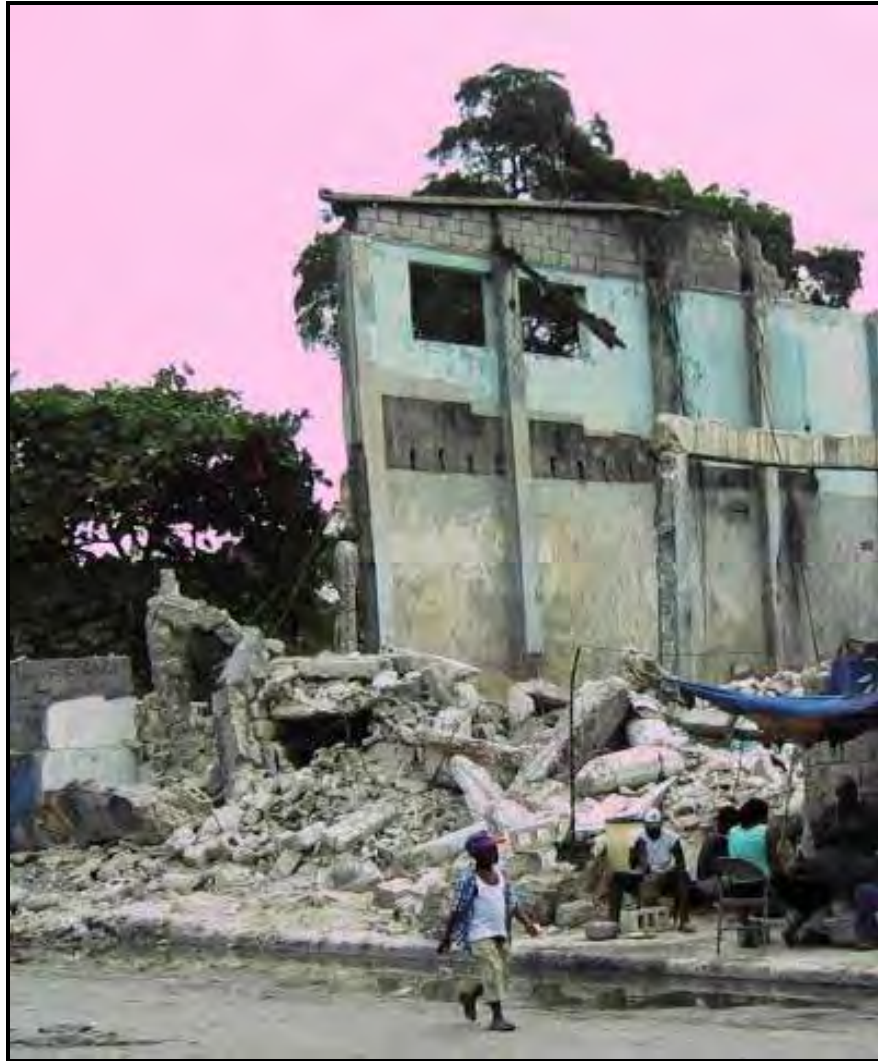


CHILD PROTECTION IN HAITI:
POST-EARTHQUAKE NEEDS ASSESSMENT



The François-Xavier Bagnoud Center for Health and Human Rights
Harvard University

March 2010

FXBcenter_info@hsph.harvard.edu
<http://www.harvardfxbcenter.org/index.php>

Last year is always better.

Last year is always better.

Lespwa fè viv.

Hope makes one live.

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ACRONYMS

ARC	American Refugee Committee
CIA	Central Intelligence Agency (used as source citation)
CPAT	Child Protection Assessment Team
DDR	Disarmament, demobilization, and reintegration
DR	Dominican Republic
ERU	Emergency Response Unit (Red Cross)
FFW	Food For Work
FXB Center	François-Xavier Bagnoud Center for Health and Human Rights
GHESKIO clinic	Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections
HELP course	Health Emergencies in Large Populations course at Johns Hopkins
HHI	Harvard Humanitarian Initiative
HIV/AIDS	Human immunodeficiency virus/acquired immune deficiency syndrome
HUEH	University Hospital, Hôpital de l'Université d'état d'Haiti (French)
ICC	Interim Care Centers
IASC	Inter-Agency Standing Committee
IBESR	Haitian Ministry of Social Welfare, Institut du Bien Etre Social et de Recherches (French)
IDP	Internally displaced people
IMC	International Medical Corps
IRC	International Rescue Committee
MINUSTAH	United Nations Stabilization Mission in Haiti, Mission des Nations Unies pour la stabilisation en Haiti (French)
MIT	Massachusetts Institute of Technology
NFI	Non-Food item
NGO	Non-governmental organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OT/PT	Occupational therapy/physical therapy
PaP	Port-au-Prince
PSS	Psychosocial
PTSD	Posttraumatic stress disorder
SAFE	Safety, Access, Family, Education model for children's security
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund

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Satchit Balsari
Jay Lemery
Brett Nelson
Tim Williams

CHILD PROTECTION ASSESSMENT TEAM

HAITI:

Satchit Balsari, MD, MPH

Emergency Physician, Weill Cornell Medical College
Fellow, FXB Center for Health and Human Rights
Fellow, Harvard Humanitarian Initiative

Jay Lemery, MD

Director, Wilderness Medicine Program
Division of Emergency Medicine, Weill Cornell Medical College

Brett Nelson, MD, MPH, DTM&H

Attending Pediatrician and Global Health Faculty
Massachusetts General Hospital
Fellow, Harvard Humanitarian Initiative

Tim Williams, MSW, Msc

Project Coordinator, The SAFE Project
Research Project on Children and Global Adversity
FXB Center for Health and Human Rights

BOSTON:

Arlan Fuller, Esq

Policy Director, FXB Center for Health and Human Rights

Patricia Spellman, MBA

Administrative Director, FXB Center for Health and Human Rights

Theresa Betancourt, ScD

Assistant Professor of Child Health and Human Rights
FXB Center for Health and Human Rights

Jacqueline Bhabha, Esq

Director of Research, FXB Center for Health and Human Rights
Jeremiah Smith, Jr. Lecturer, Harvard Law School
Lecturer in Public Policy, Harvard Kennedy School

Jennifer Leaning, MD, SMH

FXB Professor of the Practice of Health and Human Rights
Associate Professor of Medicine at Harvard Medical School
Director, FXB Center for Health and Human Rights

FOREWORD

There are two striking peculiarities about child protection issues in Haiti. First, children are not always trafficked for the sole purpose of cheap labor and exploitation, but often for adoption – for the promise of a better life and the chance to realize “fuller human potential.” Second, these children who are institutionalized as orphans, more often than not, have at least one living parent.

A society compelled to part with its children, a parent forced to believe that her child is better off away from home, and a world that has played, through myriad acts of omission and commission, no insignificant role in shaping the destiny of children of Haiti, cannot possibly be understood in any adequate depth in a span of eight days. In this report, we do not pretend to have arrived at such an understanding. However, within its limits as a rapid assessment of the key issues surrounding the protection of the well-being of Haiti’s children, this report concludes unambiguously that the safety – physical, mental and social – of the children of Haiti remains in great peril.

A combination of factors makes Haiti’s children one of the most vulnerable groups of children globally. These include: large pre-quake child protection concerns (e.g. orphans, *restaveks*, street children, trafficking, etc.), the sudden displacement of large populations as a result of the quake, the staggering number of dead, the daunting number of Haitians maimed for life (many of whom have now been robbed of any viable chance of being able to even eke out a living), and the complete absence of a collective, coherent, insightful state response to the educational, recreational and psychosocial needs of children.

In the fervent debate over child protection and amid disputed claims among adoptive parents, orphanages, foster institutions, local governments, human rights advocates, international agencies, and foreign governments, the children’s voice is conspicuous by its absence. Given that these adults were also the sources of our information, the absence of the children’s voice is also conspicuous in this report.

Our researchers met with several stakeholders in order to address the current and foreseeable needs of these children. Through sometimes brief, and at other times in-depth conversations, through field visits and observations, we have attempted to understand the various social and structural constructs and heightened vulnerabilities of Haitian children in the aftermath of the January 12 earthquake. This report summarizes our field observations, outlines several key conclusions that appear evident from our findings, and considers issues and potential actions that require further deliberation, inquiry or intervention, either immediate or long-term.

The report includes a flow chart highlighting these social and physical constructs of potential hazard to children as well as salient observations and conclusions. We end this report with recommendations pertinent to child protection. We include some unconventional recommendations that emerged through conversations with representatives of a variety of different agencies we encountered in the field.

The report is intended to serve as a primer for serious, inclusive, and engaging inquiry into pragmatic solutions geared at restoring rights and dignity to childhood in Haiti. Such a resource is especially important at a time when a formidable combination of unprecedented (albeit delayed) attention, unparalleled material resources, and a sea of skilled professionals have now converged on Haiti.

METHODOLOGY

Interviewers:

- Satchit Balsari
- Jay Lemery
- Tim Williams
- Brett Nelson

Duration:

Sunday January 24 through Sunday January 31, 2010

Locations / Regions covered

- Buen Samaritano Hospital / Jimani, Dominican Republic
- Love a Child Recovery Center and Hospital / Fond Parisien, Haiti
- UN MINUSTAH Base / Port-au-Prince, Haiti
- HUEH (University Hospital) / Port-au-Prince, Haiti
- GHESKIO Clinic / Port-au-Prince, Haiti
- Fermathe Hospital / Kenskoff, Haiti
- (En route) / Petionville, Haiti
- PLAN project / Croix de bouquets, Haiti

Logistics:

Our camp was stationed within the UN logistics base, contiguous with the MINUSTAH compound in Port au Prince. The serendipitous choice of location permitted ready access to key international stakeholders from the humanitarian response community, provided a convenient central location for our team for conducting site visits to other parts of Port-au-Prince and surrounding communities, and served as a secure nocturnal home base.

Data collection:

Our approach to data collection was informed by some of the guiding principles found in qualitative research. Specifically, we utilized snowball sampling to collect data through both semi-structured interviews and field observations. Our questions were informed by the “SAFE” model for children’s security,¹ which argues for a interdependent and interrelated view of children’s security comprised of four core dimensions: Safety and security; Access to health care and basic physiological needs; Family and connection to others; and Education and livelihoods.

We conducted over 25 interviews with key stakeholders who could speak to issues facing children and families in Haiti. In each interview our team was both focused on addressing our pre-determined areas of interests around child protection, while also allowing flexibility for new child protection-related interests to emerge over the course of our conversations. That said,

¹ Betancourt, T. (in press). Children Affected by HIV/AIDS: SAFE, A Model for Promoting their Security, Health and Development. *Press Psychology, Health, and Medicine*.

our interviews ranged significantly in both nature and scope depending on a number of different factors. Some first responders, for instance, had extremely limited time to speak with us; several longstanding offices of child-focused organizations were heavily damaged during the earthquake, their staff traumatized, and their services were in some cases suspended altogether; while other individuals were willing to meet for well over an hour. Sometimes interviews were conducted 'on the go' in the back of trucks as we moved from one site location to the other; other interviews occurred in more collegial settings where we were able to engage in longer, introspective deliberations. Notes were taken at all interviews and recorded in notebooks and in laptop computers. The team reviewed and discussed its findings each evening.

We attended several UN cluster meetings that gave us the opportunity to receive timely situational reports on health, child protection and psychosocial programming. These meetings granted us frequent access to aid workers whose base of operations were spread across the earthquake-affected region. Our team accepted an invitation to become an official part of the United Nations Haiti Child Protection Sub-cluster.

We made site visits to hospitals, community-based clinics, and settlement camps. We traveled as far as Kenskoff in Haiti, and Jimani in the Dominican Republic. We also accompanied child protection field assessment teams with UNICEF-IBESR and MINUSTAH.

What follows in this report is a thematic synthesis of our observations, interviews, and site visits. We recognize that our observations and findings derive from an early phase in the response process and that the information contained in this rapid assessment will change as the situation in Haiti evolves. Our findings are advanced in the hope that the key child protection issues of concern to this team are addressed in development of ongoing response strategies in the country.

HAITI: QUICK FACTS

- Haiti is the poorest country in the western hemisphere: before the earthquake, just under 80% of Haiti's 9.6 million people lived on less than US\$2 per day. About half of Haiti's population lacked clean drinking water.
Source: Oxfam Fact Sheet: <http://www.oxfamamerica.org/files/fact-sheet-earthquake-in-haiti.pdf> .
- Human Development Index rank: 149. (Papua New Guinea: 148; Sudan: 150)
Source: UNDP: < http://hdrstats.undp.org/en/countries/country_fact_sheets/cty_fs_HTI.html>
- Life expectancy at birth: 61 years
Source: UN (2009e). "World Population Prospects: The 2008 Revision". New York: Department of Social and Economic Affairs.
- Human Poverty Index rank: 97
Source: UNDP: < http://hdrstats.undp.org/en/countries/country_fact_sheets/cty_fs_HTI.html>
- Probability of not surviving to age 40: 18.5 % (Rank: 110)
Source: UNDP, UN (2009e). "World Population Prospects: The 2008 Revision". New York: Department of Social and Economic Affairs.
- One out of 16 children die before their first birthday and one out of twelve children die before their fifth birthday. Almost fifty percent of the population is younger than the age of 20.
Source: UNICEF < http://www.unicef.org/infobycountry/haiti_2014.html> , http://www.unicef.org/infobycountry/stats_popup1.html
- Secondary school attendance is 18% for males and 21% for females.
Source: UNICEF < http://www.unicef.org/infobycountry/haiti_statistics.html#58>
- The adult literacy rate is 62%.
Source: UNESCO. (2006). Education for All – Literacy for Life. <http://www.unesco.org/education/GMR2006/full/annex2_eng.pdf>
- The primary school attendance rate is 48% for males, 52% for girls
Source: UNICEF < http://www.unicef.org/infobycountry/haiti_statistics.html#58>
- Age Distribution:
 - 0-14 years: 38.1% (male: 1,735,917/female: 1,704,383)
 - 15-64 years: 58.5% (male: 2,621,059/female: 2,665,447)
 - 65 years and over: 3.4% (male: 120,040/female: 188,690) (2009 est.)Source: CIA Fact Sheet²

² Source: CIA Fact Sheet: <https://www.cia.gov/library/publications/the-world-factbook/geos/ha.html>.

HAITI POST-EARTHQUAKE SITUATIONAL UPDATE³

- Since the earthquake, at least 212,000 people (2% of the population of Haiti) have died and 300,000 were reported as having suffered injuries of various kinds, including at least 1,000 people who had at least one limb amputated
- 1.1 million persons are estimated to be homeless, of which over 692,000 are displaced in the Port-au-Prince area and 482,350 have moved to rural areas.
- 500,000-692,000 persons are living in 315 temporary settlement sites (of various size and population density) in Port au Prince. Only ten are organized settlements with proper site planning, meaning that the vast majority of displaced are living in crowded, unsanitary conditions which still lack basic social services and sanitation schemes. Children are estimated to comprise approximately 46% of the camp population.
- 5% of the needs of persons affected have been met in term of latrines. As of 10 February, close to 1,000 latrines have been reported as constructed, leaving a gap of at least 21,000 latrines to be constructed to meet the emergency needs of the 1,100,000 people targeted, (assuming a basic ratio of 1 latrine for 50 people), which is still more than twice below agreed standards.
- There is no verifiable data on the count of child injuries in Haiti, although the Dominican Republic reports accepting some 2,200 injured Haitians for treatment, out of which some 200 were children.
- The Ministry of Education announced a revised estimate of 80% destroyed or severely damaged schools for the West – and 35-40% destroyed for the Southeast. This estimate could mean as many as 5,000 schools were destroyed.
- As many as 2.9 million children are not accessing their right to education throughout the country, including around 70,000 children in the Dominican Republic and the border areas of Jimani, Djabón, Elias Piña.

³ Source: UNICEF. (2010). UNICEF Monthly Situation Report: February 12, 2010.
<http://www.unicef.ca/portal/Secure/Community/502/WCM/Doc/Children_in_Haiti_One_Month_After.pdf>

INTRODUCTION

Reports of child trafficking and illegal adoptions began to surface in the media within days after the earthquake. Prior to our arrival in Haiti, this issue was brought to the fore with a report on the disappearance of 15 children from a hospital treating earthquake survivors. When we arrived in Haiti, 12 days after the earthquake, we also learned of an incident where several children had been flown out of Haiti from the main airport under US Military Command while the Haitian Ministry of Social Welfare (IBESR) was simultaneously denied permission to enter the airport. Over the course of our fieldwork in Haiti, we were told of several cases of unaccompanied children in various healthcare facilities, where the hospital coordinators were struggling to identify a safe discharge mechanism for children. Members of our team were also approached during one of our field visits to consider adopting two Haitian children from an orphanage. And as we prepared to leave Haiti, the case of the Idaho group hit the headlines, arrested for crossing international borders with 30 Haitian children, without the requisite paperwork.

Against the backdrop of these events, a large collection of stakeholders -- mostly international humanitarian response organizations, UN agencies, and to a lesser degree representatives of the Haitian government and civil society -- struggled to initiate a rapid, effective, and inclusive method to identify vulnerable children whose locations were scattered across homes, villages, shelters, hospitals, and institutions in earthquake-affected regions. The unique problem of *restavèks*, which the UN Special Rapporteur on Contemporary Forms of Slavery described as child slavery, posed a particular challenge for the international community's reflexive attempt to reunite orphans with their extended families and communities. Stakeholders debated the advantages and perils of institutionalizing children instead of permitting them to remain – and risk abuse – in their own communities.

Creativity, innovation, and contextual thinking were certainly the felt need of the hour.

OVERALL SITUATION OF CHILDREN

Salient Features of the Pre-Earthquake Scenario

The earthquake resulted in new separations, new orphans, and new displacements. Figures 1 and 2 summarize these key categories. In this section, we first identify the movement of children through various communities and institutions pre- and post-earthquake, and then identify the social, economic, and structural determinants that serve to heighten children's vulnerability.

FIGURE 1. Locations of Haiti's Children Pre- and Post-Earthquake

Pre-Earthquake Locations	Status Post-Earthquake
<ul style="list-style-type: none"> · HOME 	<ul style="list-style-type: none"> · WITH PRE-EARTHQUAKE GUARDIAN
<ul style="list-style-type: none"> · STREET CHILDREN (including gangs) 	<ul style="list-style-type: none"> · SEPARATED (from their usual guardian)
<ul style="list-style-type: none"> · <i>RESTAVÈKS</i> 	<ul style="list-style-type: none"> · NEWLY ORPHANED (with or without new guardian)
<ul style="list-style-type: none"> · INSTITUTIONS (including registered and unregistered orphanages, prisons / juvenile detention centers) 	<ul style="list-style-type: none"> · UNACCOMPANIED (<5 yrs; females to age 18; vulnerable to abuse; <i>restavèks</i> not with guardian)

Concerning the situation facing Haiti's children prior to the earthquake, our field work elicited five salient factors that affected the status of children: economic hardship, limited access to education, high rates of institutionalized care, large numbers of street children, and the Haiti-specific *restavèk* phenomenon.

Many people spoke at length of the dire economic conditions facing children and families prior to the earthquake. This lack of economic opportunities was further compounded by children's limited access to educational opportunities, which were attributed to limited finances of families to pay for education, inadequate and poorly-funded public systems to finance public schooling for Haiti's young people, and an emphasis on privatization of education. As one respondent reflected, "Before the earthquake up to 80% of all students accessed education through private funding."

A large proportion of Haitian children lived in institutions prior to the earthquake. Some reported the number institutionalized children to be as high as 350,000; yet, many we spoke with clearly indicated that perhaps only 50,000 of these children actually had no living parents.

In fact, most children living in these institutions are called “orphans,” and these institutions are subsequently called “orphanages.” There were thought to be around 350 registered institutions prior to the earthquake, though there are reportedly several hundred others that are not registered. Issues of regulation, monitoring, evaluation, and maintenance of other standards of care were pervasive.

Many of our interview respondents explained the situation of Haitian children in institutionalized care as one of economics. “If a family is overwhelmed economically they can give child away to an orphanage,” said a director of a local orphanage near Port-au-Prince. Another characterized the dissolution of family-care arrangements and how they give rise to institutionalized care as “not a cultural thing; it’s an economic thing.” Children with one (or sometimes both) living parents were often institutionalized because the parent(s) could not afford to take care of the child.

“If a mother has seven children, she would sometimes be forced to sell the seventh child if she could care better for the other six,” noted one interview respondent. “Sometimes, parents would send their child to the orphanage to be looked after, and then return to find that the child was given away for adoption.”

A high prevalence of street children was also reported prior the earthquake. An assessment conducted by UNICEF in 2004 revealed that at that time there were 2,000 street children in Port-au-Prince. In one third of the densely-populated areas surveyed in the study, children had been recruited by armed gangs.

Many people described the problem of *restavèks* in Haiti. French for “to stay with,” *restavèk* was described to us as a derogatory term used to designate children who have been sent away from their home to work as domestic laborers in other households. This arrangement commonly occurs because the children’s families cannot afford to take care of their children and they hope that the well-off host family would provide the child basic necessities (and education, if possible) in exchange for the child’s labor. In reality, however, it is widely known that these children receive little care but rather work as unpaid child laborers, with little or no access to education or recreation, and are commonly subjected to physical, psychological and sexual abuse.

According to the 2009 report of the UN Special Rapporteur on contemporary forms of slavery, the estimated number of *restavèks* ranges from 150,000 and 500,000 children in Haiti. Girls are three times as likely as boys to be *restavèks*. The extreme economic burden on families after the earthquake is expected to worsen this situation for *restavèk* children.

Salient Features of the Post-Earthquake Scenario

As depicted in Figure 1 above, the post-earthquake situation facing Haitian children has reportedly changed considerably. While some children continue to

live with families, others are separated from their usual guardians (relatives or host families) or are newly orphaned.

In response to these newfound vulnerabilities, during our time in Haiti, the UN Sub-cluster on Child Protection subscribed to the following definitions: *orphans* were children that have lost both parents (either pre- or post-earthquake); *separated children* were those separated from their usual guardian; and *unaccompanied children* were those not accompanied by any adult or guardian.

At meetings of the Child Protection Sub-cluster meetings attended by members of our team, the following subset of *unaccompanied* children was deemed most vulnerable: children under-five years old; females to age 18; those with mental or physical disabilities; and *restavèks* who were “separated from their employers.” Following the earthquake, this subset of vulnerable unaccompanied children with these qualifications was thought to be the priority targets of UNICEF and other child protection-focused organizations for initial identification and registration. While it may seem counter-intuitive to focus on such a narrow subset of children in a country whose youth were so widely impacted by the natural disaster, we were informed that the rationale for this narrow focus was based on previous experiences with universal registration attempts in other situations (and countries). Specifically, prior efforts to engage in a more inclusive, encompassing registration efforts actually ended up excluding those who were most difficult to identify (e.g., the most vulnerable children).

That said, several NGO workers we spoke with expressed their reservations with this narrow-focused approach. In particular, they were concerned about including only those *restavèks* who were “separated from their employer.” To these NGO workers, this differentiation implied that those *restavèks* who had not been separated were in some way less vulnerable than those who were separated, which effectively denied the well-recognized abusive nature of the relationship between the *restavèks* and their host-households. These NGO workers roundly objected to the use of the word “employer,” and further argued that the word “*restavèk*” was also considered highly derogatory when directly addressing communities and children in Haiti. In fact, some specifically thought that the world’s spotlight on post-earthquake Haiti could be used address longstanding issues in the Haitian community such as the *restavèk* situation.

By the end of January, as a result of advocacy efforts on the part of several NGOs, we were informed that the “mental/physical disability” category of vulnerability was broadened by the UN Sub-cluster on Child Protection to also include those children vulnerable to abuse; hence this category would also apply to *restavèks*. However, this intricate interpretation was not widely known or understood among many of the groups we interacted with.

Figure 2 summarizes the available post-earthquake locations where Haitian children are living, with or without family members, guardians, or host families. Children with guardians, separated, unaccompanied, and/or newly orphaned find themselves in these five locations, each with its own set of accompanying challenges and vulnerabilities.

FIGURE 2. Post-Earthquake Safety Considerations for Haitian Children

LOCATION	Potential for being Safe	Potential for being Unsafe
HOST COMMUNITY	Yes	Yes
CAMPS	Yes	Yes
HOSPITALS / HEALTH CARE FACILITIES	Yes	Yes
ORPHANAGE / INTERIM CARE INSTITUTIONS (new placement)	Yes	Yes
TRAFFICKED (within and outside Haiti)	No	Yes

In the next several sections of this report, we discuss each of the above locations/scenarios using data we collected from field observations, our conversations with various care providers, humanitarian response agencies, government officers, and local Haitian staff, and our own focused (but non-exhaustive) review of contemporary news stories, organizational reports, and available literature. In the context of each location, we discuss site-specific challenges to child protection, factors increasing the vulnerability of children, and current interventions proposed by responders on the field. Each section concludes with a brief summary of our findings.

HOST COMMUNITY

Children and the Economic Impact of Morbidity and Mortality

While the precise burden of morbidity and mortality as a result of the earthquake remains unknown, estimates exceed 200,000 dead and 300,000 injured, including 1,000 amputations. Faced with a high, pre-existing burden of infectious diseases (especially tuberculosis) and of HIV/AIDS, the population is now also suffering not only from the effects of lives lost, but also from the prospect of prolonged recovery and rehabilitation. The combination of health expenditures, investments in reclaiming basic services (food, water, shelter) to pre-earthquake standards, and loss of potential income from loss of life and limb, is expected to put significant additional strain⁴ on already severely impoverished families. This economic burden is expected to disenfranchise a large number of children through institutionalization or forced labor and exploitation (e.g., *restavèks*).

The social, economic, and political determinants of the pre-earthquake problems facing marginalized Haitian children and families have received extensive discussion in the literature⁵ and cover such themes as sustained structural violence, rural-to-urban migration, trade embargoes, despotic regimes, weak governments, foreign occupations, deforestation, poor agricultural practices, and lack of job opportunities in the organized sector. To address these issues, several of our interview respondents proposed economic sustenance as a mitigation strategy. Several aid-workers, especially local staff and those with previous extensive experience in the local culture, emphasized the need for policy, programming, and allocation of resources to provide sustainable livelihood options for communities. Indeed, there seemed to be general agreement that the battle against exploitation and abuse of children could not be properly fought without arming families and communities with the essential economic resources and supports needed to care for their children

Several NGO respondents proposed cash transfers--offering an economic package (cash) to families caring for children orphaned by the earthquake – as possible mitigation of the acute resource strain on host communities. Previous experience in complex humanitarian emergencies has demonstrated that families are willing to support foster children until such external resources are available. However, one NGO service provider countered this cash transfer approach, suggesting that once external support is withdrawn, there is often an immediate cessation of what was a convincing caregiver-child bond, and the relationship once again reverts to one with an exploitative dynamic.

⁴ For example, delay in care due to lack of timely access to medical care resulted in a larger number of amputations. Most field-hospitals and healthcare facilities are host to patients in plaster casts and external fixators, needing diligent nursing, and to amputees requiring long-term rehabilitation. All sites we visited expressed a pressing need for nursing, rehabilitation, and OT/PT equipment and staff.

⁵ For example, see: Farmer, P. (1999). *Infections and inequalities*. London: University of California Press.

Other NGOs planned to offset the economic burden by providing meals, school fees and clothes to affected children and families. Most reiterated the need to concentrate on regenerating livelihoods. Micro-credit and financing were also proposed as viable strategies. For example, Plan International, now present in Haiti for three decades through Plan-Haiti, focuses on local empowerment and community organization. They also were reported to work closely with Fonkoze,⁶ described as the “the largest microfinance institution offering a full range of financial solutions to the rural based poor in Haiti.” Another humanitarian responder with several years’ experience working in Haiti reflected, “Sustainable agriculture is the solution to the *restavèk* problem.”

Findings:

Host communities including rural households, urban slums, and camps housing the newly displaced are probably the most effective places to continue to support and initiate new sustainable, community-driven, mitigation strategies for the prevention of child separation. Economic regeneration efforts at the community level—urban and rural—are considered crucial underpinnings of any strategy to mitigate child separation. The resources needed for this country-wide task will be great.

We also cannot assume a linear relationship between annual income and a family’s “willingness” (as opposed to “ability”) to rear a child. A linear approach ignores the complexity of the decision-making process and the dependence of such decisions, in many cases, on cultural precedence and pragmatism. Economic options must be considered among a number of ongoing and emerging factors.

For this reason, the ways in which the process of economic development of Haiti serves to support the maintenance of child-family bonds will require ongoing monitoring and evaluation.

⁶ <http://www.fonkoze.org>

CAMPS

According to the HAITI Situation Update posted by OCHA on January 31, there were 1.1 million Haitians in need of shelter in the communes of Carrefour, Delams, Jacmel, Leogone & Gressier, Petion-Ville, Petite Goave & Grand Goave, and Port-au-Prince. There were 591 documented improvised settlements and 692,000 people displaced in Port-au-Prince.⁷

Some camps, especially in and around Port-au-Prince, were reported to have more than 100,000 internally displaced persons seeking refuge.⁸ These numbers have fluctuated over time, as people have continued to move between the smaller towns and urban areas. The initial rush to the urban areas is now slowly reversing, but current figures are merely estimates at this point. NGOs, UN agencies, MINUSTAH and the US Army are all engaged in their mapping processes. Satellite images of temporary shelters are also being collated to help map these camps.

Upon arrival in Port-au-Prince, we were informed by one of our respondents that the Shelter Cluster was implementing three specific strategies. The strategy was scheduled to be revised around February 8, with Strategies 1 and 2 expected to cover 95% of the targeted population. This strategy would include: (1) Provide support packages for people to continue to live with their host families (those that have not sought refuge in camps); (2) Provide “temporary” and “semi-long” adapted shelter kits to those at existing sites. Another 5% were expected to relocate to camps outside Port-au-Prince (Max: 25,000 persons per camp).

Against this background of a displaced population on the move, our conversations and observations about vulnerabilities faced by children in temporary shelters and camps resulted in a number of cautionary observations about disruptions in normalcy, the need for child friendly spaces; the emergence of profound psychosocial needs; and vulnerability within temporary shelters.

Disruption of Normalcy and Access to Education. One respondent described what she referred to as the “four pillars” that are essential to effective child protection: people, place, tradition, and ritual. The internal displacement that resulted in the creation of settlement camps have led to what several respondents referred to as a “new normal.” That is, children’s relationships with people, places, traditions and rituals in the context of their new living environment would be critical for promoting their protection.

A core dimension of the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings is to strengthen

⁷ [http://www.reliefweb.int/rw/fullmaps_am.nsf/luFullMap/0A59D310168011E5C12576BD00507B52/\\$File/map.pdf?OpenElement](http://www.reliefweb.int/rw/fullmaps_am.nsf/luFullMap/0A59D310168011E5C12576BD00507B52/$File/map.pdf?OpenElement)

⁸ <http://www.cnn.com/2010/WORLD/americas/01/26/haiti.camp/index.html>

access to safe and supportive education. However, our team observed no organized educational activities at any of the sites we visited, and this lack was also a major concern voiced by a number of individuals with whom we spoke. “Children want to go back to school, but are sitting around idle,” lamented an aid worker.

There seemed to be even fewer activities for children recuperating at the field hospitals. At University Hospital in Port-au-Prince, volunteers with the Emergency Response Unit (Red Cross) visited children in various hospital “wards” (tents) to promote interactive engagement and play, instead of attempting to gather them in “child friendly spaces,” due to the dearth of such space on the cramped hospital campus.

Child Friendly Spaces. Several NGOs, such as Plan International, Save the Children, World Vision, and Terre des Hommes, had reportedly begun to focus on creating child friendly spaces in communities and camps. Child friendly spaces is an accepted intervention in emergency settings to provide care and protection for children, particularly those who have lost or been separated from their families.⁹

From our interviews as well as observations in Child Protection Sub-cluster meetings, our team perceived a willingness on the part of the larger, well-known international NGOs to work together and combine resources to facilitate care and support for children. Our impressions were that much thought had been given to the nature and cultural relevance of activities proposed within the context of child friendly spaces. However, we did not have the opportunity to observe any of these activities.

Responding to Psychosocial Needs. By January 25th, field workers had begun noticing psychological distress among the survivors at hospitals and in shelters for internally displaced people (IDP). The Psychosocial (PSS) Sub-cluster carries the mandate of focusing PSS activities across several clusters, and had met during the week our team was in Haiti. Further, the IASC guidelines had been adapted for Haiti¹⁰ and regularly discussed at various cluster meetings, along with the plan to conduct a 3W¹¹ and needs assessment. Questions on PSS issues are to be included in assessments and intervention tools across clusters.

We met with a representative of one program that is targeted at caregivers to help adults differentiate between children’s normal and abnormal age-appropriate responses to stress. This person highlighted the “potential dangers

⁹ see: UNICEF - A Practical Guide to Developing Child Friendly Spaces

http://www.psychosocialnetwork.net/groups/153/upload/a_practical_guide_to_developing_child_friendly_spaces/view_resource/

¹⁰ http://psychosocialnetwork.net/groups/153/upload/iasc_rg_guidance_note_haiti/view_resource/

¹¹ Who does What Where: see <http://ochaonline.un.org/chad/WhoWhatWhere/tabid/3633/language/en-US/Default.aspx>

of ignoring the long-term impact of trauma on younger children and the subsequent development of delayed PTSD that could also manifest through developmental delay and low self-worth. Older children would be susceptible to recruitment by gangs, substance addiction, sexual violence, chronic PTSD and HIV/AIDS." This provider, along with several others, also pointed to the important task of meeting the psychosocial needs of service providers.

Several others we spoke with suggested that recovery programs targeting children in camps should therefore help them find age-appropriate release through group activities that allow expression and also promote physical exertion and mental relaxation. As one respondent put it, "Like draining of the newly formed lakes in China after the earthquake by digging trenches... children should be helped to release their stress."

Vulnerability in temporary shelters. Camps continue to perpetuate discrimination. Reflected one UN officer on the violence observed in food distribution lines, "I have not seen men beat women like this." The increased pressure of living in these camps was predicted by many to lead to a rise in violence, including gender-based violence, in the coming weeks. Many others pointed to the settlement camps as being ripe for disenfranchised youth to bond together to form gangs as a survival strategy, and inter-gang rivalries have already been observed. Yet, in some instances, families were moving *from* destabilized communities *into* camps, as one interviewee noted, because camps were seen as a safer option than the exposure to "looting and raping" in their host communities.

Plans for rehabilitation or relocation into permanent shelters have not been widely discussed. The focus of conversation seemed primarily targeted at planning on the coming weeks and month. For instance, several agencies are already discussing how to prepare the IDP camps for the monsoon season.

There has also been much discussion around the Food for Work (FFW) program. The physical nature of the proposed work projects excludes both the children and most of the earthquake survivors who are disabled.

Camps offer a captive audience for targeted communication and messaging on child protection issues and psychosocial support. Such messaging, however, must be well coordinated among agencies.

Findings:

In the midst of rapid change, loss, upheaval, and uncertainty, tent cities have become "the new normal" for hundreds of thousands of children and families. It is clear from our key informant interviews and field observations that it has been extremely difficult to

maintain reliable registration and census data given the movement of people as old camps close, new camps open, and some camps merge with others. As can be expected, the monitoring of children by child protection actors, especially separated and/or unaccompanied children, has been extraordinarily challenging. Many of those we interviewed believed that the camps would continue indefinitely and worried that the impending monsoon season would make matters worse. Children in IDP camps are extremely vulnerable to trafficking out of (or into) camps, to abuse within camps, and to severe psychosocial trauma – all this in addition to broken familial or societal ties, limited or no access to healthcare, and limited or no education or recreation.

As our team was departing Haiti in late January, several interventions were reported to soon be underway in these camps including education, food for work, psychosocial counseling, and a limited number of employment opportunities. These humanitarian and recovery interventions must take into account the heightened threats that these dynamic new communities and settlements pose to the safety and security of children. Because of the flux in population and living arrangements, accurate numbers may not be available soon. The continuous mobility of the population will render the identification and tracking of separated children logistically challenging. As one UNICEF aide lamented, “There is pressure on us and the organization to produce numbers, but the problems associated with producing numbers are overwhelming.”

UNICEF, IRC and Save the Children have collaborated to maintain the Inter-Agency Child Protection Database to facilitate Family Tracing and Reunification, DDR,¹² and other vulnerable children programs. Collection of data for this global database had not begun in any substantial measure by the time our team arrived in Haiti.¹³

The creation of this global repository of cases is a significant milestone in the process of global tracing and reunification. There may be further opportunities, in Haiti and elsewhere, for innovation that can harness the power of smartphones and iPhones to introduce the next generation of identification and tracing tools.

¹² Disarmament, demobilization and reintegration

¹³ See: <http://www.crin.org/docs/1.InterAgencyCPDatabaseFactSheetJune07.pdf>

HOSPITALS / HEALTH CARE FACILITIES

This section describes our team's encounters with hospitals and health care facilities in Haiti. We begin by detailing the conditions and context in which medical services were delivered, then report our experiences of learning about child protection and tracing in several specific hospitals, and finally provide recommendations. All organized facilities offering "in-patient" (as opposed to ambulatory care) services are referred to as "hospitals" in this section.

Hospitals visited by our team included: the multi-agency staffed Hôpital de l'Université d'état (HUEH) in the heart of Port au Prince; GHESKIO Clinics supported by Weill Cornell Medical College's Center for Global Health; the Buen Samaritano hospital in Jimani (Dominican Republic); the field hospital / recovery center on the Love-A-Child compound at Fond Parisien (Haiti), staffed by several Harvard Humanitarian Initiative faculty and fellows; the Christ Pour Tout Clinic; and the Fermathe Hospital in Kenskoff, run by the Baptist Haiti Mission. Over the course of these site visits, field observations, and interviews, we gathered important insights into the instrumental role hospitals play in child protection, particularly in the days and weeks that immediately followed the earthquake.

With the small exception of partial local staffing in some sites, we observed that most hospitals were staffed by visiting foreign doctors whose experience and familiarity with delivering medical care in humanitarian emergencies were often at extremes. Either providers were (1) volunteers well-versed in humanitarian response or permanent staff with an aid agency; or (2) were volunteer staff deployed with little orientation. In the two weeks following the earthquake, healthcare providers found themselves in extraordinary circumstances and were overwhelmed by the large number of patients flooding health care facilities. Particularly in the first few days, providers frequently worked in absence of proper surgical equipment, antibiotics, and analgesia. Patients suffered varying degrees of trauma that required complex orthopedic procedures and amputations. Some of these procedures might have been prevented with more rapid access to care.

On January 20, a 6.0 aftershock occurred, just as the "initial chaos had begun to settle," recounted a volunteer doctor with the IMC at HUEH, "reversing all the planning and organizing we had done." It drove patients and families who had barely begun to feel safe in the surviving structures back out to the fields. Patients at Buen Samaritano and HUEH refused to go back in. Triage, segregated, and treated patients all lay huddled outside the hospital buildings. At Buen Samaritano, two patients jumped from the second story; one died. At Hotel Plaza in Port au Prince, a reporter jumped from his room, degloving his scalp and fracturing his ankle; he survived. In the ensuing hours and days, both sites set up hospital wards in tents. Operating room procedures continued inside

the buildings, though patients were quite reluctant to be there. At Fond Parisien, truck containers that doubled as operating rooms were donated to the camp organizers by the Dominican Government.

Healthcare workers who responded immediately to the earthquake extended themselves to tasks beyond clinical service, as would be expected under these circumstances. Fatigued, overworked, and thinly staffed, they did an admirable and time-sensitive job in saving lives and limbs of thousands of Haitians across the country. The daunting burden of the dynamic logistic challenges of the initial weeks left no personnel to address the threat to child protection and safety that was resulting from the porous and unregulated flow of patients and families in and out of the hospitals.

What follows are accounts from several hospitals we visited and examples of child protection issues they faced:

Jimani, Dominican Republic. Jimani is known as the last town before the “Frontier” (border), in the Dominican Republic. The evening we arrived we were “consulted” about the transfer of children from Buen Samaritano to another facility in Barahona by the NGO “Children of the Nations.” Twelve patients had already been flown out in the days before our arrival, including six children with no guardian recorded in their patient records. The ten new patients were all children, initially to be flown alone, via US South Command Black Hawk helicopters to Barahona, for post-operative rehabilitation for their injuries. After protest from the Buen Samaritano NGO workers and organizers, the following terms for transfer were negotiated: (1) each child would be accompanied by one parent; (2) the family would be reunited by transferring the rest of the family by ground transport; and (3) health care authorities in the Dominican Republic would ensure that families were reunited. Our team advised against moving Haitians further east into the Dominican Republic, moving them farther away from the repatriation and rehabilitation processes at the border. During our stay, we noticed that many Haitians spoke little or no Spanish and were not at ease in the neighboring country. We also pointed out the additional burden placed on both parents (if indeed both were alive) if separated again under these circumstances. The children were eventually taken to Barahona, after several glitches with the requisite multi-agency paperwork were ironed out. Overall, procedures for census and registration were not organized in Jimani. Further, some physicians caring for patients expressed interest in adopting unaccompanied children.

Fond Parisien, Haiti. The first town one enters in Haiti from Jimani is Fond Parisien. We were told that within a week’s time following the earthquake, Fond Parisien, in conjunction with the NGO Love-A-Child, had its own operating capabilities. The facility we visited served as an accepting facility for minor

ailments and all rehabilitation and recovery patients, in an attempt to bring back displaced post-operative patients from the Dominican Republic to Haiti. We observed that census and registration data were closely maintained. Even the physical placement and positioning of patients was taken into account: unaccompanied minors were placed in the safest location of the clinic site, followed by single women, then families, and lastly single men.

HUEH, Port-au-Prince, Haiti. We found in the course of our conversations with doctors, nurses, and administrators at HUEH that awareness of child protection issues was low. However, detailed census or registration data was readily available. During our visit, two cases of separated children were identified. First, we were informed of the case of a young boy whose jaw was wired shut (standard practice for fractures of the jaw) for six weeks and had no visitors checking on him. The hospital staff caring for him seemed to think he may have mentioned a mother before the operation. Staff did not know what to do, or whom to contact for help.

The second case involved a 15 year-old boy, recently orphaned and homeless from the earthquake. A volunteer physician reported that the boy had stayed on the hospital campus and followed her around for two weeks. With the boy's help, the physicians were able to trace the child's sister, who was living in the US and who, as an adult (over age 18), was eligible and ready to care for him in the US. According to the physician we spoke with at HUEH, the child had a Haitian passport and obtained the necessary clearance from the local Congressman and Senator in Florida. At the time of our interview, they were waiting for IBESR clearance but were scheduled to imminently depart for the US. The hospital staff did not know what to do with the child, who to contact, or to whom to transfer the child. A volunteer from the Emergency Response Unit (ERU) at the Red Cross camp in the hospital knew about the case but did not have these answers. Around this time, the UN sub-cluster on child protection had released an email and emergency phone number for cases precisely such as this; however, hospital staff members were largely unaware of both the emergency contact information and the UN sub-cluster itself. While our team did bring this case to the attention of UNICEF, this child's age (i.e., not <5) meant his case would not have prioritized him in the "most vulnerable" category of unaccompanied children described above.

We spoke to a psychosocial counselor who told us that orphanages had been routinely arriving at HUEH over the course of the initial weeks offering to take unaccompanied children to their orphanages. These orphanages that came to HUEH included Global Orphan Project, Mission of Hope Haiti, Danita's Children, Centre d'aide developpement, Foyer Escale Ben Repes, and Foundation pour les enfants d'Haiti. A member of the ERU, which provided psychosocial support to

children at HUEH, reported that they helped deter the transfer of unaccompanied children to these orphanages as best they could tell.

Fermathe Hospital, Kenskoff, Haiti. Members of our team visited Fermathe Hospital in the hills of Kenskoff, passing the affluent and undamaged homes of Pétionville along the way. The hospital was structurally undamaged, though it lost some of its staff, including a senior physician. At Fermathe we encountered two notable child protection-related cases. In the first, an injured six year-old boy was brought to the hospital by a woman who identified herself as his mother. The child, however, denied that she was his mother. The hospital staff recorded the child's version of the story, his parents' details and address (as best he could remember). A radio announcement was aired by the hospital staff. His father heard the radio announcement, and the child was returned to his father. His mother was recuperating at a nearby hospital.

The second case involved a young boy, already orphaned, who had been living with his aunt until she was killed in the earthquake. The boy, now homeless, was reportedly living on the compound of the Baptist Mission Haiti. The MINUSTAH team that took us to Kenskoff recorded his details, forwarding them to UNICEF. UNICEF indicated they would then initiate a case record on the integrated data system and begin to seek viable options for placement.

Findings:

Our site visits at these hospitals and the child protection cases we encountered immediate upon our arrival raised several issues. First, as is clear from the above cases, patient census and identification information were lacking at most facilities. The absence of this data and the subsequent free flow of patients into and out of the hospitals posed a grave threat to the safety of unaccompanied and separated minors.

Secondly, placement or discharge planning after treatment became a pressing issue. In the initial days of the crisis, hospital staff members were not acutely aware of the real danger of child trafficking in their hospital compound. As awareness grew, and as the media began to highlight the increased threat of trafficking, staff responded by not discharging unaccompanied children who were under their care. Knowledge of viable alternatives was limited (mostly for want of viable alternatives). The UN sub-cluster on child protection decided that all such children, after proper identification and registration within its case management system, were to be sent to an Interim Care Center (ICC) rather than an orphanage, until all attempts at family tracing and reunification had been exhausted. During our visit, the sub-cluster had reportedly identified three such facilities; however, in subsequent weeks it has been our team's understanding that ICC centers had yet to experience an influx of unaccompanied children.

Our team discussed with various sub-cluster leadership the need to either (1) orient service providers in healthcare facilities to the child protection issues and protocol for handling the case of an unaccompanied minor; or (2) augment the work of health personnel by making available an additional resource person responsible for registration and recognition of vulnerable children. In response to this concern, the UN sub-cluster was reportedly working with MINUSTAH to dispatch a set of trained volunteer teams of Haitian staff to hospitals in order to conduct rapid registration, recognition, and identification of vulnerable children in hospital settings.

Overall, while there was a clear need for fast-tracking of physicians responding to humanitarian crises, it was also equally clear that first responders, particularly those without prior field experience in emergency settings, could benefit from an emergency training seminar that could integrate key dimensions of child protection the health provider may encounter in the field.¹⁴

¹⁴ This training could resemble similar trainings offered through the H.E.L.P. course at Johns Hopkins, or the Humanitarian Studies Initiative at Harvard, Tufts, and MIT. This course could be offered at various times during the year (like other merit badge courses) or be taken on-line. An abbreviated (e.g., half-day) course may be offered to responders in the days preceding dispatch to the field.

ORPHANAGES and INTERIM CARE INSTITUTIONS

Why transfer the unaccompanied child to an interim facility? If the parents or usual guardians are lost, would it not be more prudent to return the child to another member of his extended family or community? At the root of this dilemma lies one of the biggest challenges of any child protection initiative in post-earthquake Haiti: the fact that many families lack the capacity or ability to care for children given that current levels of economic deprivation and destitution. This factor, as well as the unique threat faced by *restavèks*, make it necessary to consider interim resources to “buy time” to ensure that the final placement of children is done with adequate caution.

Some believe that the *restavèk* situation, and the inability of extended families to protect the child adequately, warrant the placement of the child in registered orphanages that meet requisite international norms. Others, believing that the earthquake is an opportunity to “build back Haiti better,” argue that separated children should return to their communities and the government and response agencies should strive to provide economically viable options that allow for community-based care. Many child protection stakeholders offered keen and thoughtful insights and considerations into these issues and others.

For example, we discussed with a UNICEF aide the feasibility of compromising on some of the standards necessary to “approve an orphanage” in order to provide temporary and immediate interim care for earthquake-affected children who would otherwise likely adopt dangerous survival strategies (e.g., become street children, join a gang, engage in commercial sex) to cope with their grave circumstances. Conversely, orphanages that meet international standards but are not aligned with UNICEF’s stance on adoption should not be approved, the aide concluded. In our discussion, another senior staff member offered a reminder that the *restavèk* situation must also not be considered a permanent or unchangeable dimension of Haitian society. It is imperative, he said, to think of solutions that address the underlying social and economic determinants of the *restavèk* problem, and make returning the child to his or her community a viable and safe option.

Government Responsibility. The Ministry for Social Welfare (IBESR) is responsible for approving international adoption. IBESR ensures that the adoptive family meets criteria, that the child is eligible for adoption, and that the adoption itself is legitimate. In the days following the earthquake, according to the Child Protection Cluster Coordinator, President Préval declared that all adoptions were to be cleared by the local embassies of the adopting country and then by his office, in addition to clearance by IBESR. We were unable to obtain independent confirmation of this decree.

As noted above, early rapid registration tools released by the Child Protection Sub-cluster were focused on the most vulnerable children. In the first stage, the

tool was to be used in orphanages and institutions. Teams of UNICEF and IBESR personnel were dispatched to administer these tools at known orphanages and related institutions for children. Our team followed one such team to four locations. The team we accompanied had 500 orphans registered on their list (although this number varied by as much as 100-150, depending on the source). Only 5% of these orphans, they reported, had access to services that met prescribed standards. The others lacked access to nutrition, education, and health services.

The UNICEF-IBERS team informed our team that their work is not free from interference. For example, an orphanage that they had recommended be shut down remained open after “political connections were used.” Sometimes, team officers said, there is significant pressure from US-based charities through their senators.

IBESR is not adequately funded and is dependent on support from UNICEF. IBESR officers have reported on the need for more orphanages, as the “number of street children will increase.”

Constraints in Implementation. The process of government monitoring has sometimes been undermined by foreign governments and international aid workers. We were informed of a specific case prior to our arrival in Haiti where several children were flown out of the Port-au-Prince International Airport without proper adherence to due process. According to a child protection cluster member, no civilian aircraft were allowed to fly out of the airport after 6 PM. Yet, we were told of an instance where a MINUSTAH officer monitoring the airport noticed a large group of children awaiting to board a 6:30pm flight one evening. While the flight was stalled through UNICEF intervention, the US military prevented IBESR from coming to the airport the next day, stating that the airport was now under the Army’s purview. In effect, IBESR was unable to monitor these children. By the time they received access, the children had been flown out of Haiti.

There are a large number of unregistered, unregulated orphanages in Haiti, many of them allegedly fronts for illegal adoptions and supported by donor money from developed nations. One local aid worker estimated there were probably about 500-600 unregistered, unmonitored institutions. Others have argued that money from adoptions helps maintain the orphanages in good condition.

Findings:

In spite of attempts by UN OCHA and the Child Protection Sub-Cluster to disseminate information about orphanages, we observed that several front-line responders were

unfamiliar with the prescribed process. Orphanages were observed to be actively recruiting at camps and hospitals. There is a need to streamline and expedite the process of safely recognizing and approving orphanages, followed by an effective strategy for quick dissemination of this information to shelters and hospitals. Several individuals told us how radio is ingrained in the everyday livelihoods of many local Haitians – contrasted with other technology or word-of-mouth – as an effective means for rapid information dissemination. Similar to the success story of the father reunited with his child at Kenskoff described in the prior section, the use of radio may also be an effective way to provide information about safe institutions for unaccompanied children.

Orphanages also face the challenge of absorbing children who have been traumatized by the losses and displacement caused by the earthquake. Most NGOs we interacted with spoke of addressing the psychosocial needs of children in camps and hospitals but few mentioned such needs in the orphanages themselves.

Those respondents we interviewed who were either Haitian or who had spent extensive amounts of time in Haiti expressed a strong preference for investing in communities to make them self-reliant, rather than institutionalizing children. Almost all agreed that this preferential community goal would take tremendous and sustained investment and support on the part of local communities, local NGOs, the Haitian government, and the international community.

TRAFFICKING

Despite limited “hard” data on the prevalence of trafficking, the majority of people we spoke with expressed profound concerns that the heightened vulnerability of children in post-earthquake Haiti will make them prime targets for traffickers for forced labor and commercial sexual exploitation. Indeed, in the absence of reliable baseline data, without adequate census and identification methods in place in shelters and hospitals, and without adequate resources at IBESR’s disposal, it is very difficult to track the movement of children, separated or otherwise, within Haiti and across international boundaries.

From our field observations and interactions with various child protection stakeholders, we recorded several key parameters on the issue of child trafficking in Haiti. For instance, while the primary concern expressed by many is the trafficking of children across international borders, the definition of human trafficking, according to the UN Palermo Protocol, also applies to the trafficking of individuals within Haiti’s borders. In fact, the US State Department’s annual Trafficking in Persons report, among other reports, considers the forced labor dimension of *restavèks* to be one example of domestic trafficking. As described in prior sections of this report, *restavèks* and other forms of exploitation (including those that satisfy the definition of trafficking) are only expected to worsen in the coming weeks and months.

We also learned that the current ports of exit from Haiti are mainly the airports and the porous border between Haiti and the Dominican Republic. While IBESR is reportedly positioned at the airport to monitor trafficking, they have limited capacity to patrol the border. Over the course of our fieldwork we came across one US-based NGO, Heartland Alliance, that traces its lineage back over a hundred years to an immigration rights organization in Chicago. At one of the sub-cluster meetings, they reported being able to lure a child back and forth across the Dominican Republic-Haiti border “with chocolate” while facing no questioning from border police. Heartland’s report maps closely to our team’s own personal experience of crossing the border. We were stopped several times on our journey back from Haiti to the DR. Yet, in most instances, we got the impression that we were being stopped for money and were usually let off when the officers were informed that we were physicians. At no point did anyone ask to open the trunk of our car.

Heartland Alliance has reportedly augmented border patrol and set up a hotline at the border to report suspected cases of trafficking. They have applied for funds from the UN to scale up their activities.

Findings:

A stronger, larger, more nimble IBESR and a robust system of identification and tracing are needed to combat the trafficking of Haitian children. An enhanced border monitoring system, perhaps one that integrates facial recognition phone software, may serve to complement a highly trained anti-trafficking unit at the Haiti-DR border. At the same time, we must also realize that the social and economic determinants of child

trafficking can be directly linked to socioeconomic instabilities and insecurities at the family and community levels. For this reason we suggest the development of government-led approaches that seek to strengthen local capacity of communities to care for its children. While the child trafficking is clandestine in nature and difficult to monitor, ongoing research and evaluation efforts should liaise closely with local organizations who were involved in pre-earthquake anti-trafficking initiatives to closely track the nature, scope, and scale of the problem and to develop evidence-based interventions.

SUMMARY OF FINDINGS

Based on our interviews and interactions with local authorities, UN personnel, NGO workers, and medical staff, four key themes emerged.

- 1) Measures are needed in the short-term to introduce effective child tracing and reunification mechanisms, since many children post-earthquake are moving in and out of jeopardy.
- 2) Orphanages constitute a largely unregulated range of options and several actions are needed in the short-term to address the needs of children who are now being placed in them.
- 3) Strategies must be developed in the longer term for helping families keep their children with them.
- 4) Policies to support initiatives undertaken to address these areas of concern need to be developed or strengthened.

Emergency needs for child tracing and family reunification:

- Children in IDP camps are particularly vulnerable to trafficking.
- Children discharged from clinical settings are also at risk, in part because few viable settings are available and in part because expatriate clinical practitioners are not always aware of the prevailing risks to child protection.
- Tracking children who enter and leave clinical settings is a major current problem. Because hospital staff are so busy with clinical work it might be very helpful to deploy trained local volunteers at these settings whose sole function would be to assist in child registration and tracing.
- Humanitarian first-responders in clinics, hospitals, and elsewhere must receive early training in priorities of emergency response and child protection.
- Tighter registration and routine frequent census taking in clinical settings and in IDP camps may be useful in tracking children and identifying others in these sites who are not clearly guardians or close family relatives.
- An enhanced border monitoring system, perhaps one that integrates facial recognition phone software and GIS capacities, may serve to complement a highly trained anti-trafficking unit at the Haiti-DR border.
- Tracing and reunification efforts throughout Haiti, not just at the borders, could be substantially improved with the implementation of new hand-held technologies.

Regulations and resources for orphanages:

Uncertainty reigns as to whether in Haiti a given orphanage or its representatives can reliably meet standards for child welfare, including psycho-social needs, and child protection.

- In the short-run, it is urgent to streamline and expedite the process of assessing and registering orphanages for their suitability as institutions for the safety and welfare of children.
- Based on one instance observed to work very well, we propose the option of using the radio to raise community awareness and disseminate warnings about the risks to children of placing them in sites of care that have not been deemed reliable by the Haitian government and the international community.
- To assist the Haitian government in its process of evaluation and registration of orphanages, it would be useful to initiate a country-wide assessment of all sites of institutional and community-based sites where children are now ostensibly receiving shelter and care.

Community-based options for supporting and sustaining child protection:

The preferred long-term solution for many child protection issues in Haiti, endorsed by virtually all people consulted, is to develop the capacity of families and communities to retain and care for their children. Historically, because of overwhelming economic hardship, many families have been forced to give up their children to institutionalized care (“orphanages”) or the *restavèk* system. However, if economically empowered, families would be in a far better position to keep their children with them.

- Host communities are probably the most effective places to continue to support and initiate new sustainable, community-driven, mitigation strategies for the prevention of child separation.
- Sustained investment in family and community livelihoods with the goal of economic self-reliance will be essential to efforts to keep children with their families.
- Monitoring and evaluation of the success of this strategy as a means of promoting the child-family bond will be necessary.

Policy initiatives:

The observations and suggestions advanced here point to the need for some enhancement of current national policy.

- Interim care centers, or some form of them, are needed, given the dearth of institutions or institutional arrangements that can now serve as interim safe and caring living environments for the large number of children post-earthquake who have no appropriate guardian or family member. These children include those who have been recently or are about to be discharged from hospitals or clinics and those found unaccompanied in IDP camps.
- The Haitian Ministry of Social Welfare should be strengthened to permit full exercise of its mandate and role.

- Efforts should be taken to improve monitoring of Haitian land and sea borders to prevent illegal extraction of children from the country.

A CONCLUDING NOTE

As we conclude this report, an estimated three million Haitians are in need of humanitarian assistance as a direct consequence of the earthquake. Children constitute a large proportion of this population. Their right to a safe childhood, free from the fear of exploitation, displacement, slavery and hunger, seems a distant reality today.

The international community has tried on many occasions to bring the best of what our world can offer to find robust and enduring responses to the crises that afflict humankind. The key themes from the abundant lessons learned are that local communities need to be encouraged and supported in their efforts to recover and rebuild; and that governmental authorities at the state and national level must be encouraged and provided with resources to fulfill their central responsibilities

One message that our team received repeatedly was that, as welcome and critical as humanitarian aid is to Haiti, so too is the need to integrate these measures and resources with the efforts of the government. Good governance, capacity building, and community empowerment -- all commonly used phrases in development circles -- still carry much meaning and could not be more relevant and critical to the destiny of the people of Haiti at this fateful time in their long history.
