COLOMBIA
Project opening up to the world

BURKINA FASO
United struggle against noma

SWITZERLAND
Sentinelles’ creation
Burkina Faso and violence

In Burkina Faso, which for a while had been spared from the violence, Islamic terrorist groups extend their murderous actions over an increasingly significant part of land. Adding to these extremely mobile and heavily armed cells are the various trafficking networks, attracted by the mining industry.

A gnawing sense of worry has overcome all of the country, civil society, the families that we assist and our local team. Because of the insecurity that has become normalised, inhabitants of large parts of the North and the East who have been severely affected, are fleeing their homes to move to the capital, where informal solidarity prevails over that of international institutions. Families open their hearts to displaced people who have been completely left behind, the schools welcome traumatised children as best as they can. The need for water, food and care are enormous and increased efforts are necessary to provide vital services to the people torn from their homes and to all of the people in a vulnerable situation because of the security and humanitarian crisis that has devastated the country. A significant part of families with a modest income, such as breeders and farmers has become weakened. Health centres have closed their doors or greatly reduced their activities.

This difficult situation also brings together the principal factors fostering noma. How many of them, these children deprived of care, will suffer from this terrible illness? How many children will reach us in time?

Surgical care in Niger in 2019

In 2019 Sentinelles’ Niger program welcomed children coming from Niger, as well as from Burkina Faso, Mali, Nigeria and Senegal. Thirty eight children suffering from noma and supported by Sentinelles have been operated on over the course of six missions, all carried out in Niamey.

These operations have been carried out in partnership with CURE (Childrens Hospital, Niger) the hospitals in Marseille (France), Interplast Germany (Humanitarian Plastic Surgery Association, Germany), Hilfsaktion Noma (foundation fighting against noma, Niger) and Physionoma (association for rehabilitation of the after-effects of noma, France). Seventeen different participants (surgeons, anaesthetists, physiotherapists and speech therapists) have worked towards fulfilling extremely complex facial reconstruction, the illness attacking not only the soft tissue but also the bones of the face.

Therefore, thanks to the co-operation of all of those involved, the children have been able to benefit from the best surgical care possible.
In number 266 of this magazine, we published a statement by Ramaro Narisolo, also known as Mr Solo, who is in charge of education at Sentinelles’ reception in Madagascar. There he spoke of his experience with Feno, Mahery and Fetra, formerly street children, who we have been able to integrate into a school, thanks to the remedial schooling he has carried out with them.

After their first year (2018-19) spent in the school system, the news of the brothers is more than welcome, as all of them have been promoted with very good grades. Fetra, the youngest one, is going to Year 3 classes with an average of 8.7/10. Mahery, the middle child, with 9/10 has also been promoted to Year 3. As for the eldest one, Feno, he has been given access to Year 4 with an average of 8.5/10, and finished second out of 38 students. His teacher even wanted to move him up to Year 5 classes but unfortunately he still writes too slowly.

Mr Solo is very proud of the three boys of whom their backstory couldn’t have foretold such speedy and great results.

In South Kivu, in the Democratic Republic of Congo, Sentinelles is alarmed by the terrible conditions in which hundreds of people are incarcerated, in the main prison of Bukavu. This prison was built by the Belgians during the colonial period to accommodate a capacity of 350 detainees, today that number climbs to more than 1800. During the year 2019, 50 deaths took place there due to severe malnutrition and negligent care.

A visit to the prison had been organised during the last field trip by the leader of the program in order to identify the groups most at risk. The women’s block consisted of 51 women, 5 juvenile girls and 18 children aged from 0-3 years, has particularly grasped the attention of the Sentinelles team.

As a result, from this year we have decided to launch a new program within this prison. Initially this will consist of emergency aid in the form of food and medical provisions. We then plan to set up different activities in order to prepare the women and children for re-integration within their communities on the outside.

A big THANK YOU to the singers of the Vevey Symphonic Choir, to their leader Luc Baghdassarian and to Florence von Burg (soloist) for their two magnificent concerts put on in support of Sentinelles on the 5th and 6th of October 2019; one at Yverdon-les-Bains Protestant Church and the other at the St.Michel Church in Fribourg, with the valued co-operation of Sentinelles Fribourg. The generosity of the public has allowed us to raise almost 3500 francs, which will go to rescuing those most in need.

Another big THANK YOU to the members of the Bellevaux Theatre group, who, on the 17th November 2019, presented the comedy ‘The Parrot and the Chicken’, and offered Sentinelles the 1800 francs in revenue from the evening.

When culture is united

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In the department of Antioquia, Sentinelles endeavours to protect the children of Minas who have been victims of violence by placing them in shelters in the Tierra de Vida Home. Here, they are allowed to believe in the hope for a more promising future.

The vast majority of the population of the Minas region lives in precarious circumstances. The main area of economic activity continues to be the exploitation of coal mines. Employment in this sector tends to be informal, depriving its workers of a fixed salary and access to social security.

We have noticed that parenting in these families can, as a result, be put under strain. Parental negligence has a harmful impact on the development of their children. Left to themselves, with little means of stimulation, these children are very quickly at a greater risk of developing certain difficulties, such as learning problems and feelings of insecurity anxiety. They may also struggle to recognise both their own emotions and emotions of others, and suffer from a retardation in the development of their thought processes. These factors can obstruct their integration into society, and hence hinder them in the future.

It is in this fragile context that the Tierra de Vida Home attempts to be of assistance, in providing support and practical solutions. These children are our primary concern.

We believe it is of crucial importance to offer an individualised support from a young age at the heart of the Home. Intervening as early as possible, and in the most efficient ways, can help to prevent future problems. We recognise the importance of better understanding and evaluating the impact of their unstable upbringing on their lives.

Yet, consideration for the child must go hand-in-hand with consideration for the family. In the highest-risk cases, long-term support for the families is also required.

Today, children are welcomed at the Centre from the age of seven. Our objective is to develop a more inclusive care, since in order to help the implicated child, the entire family needs to be taken into account.

That is why we strive to work on the parent-child relations while still maintaining a collaboration between Tierra de Vida, the child and their family. This task requires the provision of specific tools which aim to assist the parents involved. We are currently running workshops for parents, where we teach the importance of assertive communication. We also organise activities between parents and children, which aim to develop confidence, engagement and exchanges.

We appreciate that each familial situation is unique in itself, and recognise that our main role is to improve the knowledge of the parents and invite them to engage more actively with their
children (for example, invitations to school meetings, or participation in evaluation meetings for the progression of the support offered).

During their stay at the Centre, the children are given assistance with their school work, (ie homework help every afternoon), as well as psychological and educational support. Once a month, an activity or a day-out is organised with the team. We are currently putting more research into the sport and cultural activities which are prominent in the region, for the children of the Home to get involved in.

Finally, one of the main current preoccupations of Tierra de Vida is to provide access to information technology and computer skills at the heart of the Centre, as we see it as a way of opening up the world. For the moment, however, our facilities are very limited. Yet, the internet and information technology in general continues to be a fun, attractive and constructive way to work with our residents.

The effectiveness of this approach has been observed in many cases. Let us take, for example, the case of Andres Felipe Vidales. This young boy, now thirteen years old, arrived at the Centre at the age of ten, having never before followed a school curriculum. The oldest of five children, he discovered the educational world at the Centre. His genuine interest has been demonstrated by his exemplary results. Andres likes drama, languages and drawing. Although his family environment is one affected by delinquent situations, he shared with us his desire to become the exception in his family. Access to information technology could offer Andres the opportunity to prepare himself for secondary education. He spends a lot of time at the Centre’s only computer, in order to improve his reading, and to carry out exercises which aim to develop his reasoning and his thought processes. He has also started an online English course. Unfortunately, with only one computer at the Centre, the time allowance for each child is very limited. Therefore, we are hoping to expand the computer room in order to offer computers with internet access, one camera, and two tablets for the children.

Tierra de Vida also envisages to create a mini-club, which would be open to all the children in the district, so that they can learn more about the subjects that interest them (their rights, the arts, etc) through images and videos. This would allow them to discover the digital world in a secure place, and to learn the advantages of this technology as well as the disadvantages.

The establishment of this future computer room responds equally to our desire to open the Centre outwards. It would be a meeting place, providing the opportunity to create social links, and encourage contacts between the children of the district and those at the Centre.

With all the necessary frameworks in place, this project aligns with the integral objectives of Tierra de Vida: to restore the feeling of hope of these children, to encourage them to have confidence that they can overcome the often-established belief that their family environment will determine their future. Their family environments have weakened these children’s capacity to dream, and to imagine themselves having a promising future. This computer room would offer them a space to turn this around, and help them to believe that anything is possible.

This is, of course, no easy task, but above all it is a message of hope which we aim to transmit. We are convinced that these digital tools can open up the world to these children. They could, like Andres, with lifted spirits, also think of themselves becoming the “exception” in their families.

For this dream to become a reality, we have to buy the necessary equipment, and we’re asking for your support in helping us do this. We thank you in advance for your generosity.

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YOU CAN HELP THEM!

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BURKINA FASO
Partnership to fight against noma and maxillofacial diseases

In 2018 Sentinelles launched an integrated prevention and care project for children suffering from noma and maxillofacial diseases in Burkina Faso, in partnership with La Chaîne de l’Espoir and Burkinabé associations, aimed at raising awareness and improving the care of these diseases.

We have recently submitted the provisional report for the first fifteen months of the project, carried out by our partner La Chaîne de l’Espoir, and co-funded by the Agence Francaise de Developpement (AFD). It is an opportunity to review the initial results and lessons learned from this collaboration, which includes three strands of action, aiming to improve information for health professionals, raise awareness among the population, and care for patients. The philosophy of this initiative is based on coordination between those involved - La Chaîne de l’Espoir for the running of surgical missions, Sentinelles for the care of the patients, and for the link with health centres, La Voix du Paysan, the community radio, for raising awareness among the population, and Bilgaadga for the placement of patients - proven to be relevant.

Although the new acute-phase cases referred to Sentinelles have been declining in recent years in Burkina Faso, the worsening of safety conditions and the closure of many health centres are all factors that increase the development of noma. The need for prevention and information remains essential. The journeys of Olivier and Marie-Jeanne demonstrate their importance.
OLIVIER

Olivier, a little four year old boy, arrived in the care centre in Ouagadougou at the beginning of April 2019, several weeks after the first signs of disease. Olivier, who is from a village in the Sud-Ouest region of the country, had not been either weighed or vaccinated since birth, an indication of the lack of access to health services in rural regions. His mother describes to us the start of his disease:

After having noticed the appearance of a ‘spot’ between his lip and nostril, the family went to consult the traditional healer in their village. However traditional treatments are not sufficient to stop noma. Only antibiotics are able to block the disease which, without treatment, is still fatal in nearly 80% of cases. Olivier’s health deteriorates, the spot transforms into an oedema, then the tissues in his cheek die and fall away. His parents bring him to the closest health centre (20km away) who then refer him to the regional hospital (CHR) 140km away. The doctor at CHR contacts us in order to bring the child to our care centre at Ouagadougou as quickly as possible. Fortunately the effect on Olivier’s face is minimal and a reconstruction during our next mission will probably diminish the traces of it. For the moment, he is continuing with his recovery at the centre, receiving a nutritional diet and rehabilitation physiotherapy in order to prevent the possibility of his mouth locking during the wound’s healing process.

MARIE-JEANNE

Marie-Jeanne, just over three years old, fell ill in the Côte d’Ivoire. Just as with Olivier, a simple ‘spot’ degenerates rapidly into gangrene. The family consults several of the local health centres and traditional healers in the Côte d’Ivoire, but do not receive adequate care. They therefore decide to return to their home village in Burkina Faso and take the little girl to the practice of a well known faith healer in the region, where she will stay for over a month in the acute stage of noma. Marie-Jeanne loses a large part of her face there, including her lower and upper left jaw, but she survives. It is while she is also suffering from diarrhea that she is finally taken back to a health centre. That’s when the nurse alerts the association Bilaadga who refers the situation to us. Alarmed by the photos of the little girl, badly weakened by illness and malnutrition, Sentinelles mobile team decide to retrieve her immediately, and, with the permission of her parents, take her back to Ouagadougou. It takes two months for Marie-Jeanne to recover the use of her legs and a normal appetite. Restoring half of her face will be more difficult, and will probably necessitate a transfer to Switzerland for a complex jaw and soft tissue reconstruction, in several phases, at Geneva University Hospitals.

SURGICAL MISSIONS IN OUAGADOUGOU

The surgical team of Professor Narcisse Zwetyenga, from the Dijon CHU, visits Ouagadougou twice a year in order to operate on children suffering from the effects of noma and other facial diseases, during missions organised by La Chaîne de l’Espoir. Twenty-five patients under the care of Sentinelles were able to be operated on during two missions in April and November 2018, followed by twenty-three children and adults in May 2019. Some came from far away, not only from Burkina but also from Mali or Senegal. Among them, Awa, a young eight year old girl, disfigured by noma, and followed by our care programme in Senegal, has become a mascot of the mission and our centre. Rachid, a little boy of six years old, who comes from the Centre-Nord region of Burkina has come to us several times for operations, due to significant burns on his face. He fell into a fire at nine months old, and was driven to a traditional practitioner but never taken to a health centre. Scarred by severe damage to the face, Rachid received his first surgery for the removal of scars at neck level as well as his lips, in November 2018, and spent three months at the centre. The second surgery took place in May 2019 to improve the mobility of his neck.

Our team meanwhile continues to work on prevention and detection, particularly in the Centre-Nord and Nord regions, and to care for patients at our centre.
40 years ago, Sentinelles was born

Sentinelles was born from the knowledge and choice of a man. Only a man and his writing machine. A man who couldn’t sleep because of someone else’s pain. A man suffering for others.

This man was Edmond Kaiser, driven by his will, his determination and his rebellion against the misery inflicted especially to girls and women since the dawn of time and without anyone taking real interest to it. He needed to continue and extend his fight against the sexual mutilations of girls and women, about which he broke the taboo worldwide in 1977, to other distresses, feminine or not, ignored or left out, due to indifference, without help nor resources.

This is why Sentinelles was born, on March 25, 1980, to go to the rescue of wounded innocence, so “everyone knows and awakens”, and because “each sentinel is responsible for the whole empire” (St-Exupéry). Thanks to an important stipend offered by a trustful and kind patron, Sentinelles was immediately able to keep working more broadly and officially. Very quickly, the small start-up team grew bigger to face the undertaken commitments and those to undertake: young girls and women risking their lives to avenge their family honour, young mistreated maids, girls and ladies who had to prostitute themselves in order to survive, victims of paedophilia, women and children detained in prison, children who were exploited in coal mines or who guided the blind.

The discovery of an African child with his face devoured by a then little-known disease ignored by the WHO led us to count less other young patients suffering from this blistering illness: noma. Taking care of these children requires the deployment of a broad medical and human infrastructure that is caring and kind to make sure they are looked for, discovered, treated and followed up for many years.

In 1996, Edmond Kaiser turned the Sentinelles association into a foundation to the rescue of wounded innocence. His ambition is to preserve this work’s essential humanity that requires that every person who needs rescue is always considered as a person beyond their misfortune and is comforted in their life.