth affected by HIV/AIDS in Haiti are highly vulnerable and many also suffered from other significant stressors:
 - Economic/food insecurity
 - Assumption of adult roles and responsibilities
 - Changes in household structures and living arrangements
 - Coping with bereavement and loss in communities/households



Description of Intervention

- Curriculum adapted from Project TALC (Teens and Adults Learning to Communicate)
- Developed by Mary Jane Rotheram-Borus at UCLA, which demonstrated positive outcomes at the 6th year of follow-up
- Adapted to rural Haitian context after input captured during initial focus groups
 - Haitian Creole
 - Inclusion of Haitian Proverbs
 - Elimination of focus on death plan and legal custody



Description of Intervention

- Phase 1: HIV-positive caregivers
 - Healthy lifestyles, coping with negative feelings, disclosing their status, etc.
 - 8 sessions
- Phase 2: HIV-positive caregivers continue to meet
 - To discuss how to better support their children
 - Awareness of children's needs
 - Active listening and problem-solving skills
 - 6 sessions



Description of Intervention

- Phase 2: children (ages 10-17)
 - Enhancing coping skills
 - Reducing emotional distress and HIV risk behaviors
 - 7 sessions



Description of Intervention

- Phase 3: Caregivers and Children meet together
 - Conflict resolution, including with the family
 - early pregnancy and drug/alcohol abuse prevention
 - 8 sessions



Methods and Demographic Data

- Assessed levels of psychological distress, psychosocial functioning, HIV-related stigma, and social support pre- and post-intervention of a psychosocial support group
- 168 HIV-affected youth were included in the support groups
 - 59.5% female, 40.5% male
 - 45.1 age 10-13, 54.8 age 14-17
 - 79.1% primary caregiver was mother
- 130 parents/caregivers of HIV-affected youth participated
 - 76% female, 24% male
 - 53% married or living with a partner, 47% single, separated or widowed
 - 95% were HIV-positive



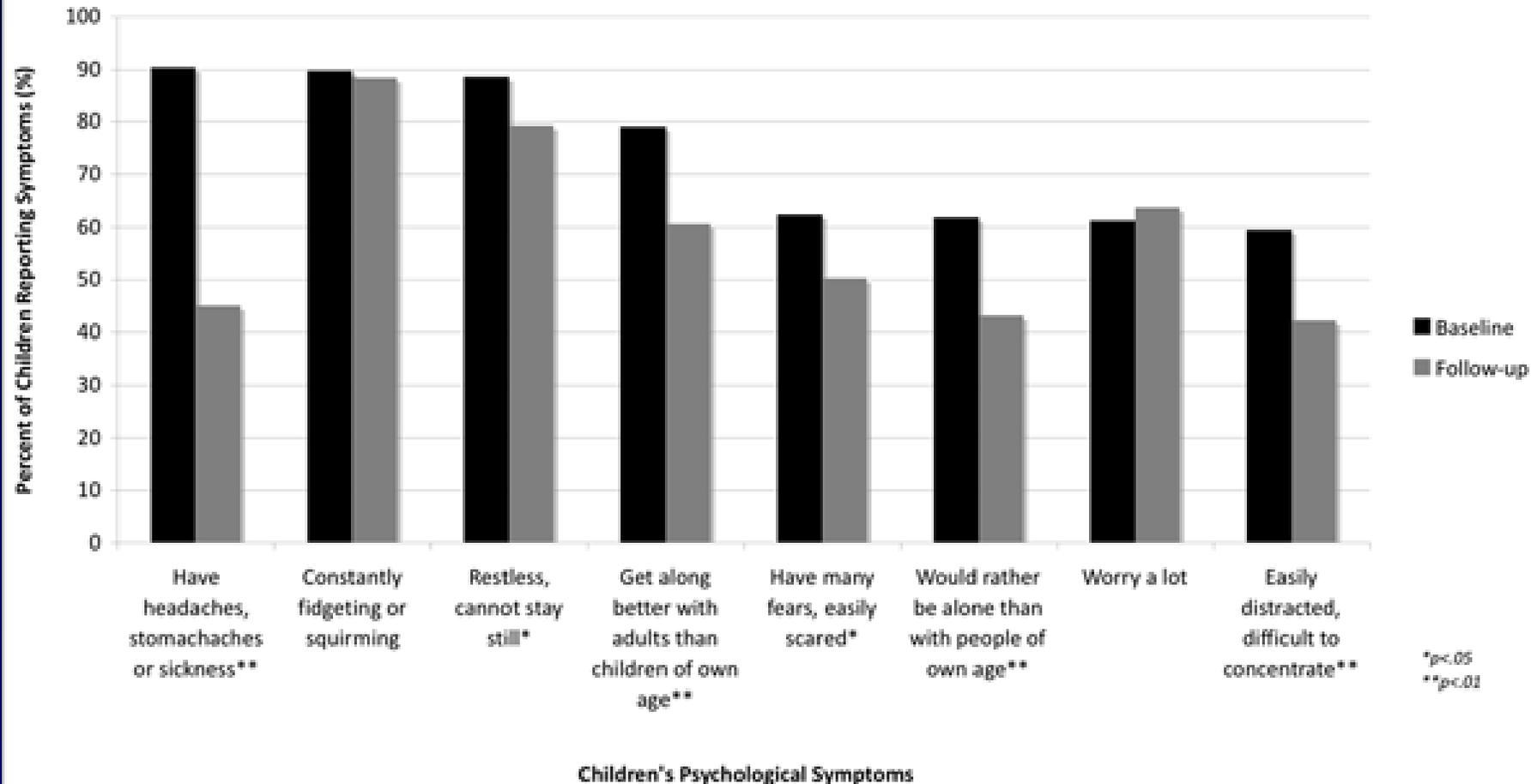
Results

- Youth showed very high levels of self-reported psychological symptoms at baseline, many of which improved after the intervention
 - Most common symptom: headaches/stomach aches (90.5%)– reduced to 45% following intervention
 - Symptoms regarding social withdrawal also improved (preferring to be alone, getting along better with adults than children of own age)
 - 53% at baseline felt that symptoms resulted in difficulties in psychosocial functioning vs. 25% after intervention



Results

Figure 1. Pre- and post-intervention assessment of psychological symptoms among HIV-affected children



Results

- Caregivers also demonstrated notable improvements in psychological symptoms from baseline to post-intervention
 - Most prevalent symptom was feeling that everything is an effort- decreased from 74.6% at baseline to 43.9%
 - Feeling worthless decreased from 56.2% at baseline to 26.2% at follow-up
 - Overall, caregivers showed decreases in depressive symptoms from baseline to follow-up as well as lessening of perceived stigma



Implications for post-earthquake context

- Similar model may be adapted for broader use among vulnerable children and their families following the January 12, 2010 earthquake in Haiti
- There is also a final TALC module that can be adapted, which has been used in the past with children who have been orphaned and have new guardians



January 12, 2010

- Earthquake killed over 230,000 people and affected 3 million (1/3 of population²)
- Many of 1.3 million displaced were children
- Existing child protection issues now exacerbated by separation from parents and psychosocial distress following the earthquake



Current status of children

- Estimated 1 in 9 Haitians are homeless and living in tent cities in Port-au-Prince
- Rape is an increasing problem in tent cities among displaced earthquake victims- estimated 1 rape a day in each of 1300 camps
- Girls as young as 2 have been victims of rape following the earthquake
- Although women are 50% of the population, 67% are now heads of household and more vulnerable to rape



Post Earthquake Haiti

- Pre-earthquake levels of poverty, food insecurity, malnutrition, education, housing, etc exacerbated
- Parents limited in support levels due to psychosocial stress
- Children orphaned or separated from parents
- Significant amounts of foreign aid should be designated to child protection efforts



What can be done?

Zanmi Beni

- Zanmi Beni- “blessed friends” in Haitian Creole, is a partnership of PIH/Zanmi Lasante, and Operation Blessing
- Established in the wake of the earthquake to provide a home for orphaned children who were living at the HUEH (Haitian University and Education Hospital)
- Children include infants and children with physical and/or developmental disabilities



What Can be Done? Zanmi Beni

- Currently houses 50 infants and children
- Provides educational, developmental and psychosocial support
- Immediate plans to build dormitories and implement development plans for each child
- Goal is to partner with SOS Children's Villages, which is now providing a loving family environment to over 500 Haitian orphans (up from 150-200 prior to the earthquake)



What Can be Done?

- PIH/ Zanmi Lasante working collaboratively with government to advance broader systems of mental health care as part of reconstruction effort
- Formative qualitative research is currently planned to examine the current system of care and what modifications need to be made
- A core element will be developing the administrative and programmatic infrastructure for a national mental health system of care
- Key element will involve assessment of services for children and advancing evidence-based strategies for mental health care



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