In Haiti in 2012, draft National Service Guidelines for vulnerable children were developed by Institut du Bien Etre Social et de la Recherche (IBESR), Ministry of Social Affairs, and vulnerable children’s service providers, with technical assistance provided by the USAID Health Care Improvement project (HCI). The National Service Guidelines took into account input from other line ministries such as Education and Health, and the voices of vulnerable children themselves during a workshop attended by children from all ten departments in Haiti. The guidelines cover seven service areas for vulnerable children (education, food security and nutrition, health, housing, and care, protection, psychosocial support, and household economic strengthening) and are intended to ensure that every child is getting what they need at the right time, every time. During 2012-13 these draft guidelines were pilot-tested by selected implementing partners in three departments of Haiti (North, Artibonite, and West) to determine if they were doable at the point of service delivery and if the services, when applied together with quality improvement approaches, made a difference in the lives of children.

Before the development of the National Service Guidelines, children’s service providers were working with some protocols, though they were oftentimes just doing what they thought they should do, without specific national guidance. Additionally, while some programs followed certain service criteria, such as the World Food Program’s nutrition criteria, the programs lacked guidance that cut across all service areas involved in the care and protection of vulnerable children. The draft service guidelines have clarified what outcomes service providers should be achieving; indicators to see if programs are making a measurable difference in the lives of vulnerable children, and evidence-based interventions that should be put into practice to achieve those desired outcomes.

The draft service guidelines have clarified what outcomes service providers should be achieving.
National, departmental and organizational teams, trained in use of the National Service Guidelines and improvement methods, recognized a number of challenges to providing quality services to vulnerable children in their localities. Some of the barriers to quality included lack of awareness on the part of caregivers on how to best care for their children’s nutrition, psychosocial support (PSS), sanitation, or rights to birth registration.

**In some cases, needed care and support mechanisms don’t exist and in other cases, services do exist but they aren’t accessible by all children and families.**

Many caregivers lack the resources needed to send children to school (school fees, uniforms, supplies) and to purchase medications for ill children. In some cases, needed care and support mechanisms don’t exist and in other cases, services do exist but they aren’t accessible by all children and families. For example, some families won’t seek certain services because of the stigma attached to the service.

The process of piloting the National Service Guidelines using quality improvement approaches has affected the way the service providers in Haiti do their work. In Artibonite, an improvement team member noted that by working more collaboratively with other service providers in their area, they discovered that some children were receiving the same services from multiple non-government organizations (NGOs). This realization allowed them to make efforts to reduce duplication of services, thereby saving resources.

During the piloting of the National Service Guidelines, the improvement teams came up with numerous solutions to the identified gaps in services, including creating a child protection committee at the zonal level; engaging thought leaders in communities to pass messages; using media to raise awareness of certain needs of children (i.e. birth registration) among parents; educating and supporting communities to address challenges of vulnerable children and families; and developing small gardens for cultivation to improve nutrition.

Below are stories of improvement teams’ experiences piloting the draft service guidelines and using improvement methods to improve the services they offer to vulnerable children.

### Hospital Saint Nicholas, Artibonite Department

A 1 Hospital Saint Nicholas in Artibonite, supported by Partners in Health, the improvement team piloted six of the service guideline areas on 1,700 children: PSS, household economic strengthening, protection, nutrition, health, and shelter. Training on the service guidelines helped the team shed light on gaps in services they were providing for children and the specific challenges faced by the children they serve. For example, the team recognized instances in which children weren’t protected, including children experiencing physical mistreatment, lack of birth registration, children not enrolled and/or regularly attending school, children not going to the hospital when they were sick, and children and families who were not receiving services in cases of violence and rape. Using the guidelines and essential actions, the teams designed action plans in which field agents supported the training and development of protection committees at the zonal level. These committees, which are made up of community members, field agents, pastors, local leaders, Conseil d’Administration des Sections Communales (CASEC), Administrative Council of Communal Sections all supported by IBESR, aim to improve the response to children in need of protection. With the establishment of the protection committees, it is expected that the reinforced solidarity in the community will result in improved ability and willingness of families and community members to report cases of rape and violence and more effective resolution of the cases by the state.

The PIH/IZL program at Hospital Saint Nicholas has provided PSS activities since 2006. The program offers counseling for depression and retention in treatment issues; hosts parent/child support groups for 17 year olds and younger on STI/HIV education, sex education, and issues for both infected and affected youth. The program works with parents on issues around an HIV positive life, how to find support services, dealing with fear; and more. For children, the program works on discrimination/stigma and identifying support in the community. Using the service guidelines, the program staff recognized that there was still more they could be doing to provide quality services to children and families, particularly around working with parents to understand that sending children to orphanages is not a solution to adversity at home—family care is the best care.

The piloting committee at Hospital Saint Nicholas found that integrating facility work with the community is important because the community can take children under their wing, inform NGOs of needs and issues of particular children, keep a close watch on children, advocate for exposure of rape and violence cases, and convince other families to go to health centers.

The piloting committee has found that making improvements to their work in line with the National Service Guidelines has added different responsibilities to their work but that it has also made their work more effective in the long run. It has created a line of communication between the community, families, and the NGO (through the field agents). They have found that the guidelines have provided them with more methods to get results as it has a detailed list of activities that are known to lead to improved outcomes for children.
The team has also seen how using the Child Status Index (CSI) has made their work easier by determining needs on an individual basis and has helped the community agents understand their work better. Using the CSI has allowed them to better understand the vulnerabilities of individual children and to have a concrete and actionable plan to take the community.

**Hospital of the Sacred Heart, North Department**

The piloting committee at Hospital of the Sacred Heart had worked with some protocols in Artibonite at the clinic without detailed guidance before the introduction of the National Service Guidelines. With the introduction of the guidelines, they now have specific, cross-cutting guidance and they came together as a team for the first time, with the Coordinator of Child Health heading up the team made up of Social Workers and Field Agents.

Using the guidelines and the CSI, they found that the most striking challenges for children in their area were inadequate nutrition for children under five; many children and their families were unable to purchase medicine when they fell ill; and there was no protection agent serving children who were lacking security in a number of domains, including PSS, violence, and nutrition. Vulnerable children affected by HIV presented particular problems because after the CHAMP project closed, which served children both infected and affected by HIV, there was no organization serving affected children. Therefore, children affected by HIV who had received services, for instance school fees, were no longer receiving them. The improvement team noted other challenges to providing quality services, including limitations of human resources, lack of training of field agents to provide services such as counseling, poverty in the communities and lack of parenting skills in parents. Facing these challenges, the improvement team at Hospital of the Sacred Heart chose to pilot the health, nutrition, protection, and PSS guidelines.

To improve protection, they opened discussions with IBESR to gain their support to provide a protection agent; they held community trainings to share the role of IBESR for child protection so the community knows what to expect of IBESR and how to engage them. They also held community trainings on protection of children and reporting of abuse and neglect. They also planned to work with thought leaders in the communities to pass messages as a way to build trust of services in the community.

In June 2013, the improvement team noticed a drop in children receiving nutrition services. The committee organized the field agents to sensitize caregivers, identify children presenting with signs of malnutrition and other vulnerable children and to refer them to the hospital to receive services. Starting the next month, the Hospital saw increased numbers of children receiving nutrition services (see Figure 1).

**Hospital Saint Jean-Limbe, North Department**

The 10-person piloting committee at Hospital Saint Jean-Limbe found at the beginning of the piloting that some of the challenges faced in their communities are that parents can’t pay school fees or for medicines for their children. Parents leave children with their grandparents who often aren’t prepared to provide the necessary financial or emotional support needed by the children. They found a void of programs targeted for children in the communities. The team also identified significant numbers of pregnancies in young girls of 15 to 16 years of age at increased risk for health, education and economic hardship. Based on these findings, they opted to pilot the service guidelines for PSS, health, and nutrition.

Through application of the National Service Guidelines, the team discovered that gaps in nutrition services are often caused by care providers not following the criteria for identifying which children need supplements, critically important in an area where stockouts of supplements occur. Additionally, the team realized a need for more parent education around food security and appropriate nutrition and for increased leadership in the community.

In the PSS service area, it was recognized that more children’s and youth groups were needed overall and that some geographical areas presented particular difficulties for children and families as they lived far from the health center, making it harder for children or parents to come in for counseling on a regular basis. The improvement team also planned to combine PSS sessions with household economic strengthening activities.
like working with families to develop gardens for cultivation. Communities are sometimes unaware of ways in which they can help their families and so the improvement team found that raising awareness is sometimes needed to help mobilize resources in the community.

The improvement team planned many changes to improve the quality of services for their children, including targeting community workers to work with and to help educate other community members. Building trust in the community is vital and getting cooperation and support from community leaders is one way to build this trust.

Conclusion

The improvement teams recognized the potential of the National Service Guidelines to improve the well-being of vulnerable children and families, acknowledging that key to this work is sustaining the impact of the guidelines and improvements made and ensuring that the guidelines are put into action. The service guidelines are a dynamic tool and must be implemented for them to have an impact. As the Departmental Committee Director in Artibonite said, as far as the guidelines go, words must become actions. The Departmental Committee in Gonaives agreed that functionally, programs need to change, but not everyone working in this arena has the resources to change or share what they are doing, the guidelines can address some of these issues, but more needs to be done.

Education of a child starts from the beginning of their life and doesn’t just occur in school. Children learn from their society and the environment around them, which includes their families, communities, NGOs, and the government. Service providers noted that the guidelines must be used to be effective, and that the government must be involved in the implementation by freeing up human resources and materials, and listening to communities. Additionally, communities need to know about the guidelines and be able to identify their own needs and problems and find solutions to them. Everyone, including NGOs, communities, and the government must be willing to be open and work together. The Departmental Committee of North department noted that the service guidelines must be integrated in the national strategy as the care and protection of children crosses many ministries (Health, Justice, Agriculture, Education, etc.) and many of the guidelines go beyond the direct control of IBESR. The improvement teams and departmental committees recognize that services should not just be about the numbers of children served, but about serving the actual needs of each child in order for the youth of Haiti to grow and flourish.

The following stakeholders have contributed to the process of guidelines development in Haiti: