



**Transitioning
from Residential
Care to Family
Care in Haiti**

Heartline CASE STUDY

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Heartline Ministries was founded in Port-au-Prince, Haiti, in 1989 as Maranatha Children's Home, a short-term residential care facility that processed adoptions to North America.

In 2000, it was registered as a nonprofit and renamed Heartline Ministries. The leaders of the organization knew that Haiti's orphanage system was fraught with neglect, abuse, and corruption, and from the start they were determined to offer quality short-term care to children awaiting placement for international adoption.

Due to challenges in the adoption system in Haiti, however, children were staying in the residential care facility longer than intended. Through the years it became clear to the staff that the residential care model was not optimal for children and that adoption was actually unnecessary for most families in the community. The Heartline staff asked themselves if they could do more to address root causes and stem the tide of broken families by offering family strengthening programs instead.

In 2006, Heartline launched a prenatal program to encourage healthy pregnancies and a small sewing class to provide women with skills to earn an income in Haiti's informal entrepreneurial economy. While Heartline's staff experienced increasing success with their family strengthening programs, international adoptions from Haiti became more difficult and expensive. Then, in January 2010, a magnitude 7.0 earthquake struck Haiti, killing an estimated 220,000 and injuring 300,000 more. In the wake of the crisis, UNICEF helped direct social services and would not permit Heartline to continue to receive children without an additional license. Instead of applying for a new license to continue residential care, Heartline leadership recognized the opportunity to make changes

they had been considering for years.

Within just a few months of the earthquake, the orphanage was closed, and all the children had been placed with adoptive families in North America. The process that followed for determining new areas of focus for Heartline led to a refining of their programs to focus resources on strengthening families in the community.

Programs aimed at supporting vulnerable families continued to expand. Heartline's pre- and post-natal classes grew over time into a full-fledged maternity center offering pre-natal education classes, a birthing center, post-natal support groups, and regular well-baby check-ups. What began as a single sewing class for 12 students expanded to a trade school for 300–350 students on a three-acre campus in Port-au-Prince. Currently, the school offers programs in cosmetology, cooking, computer skills, and English language.

In addition to a transition from short-term residential care for international adoption to community-based and family strengthening programs, Heartline also turned over management of the day-to-day operations from the American missionaries to national staff, who proved more than capable of managing Heartline's programs. Since the closure of the orphanage in 2010, more than 1,200 families that came seeking help—and likely would have left a child at the orphanage, had its doors been open—instead participated in family-preservation programs.



PARENTS WERE ABLE TO KEEP THEIR CHILDREN AND ACQUIRE SKILLS AND EMPLOYMENT TO PROVIDE FOR THEM.

International adoption, a window into a broken orphan care system >>

Troy and Tara Livesay, Minnesota natives who wanted to grow their family through adoption, initially considered adopting from Haiti because of lower costs and faster processing times. Yet, on their visit to the orphanage to meet their new son and daughter in 2002, they caught their first glimpse of a fundamentally broken system. Troy and Tara realized the infant they were adopting had an intact Haitian family—two living parents raising six other children, but did not believe they could support another.

Over time the Livesays would learn that for many Haitians, placing a child in an orphanage is a default option, not a last resort. Often children in Haiti's orphanages have parents who simply lack the means to raise them. In some cases, Haitian families believe placing their child in an orphanage will afford them opportunities they could never provide themselves, like the chance to learn English, receive an education, and ultimately be adopted by an American family.

THEY MIGHT CONSIDER ADOPTION MORE OF A TEMPORARY OPTION, LIKE BOARDING SCHOOL.

Some families assume that if their child finds an adoptive family in North America, he or she will be successful and will eventually provide financial support to their family in Haiti. In a

video recording taken around the time of the Livesay's son's adoption, his birth grandmother offered this message, intended for her grandson when he was old enough to understand it: "Let him know we're waiting for him to grow up and get rich in America and help us."

"That blew us away," Troy said, "to witness firsthand that that's the intention of some of these families being separated." He and Tara later recognized that in Haitian culture "the family is a complete and forever bond that can't be broken by any legal paperwork." Adoption by an American family does not threaten this bond but provides the possibility of ongoing financial assistance.

During their adoption process, the Livesays had not yet considered long-term work in Haiti, but their experience had opened their eyes to Haiti's broken system. In rural Minnesota with their two newly adopted children, they felt a call to return to Haiti. They wanted to learn more about their children's culture and to foster a connection in their children's hearts and minds to their birthplace. After a season of preparation, the newly formed family moved to Haiti in January 2006 with a commitment to serve at a small Christian ministry outside of Arcahje, Haiti. They planned to stay for twelve to eighteen months. They ended up living in Haiti for fifteen years.



Beginning at Heartline >>

Why even “responsible” residential care puts children at risk

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The Livesays quickly came to see that in the residential care system in Haiti a low quality of care was often the norm. As they got to know others working in residential care, they discovered many badly run orphanages where children were neglected and abused. They also observed the struggles faced by young adults who had grown up in orphanages but were never adopted. Raised with western amenities, even if only running water and spotty electricity, they weren't equipped to survive on the Haitian economy. Often deemed “spoiled” or “entitled” by other Haitians, these young men and women were alienated in their own communities and suffered the weight of disappointment and failure.

Yet, international adoption wasn't proving to be a silver bullet either. Troy and Tara had kept in touch with enough adoptive families to know that, in time, many adoptions gave rise to unforeseen complications. Adoptive families discovered attachment disorders and other impacts of trauma on their children. In some tragic cases, the adoptive family ended up placing their child in the U.S. foster care system.

Additionally, the Livesays were becoming disillusioned in their work in the ministry they had moved to Haiti to support. They believed the ministry's approach to address Haiti's complex problems failed to train and equip Haitians to provide for themselves in sustainable ways and merely created dependency on Western ministries and resources.

Fortunately, during their first year in Haiti, Troy and Tara met an American expatriate couple who had

founded Heartline Ministries. Through their growing friendship they came to see that this couple shared many of their concerns about the orphan care system and tried to offer more responsible care for children at Heartline. Beth, who had a background in child development, was attuned to the risks of placing children in institutionalized care and helped the organization implement a screening process to ensure children truly needed to be separated from their families due to abuse and severe neglect before accepting them. It was licensed specifically as a short-term care facility, and thus had a maximum limit on the length of stay while international adoptions were processed. The leadership also sought to provide the best quality of care and mitigate the negative impacts of institutionalization. Heartline restricted the number of children they accepted and strictly separated the girls and boys homes.

After they'd fulfilled their commitment to the ministry they initially moved to Haiti to work for, the Livesays moved to Port-au-Prince to partner with Heartline. However, they quickly perceived that even a well-run orphanage was unable to provide the kind of care a child needs to thrive. With its limited resources, Heartline could never keep up with requests to receive children. The number of mothers who showed up at the gates of their property looking to place their child far exceeded the number of beds in the orphanage. By simply receiving children in residential care, Heartline staff members were doing nothing to address the root causes that drove parents to place their children in orphanages. The Livesays began asking themselves if they could do more to address those root causes and stem the tide of broken families by expanding their programs to serve the community.



STAGE 1

Awareness Raising

Discerning root causes: prenatal care and poverty ►►

In their first couple of years at Heartline, Troy and Tara had many conversations with the families who brought infants to the gates of the orphanage and identified two major factors fueling the orphan crisis: the lack of maternal health care and material poverty.

All too often, women died in childbirth due to preventable causes that could be addressed with better prenatal care. As for fathers or other family members, they often brought children to the orphanage gates because they believed they could not provide for the children. Additionally, the Livesays saw how poverty drove even more families to place their children in orphanages.

The irony was that an international adoption costs tens of thousands of dollars, while supporting a child in a Haitian family is a fraction of that cost. It was becoming clear to the Livesays that international adoption could help very few children and was not the best option for the majority of vulnerable children and families.

... TWO MAJOR FACTORS FUELING THE ORPHAN CRISIS: THE LACK OF MATERNAL HEALTH CARE AND MATERIAL POVERTY.



STAGE 2

Preparing for Change

Enforcing gatekeeping ►►

Early in their tenure at Heartline, Troy and Tara pushed to implement a more consistent gatekeeping process before accepting children into the orphanage. Recognizing that Haitian culture valued strong familial and community bonds, they began to require interviews with pastors and other family members. This worked not only to screen applicants to the orphanage

to ensure children truly needed to be separated from their families but also revealed sources of untapped community support for parents who contemplated leaving a child. This screening process convinced both Heartline staff and some Haitian families that parents and their communities possessed unrealized resources to raise their own children. In this way, new gatekeeping practices helped foster a change in the entire mission of the ministry.

Growing family strengthening programs ►►

Over time, the Livesays observed that receiving children into the orphanage actually increased the demand for residential care instead of alleviating it. “If what you offer is an orphanage and someone’s in desperate need,” Troy said, “then that’s the option they will take.” Their experience led them to ask the question: How could Heartline work to decrease the demand?

In 2007, the Livesays and ministry leadership launched two programs in an effort to answer this question. They began a sewing class to equip women with skills to earn an income in

Haiti’s informal entrepreneurial economy. Tara and another staff member, Beth, also started a prenatal program to encourage healthy pregnancies, dispensing vitamins and teaching classes on nutrition, hygiene, and breastfeeding. News of their programs—especially the prenatal classes—spread quickly by word of mouth. Haiti’s overwhelmed medical system offers few incentives or opportunities to seek care, even for those with serious medical conditions. By simply providing basic care and community support, Heartline began to address an enormous need. In 2008, Tara and Beth began to offer prenatal consultations, and by 2009 they added labor and delivery services as well.

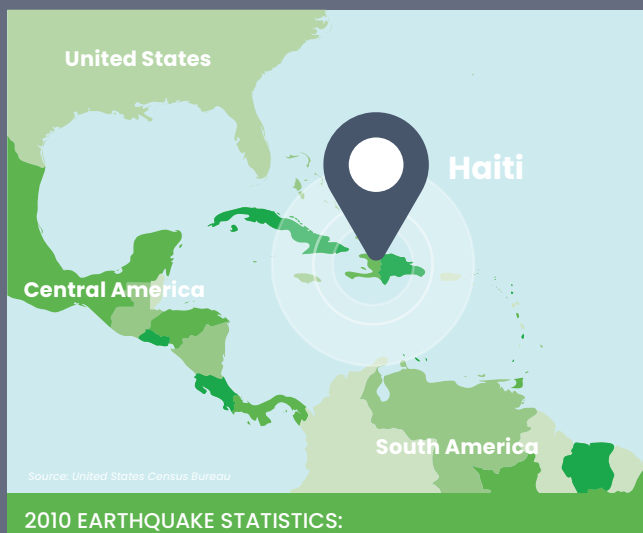
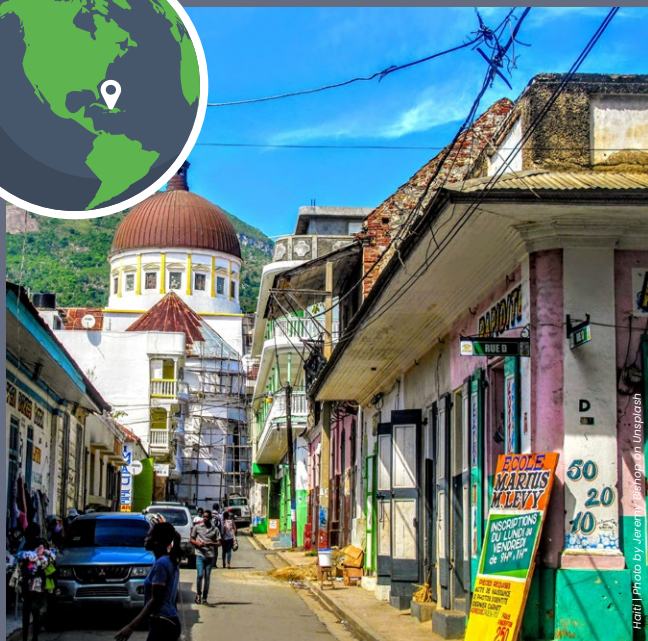
National policy change forces a decision >>

As Heartline experienced increasing success with its family strengthening programs, international adoptions in Haiti grew more difficult. Government corruption and bribery raised the price of an international adoption, and since Heartline staff refused to pay bribes, their adoptions took longer to process. The result was that Heartline, which was licensed as a short-term residential program and placed a high value on efficiency, was keeping children institutionalized for two, three,

“ ... AND [WE] WERE THEREFORE ABLE TO SHIFT ALL OF OUR FOCUS TO TRYING TO HELP FAMILIES STAY TOGETHER.”

or even four years. Because orphanage beds remained full, between 2008 and 2010 Heartline received very few new children.

Then, in January 2010, a magnitude 7.0 earthquake struck Haiti, killing an estimated 220,000 and injuring 300,000 more. In the wake of the crisis UNICEF took charge of all social services, sending agents to licensed residential care programs to place orphans—but not to Heartline. Because of its status as an emergency care facility, UNICEF would not permit Heartline to continue to receive children. Heartline’s leaders could have applied for a license that would allow their orphanage to continue to operate, but instead welcomed the opportunity to change the ministry’s defining mission and transition fully out of residential care. “We had a hard stopping point,” Troy said, “where we were no longer eligible for children to be placed in our care and were therefore able to shift all of our focus to trying to help families stay together.”





STAGE 3

Full Transition

Finalizing adoptions and emptying the orphanage ►►

Under UNICEF’s oversight, adoptions were once again processed more efficiently. The US government helped expedite processes by granting parole visas to children awaiting placement with adoptive families. Within a matter of months all Heartline’s children had been adopted by families in the US. The orphanage’s beds were empty, and its doors were shut. Heartline staff were free to reimagine their programs and devote their time and resources to empowering local families to care for their children.

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Informing Donors

Since its inception, the orphanage had been funded chiefly by donations from North American families who had adopted children through Heartline and continued to support the ministry. Through newsletters, blog posts, and social media, Troy and others communicated that the UNICEF policy regarding licensure had compelled Heartline to transition fully to family-strengthening programs. Only about ten percent of donors—those committed specifically to the adoption model—dropped their support due to the transition, and since financial needs also initially decreased, this did not pose a problem. “There was no extreme resistance to the transition,” Troy said. “We had a long history of being in the country, doing the work and, I hope, had earned the trust and respect of those we were communicating to.”

Engaging Staff

Some staff members were initially resistant to a full transition because of an entrenched belief in residential care and adoption—the only model of helping families they had ever known. Through staff meetings and follow-up conversations, Troy and the other leaders shared with employees of the value of channeling all existing resources into the maternal care and vocational programs. It helped that proof of success was right in front of them—mothers who came to the post-natal support group with healthy, happy babies.

In the early days of transition, the leadership made another strategic move which supported their staff. They converted one of the homes, formerly used to house children, into a guest house for volunteers who had come to help with earthquake relief. Heartline’s proximity to the airport made this

a natural and profitable opportunity. Most important, it allowed Troy and others to retain many of the roughly 20 longtime caregivers who had staffed the orphanage and who now began to work in hospitality in the guest house. The offer of continued employment proved to be a vital way of building staff and community support for the transition.

Expansion of vocational training and maternal care programs

In the wake of the earthquake and the permanent closure of the orphanage, Heartline staff poured their energy and resources into expanding their existing community-based programs. They realized that their post-natal support groups could foster secure attachments between mothers and their children, and by offering vocational training, they could equip mothers and fathers to provide for their families.

Staff members recognized that unemployment among men created instability in families. While the sewing class was initially designed for women, the class was opened up to men to help



secure productive employment, provide a source of dignity, and keep families together. “Family Preservation Through Job Creation” became the organization’s tagline. Heartline staff designed new programs in cosmetology, cooking, computer skills, and English language. In time, their single sewing class had become a trade school, which moved to a three-acre campus in Port-au-Prince in 2010. In 2013, the program expanded even more with the opening of a local bakery that employs 11 people.

The pre- and post-natal classes grew into a full-fledged maternity center, increasing at a rate of about 10 additional women each year to its current capacity of 75 pregnant women and 50 postpartum women in care at a time. In 2016, the facility was expanded to house four postpartum beds, two delivery rooms, and three prenatal exam rooms. In 2014, Tara became a certified professional midwife so she could better manage the center’s growing programs.

Starting new programming: a process of trial and error ►►

While vocational training and maternal care programs were thriving, Heartline struggled to determine which additional programs would best serve the community. For example, in the year after the earthquake, staff decided to repurpose the now-vacant orphanage as a transitional home for teen mothers. However, the new program had major problems from the start. It quickly became clear that Heartline was fostering unhealthy dependency by providing free housing, thus creating a challenge when reintegrating the mother and child back into the world at the end of their stay. Moreover, staff of the shelter were not prepared for the task and their cultural biases and the stigmas toward unwed mothers began to affect the care they provided. Heartline discontinued the program after “graduating” the first group of mothers 18 months later.

“WE NEEDED TO DRILL DOWN OUR FOCUS ...”

They found that they could cultivate the same kinds of bonding between mother and baby in their post-natal community groups without providing housing.

By offering vocational training, they could equip mothers and fathers to provide for their families. “Closing that was heartbreaking,” Troy said. “We feel strongly that the family needs to stay in their existing environment and culture and not have us intervene even in very well-intentioned ways. That experiment was a failure.”

This wasn’t the only lesson in trial and error for Heartline’s new ministry programs. One donor wanted to install a fish farm on Heartline’s property, convinced it would offer an environmentally sound way to feed mothers in the maternity center. Troy, assistant director at the time, lacked the authority to decline the installation. Although it provided fish to feed the pregnant moms and their employees, they could buy fish cheaper than the cost of

raising them. Moreover, it split the staff’s focus. They needed to channel their energies into existing programs they knew they would run well, rather than starting new initiatives outside their area of expertise. “We needed to drill down our focus and decide exactly what we could do, and only do that, and be able to say no to other opportunities,” even if they came with donor support. “It’s a tough transition,” he said, “to educate and change the donors understanding. To say, ‘I know you’d feel good about your dollars doing X, Y, and Z, but what we’ve learned and what our Haitian counterparts are saying is that this is the direction we need to go.’”



As Troy assumed more leadership within Heartline, he and other staff educated donors through targeted blog and social media posts about Heartline’s pillars of maternal healthcare, economic empowerment, community outreach, and children’s education. After two years of operating the fish farm, they closed it down. Now they buy fish from local fishermen and markets that use sustainable practices, which makes sense financially and more broadly benefits the community. Remaining focused on Heartline’s mission during the transition, without allowing donor influences to dictate their programming, proved to be an important lesson in the transition process. “That’s all too common across the board, I think, in nonprofits,” Troy said, “the dollars directing where the program goes instead of actual local, cultural understanding, and needs, and input from the beneficiaries of your programs.”

The other transition ►►

Empowering Haitian Leadership

As Troy and other leaders confronted the challenges of transitioning their ministry from short-term residential care for international adoption to family strengthening, Troy became increasingly aware of his own limitations. Despite having lived several years in Haiti, he still lacked an intuitive grasp of the culture and language. He came to understand that Haitians themselves are best equipped to lead these programs and to solve problems as they arise.

In 2016, Heartline's founders retired, and Troy stepped into the role of executive director. From the start, one of his central goals was to transition to full Haitian leadership on the ground. In 2018, he took his senior staff through the ten-week leadership training curriculum ProLead, created in Haiti and designed to meet challenges specific to a Haitian context. The program had them role-playing marketplace-bartering scenarios, for instance. It taught them principles related to employer-employee relationships and emphasized concepts like teamwork.

Some of the key Haitian staff were reluctant to step into leadership roles because the only ministry model they'd known had a foreigner at the helm. So, when it came time for this last step of transition, the Livesays physically left Heartline to enable the newly trained leaders to assume full authority in their roles. "The final phase of that was to get out of their way," Troy said. "That was met with a lot of trepidation and handwringing." In 2020, Troy and Tara moved back to the US to facilitate the shift. Despite intentions to visit frequently, COVID-19 restrictions kept them stateside.

Troy remarked that two years into the shift in leadership the staff members had "surprised themselves." He went on to say, "They didn't

surprise me because I knew they could do it. But it's gone better than expected, even in the midst of some of the worst years Haiti's ever had. They're doing an incredible job. Honestly, I feel like it's better and more efficient than when I was there onsite. Because they're not deferring to me, the foreigner with less cultural understanding and experience, no matter how many years I lived there." Instead of regularly asking him for advice or permission, leaders now make their own decisions and inform him afterward.

"I feel strongly from what we've learned that Haitian problems require Haitian solutions. It's clear," Troy said, "that decades of outside intervention from missionaries and non-profits have not yielded long-term improvements in Haitians' overall quality of life. Economically [Haiti is] worse off now than it was before this big boom of Western interest ... so I feel strongly that if true lasting change is going to come, it needs to come from Haitians, through Haitians, with Haitian solutions. That's motivated our transition over to full Haitian leadership and management."

One of the most important lessons Troy learned through the process of Heartline's transition is the value of humility. Where Western missionaries and aid workers think they offer efficient solutions, often they lack intuitive understanding and on-the-ground experience to make the best decisions. Troy explained, "There are reasons in local understanding that you can't know as an outsider ... the more you open yourself up to input from what's happening locally in that knowledge and understanding ... the more quickly you will overcome some of the challenges."

Troy and his family currently live in the US. He continues to work with budget-setting, fundraising, and communicating with Heartline's operations manager on the ground in Port-au-Prince, and Tara maintains involvement in Heartline's maternity center from afar.

CONCLUSION ►►

Troy measures the success of Heartline's programs by the number of people who seek their services. "Our main measurement," he said, "is the demand for services and classes we provide. We don't have space and resources enough to meet demand."

The maternity center is fully staffed with Haitian certified and licensed professional midwives and nurses and accommodates 125 pregnant and postpartum women. It also offers a training course to help other organizations establish similar centers. At least three brand-new healthcare programs have been founded as a direct result of Heartline's training and involvement, and several more clinics have added additional programs with training and support from Heartline's maternity center.

Enrollment at the trade school is currently between 300 and 350. In addition to their current programs, staff are looking to add a plumbing/electrical track and to open a mechanics garage. In one of the trade school's fastest-growing programs, participants are taught basic principles of saving and borrowing in community-based savings groups modeled after those outlined in the book *When Helping Hurts*. These groups offer the participants a chance to establish collective savings accounts from which individuals may draw personal loans to pay for expenses like schooling for their children or a home addition—legitimate needs for which, in a poverty culture, they've had neither the mentality nor the ability to save. Heartline has five such groups, with 12–14

“SIMPLY BY CHANGING WHAT WE OFFERED ... THAT CHANGED THE TRAJECTORY FOR ALL THE THOUSANDS OF FAMILIES WE’VE DEALT WITH SINCE.”

participants in each, running at any given time.

Troy estimates that since the closure of the orphanage, more than 1,200 families have come to Heartline seeking help. They most likely would have left a child in the orphanage if it had still been open, but instead they became involved in Heartline's family-preservation programs. Of these families, he knows of only two who eventually placed a child in an orphanage—all the others were able to keep their children while acquiring skills and employment to provide for them.

"Simply by changing what we offered when women came to the gate and saying, 'Would you like an education so you can learn a trade or skill to provide for yourself, or would you like some healthcare so that you can learn and have the education to provide for this child?' just by changing what we offered ... that changed the trajectory for all the thousands of families we've dealt with since."

Transitioning from Residential Care to Family Care in Haiti

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Heartline CASE STUDY

Transitioning from Residential Care to Family Care in Haiti: Heartline Case Study was produced by the **Faith to Action Initiative**, with generous support from First Fruit, Inc., a grantmaking foundation guided by Christian faith that resources leaders and organizations working among the poorest countries of the Majority World.

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The Faith to Action Initiative serves as a resource for Christian groups, churches, and individuals seeking to respond to the needs of orphaned and vulnerable children. Through our publications, website, and workshops, we offer practical tools, resources, and up-to-date information on key strategies and research to help guide action. We are part of a growing global movement—faith led and evidence based—that seeks to affirm and support the importance of family care for children.

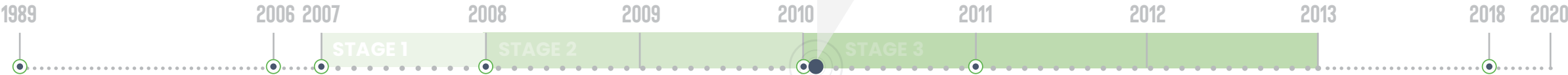


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JAN 12, 2010 HAITI EARTHQUAKE

UNICEF provides oversight of care system in Haiti; Processing of international adoptions expedited



BACKGROUND

- 1989 Orphanage founded
- 2006 Livesays begin work with Heartline

STAGE 1 >>

Learning

- 2007 Began sewing class and prenatal programs
- 2008 Observing root causes of separation
- 2008 Enforcing gatekeeping process

STAGE 2 >>

Preparation and Planning

- 2008 - 2010 Slowing in the ability to process international adoptions
- 2008 Heartline leadership began questioning their model
- 2008 Improved gatekeeping processes
- 2008 - 2010 Educating donors on challenges of their model

STAGE 3 >>

Full Transition

- 2010 Decision to not apply for a new residential care license; Rapid placement of children with US families, last child left January 25th
- 2010 - 2012 Engaging staff on new vision
- 2010 - NOW Expansion of vocational training and maternal care programs
- 2011 - 2013 Attempted new transition home for teen mothers
- 2011 - 2013 Attempted new fish farm program

BEYOND

- 2018- 2020 Empowering Haitian leadership of Heartline