CONGO
Siblings victims of discrimination

MADAGASCAR
Children extracted from prison hell

SWITZERLAND
Stories by a visitor of hospitalised children
Being different, between injustice and enrichment

It is obvious. Being an albino person in Africa is dramatic. Between severe skin affections, prejudices and other superstitions, the life of albino children is full of discriminations and legitimate anxieties. They are still nowadays victims of persecution and ritual murders and can’t even find peace in death: their tombs are desecrated.

To live in the Central Antanimora Station, the most important correctional centre in Madagascar, next to a recidivist mother, with a patch of sky as one’s only opening to the world, is a very poor start in the life of a child. In Madagascar, the living conditions in a prison are harsh and the time has not yet come for alternative measures that would be adequate for mothers. These dispositions are anyway not always achievable, including in Europe.

Two stories, two realities. Both do however depict the same vulnerability and a pressing need for action aiming at the respect of fundamental rights. Will kind attention, appropriate care, access to education, be enough to ensure the resilience of these children and of so many more who face adverse conditions very young? We are working hard for it.

A third article will take our readers to the side of children who stay in a hospital far away from their families. Here, as in France, volunteers make their days richer through their presence and the activities they propose. Their dedication represents for the young patients and for us a great source of motivation.

Martin’s Reception in our Centre

Martin, a sociable and amicable 12-year-old boy, arrived last February in our Minas Centre. He was placed there at his mother’s request, Maria, who expressed concerns that he could get lured and recruited by the neighbourhood’s criminal gangs.

Since Martin immediately told us he desires to do sports, we enrolled him in football training. We are also instilling in him an appetite for studying and teaching him the basic principles of hygiene and the appropriate behaviour to integrate in a community.

As the boy is overweight, a medical check is also scheduled with our nutritionist.

Until now, mother and son were living in a canvas house without water nor electricity. A sensible woman who keeps looking for a job, Maria has just been given by her parents a small plot of land where to build her new house.

We suggested that she develop, with our support, an income generating activity that would enable her to face her responsibilities. We also consider supporting her with the building of her home.
In our previous newspaper we introduced you to – among other people – Laouré, a young woman from Tanout. Taken care of by Sentinelles and fully recovered from noma, Laouré graduated as a seamstress. She is now facilitating an embroidery workshop for women who live with their children victims of noma during their stay at our Centre.

At the end of the first session, fifteen women were trained to make wrappers and blankets. Starter kits to initiate their Income Generating Activity (IGA) were distributed. These IGA are part of our strategy to fight noma. They are instrumental to these families so they can make a living. Being able to generate income is strengthening the role of the woman and it makes sure that the child who heals from this maxillofacial pathology will have access to medical care and basic needs.

Other IGA will be launched soon, for example soap making or the growing of moringa, a miracle plant that is extremely rich in nutrients to fight against malnutrition.

Further to the deterioration of the security situation making it difficult to conduct our activities in the East region of Burkina Faso specifically, we have decided to regroup our programme dedicated to obstetric fistulae with the one dedicated to noma within our Care Centre in Ouagadougou. It is an important chapter that closes after the shutdown of our premises in Fada N’Gourma that had opened in 2013.

As of October 2019, Abdoulaye, the former programme manager for the VVF (vesico-vaginal fistulae) based in Fada N’Gourma, took over the coordination of both programmes in Ouagadougou, followed by nurse Aminata. Julie, youth worker, did stay in Fada as our antenatal’s respondent in the East region. This enables us to maintain an anchor point for women in the region when they come for a screening, to group them before they leave for the surgical missions in Ouagadougou and to follow them up when they go back after convalescence. Since this reorganisation took place, seven women could be operated in November 2019 by Dr. Guiro at the Saint Camille hospital in Ouagadougou.

From March 9th to 17th 2020, a plastic and reconstructive surgical mission took place in Dakar, organised jointly by the Geneva University Hospitals (HUG), the Aristide Le Dantec Hospital in Senegal and the Sentinelles Foundation, with the support of the AEMV (Association supporting people with facial mutilations) as well as the Gertrude Hirzel Foundation. The medical team operated on 27 patients, essentially for facial pathologies. The Sentinelles beneficiaries, who had been transferred to Switzerland to be operated there for noma sequelae were also checked up on by the HUG team lead by Prof. Brigitte Pittet-Cuénod.

This mission was planned to last until March 20th but it was abruptly interrupted because of the coronavirus pandemic. During the last week, the strict measures implemented by Senegal and Switzerland have forced the team to go back on Swiss soil. Fortunately, a few patients whose operation had been scheduled during the last days of the mission could still be operated on by Prof. Anne-Aurore Sankalé and her medical team from the Aristide Le Dantec Hospital.

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A family out of the ordinary

In the Kabare territory in South Kivu, the Sentinelles team met with uncommon siblings.

Victoire (on the left in the photo, during a visit from the social worker) is a 40-year-old woman who lives alone with her four children. Coming from a very poor family, her very young brothers and her didn’t have the opportunity to go to school and they went with their parents to the fields to work there as farmers. When she turned 15, Victoire lost both her parents because of a cholera epidemic. To survive, she moved in with a villager. Out of this relationship her first daughter was born, who was never recognised by her father who abandoned them overnight.

A few years later, Victoire remarried to another man with whom she had two boys and one girl. The singularity of these three children is, they were all three born albinos.

However, like in many countries of the African continent, in the Democratic Republic of Congo albinos are discriminated against and martyred. A multitude of beliefs circulate about them, as some people consider that people affected by albinism are demonic beings and others think they are creatures with magical powers.

Albino people are often kidnapped, murdered, dismembered. Their tombs are looted, and their organs, members and bones are stolen for witchcraft purposes.

During each delivery, Victoire’s husband asked the nurse whether his wife would give birth to a child or to a new monster. As he couldn’t face the situation anymore, he abandoned his family, deeming Victoire was responsible for the albinism of his offspring. Ironically, that man married another woman who, in turn, gave birth to an albino child.

Fortunately for Victoire’s three children, their mother loves them unconditionally and does her best to protect them. When our team visits her for the first time at home, she testifies about...
the isolation in which her family has been living forever, suffering from extreme marginalisation. Her children can’t play with others without being constantly criticised and insulted because of their skin colour. Some parents forbid their kids to share food with them. People point to their house as the “albinos’ home” and won’t come near it.

Two months before Victoire’s meeting with the Sentinelles team, a son of hers, Amani, aged 12, endured a kidnapping attempt on the path that leads to the village school. A man had heard a rumour according to which the only way to kill an albino would be by using a rope, which could later fetch a very high price. That’s what he wanted to experiment with on Victoire’s son. Luckily, the child’s cries drew the attention of farmers who were working in the nearby fields. The man got frightened and ran away, leaving Amani tied up on the roadside. Since this incident, the boy is afraid of leaving home, for fear of being assaulted once more.

And the children also suffer from health issues due to their albinism. As this condition is very little known in their community, it is most of the time totally neglected. People affected by this genetic condition and their close family don’t know it is important to take precautions to avoid skin diseases. Regular and extended exposure to sunrays can provoke lesions on certain body parts, particularly on top of the head. Due to the lack of resources, Victoire cannot buy healing cream nor long clothes, hats or sunscreen.

To survive, she works as a porter. This job that consists of carrying goods, sometimes very heavy ones, is only yielding minimal income that can only suffice to buy food for the day. Despite her efforts, they all go to bed on empty stomachs two days a week on average.

In August 2019, Sentinelles started supporting this family.

Victoire is granted a small funding to enable her to work in a trade of her choice. She buys a piglet to initiate a breeding activity and invests a part of the income in selling embers. Her son Bahati, aged 14, sets up a small soap business close to the house to help his mother outside of school hours.

The three children were treated for their skin problems and enrolled at school. The eldest daughter has started a seamstress training that she attends with much enthusiasm. In a year’s time, she’ll be able to second Victoire and contribute to the household’s expenses thanks to her seamstress activity. The positive outcomes within the family are already visible and for the very first time some trust in the future is appearing.

Now remains to carry out some mediation work within the neighbourhood to raise the villagers’ awareness about this family’s situation. Providing them information about albinism is instrumental to ensure security to these young people.
We met her for the first time in the Antanimora prison, in the same city, when she was only two. Her mother, a recidivist, is a regular in these premises; she’s been detained there for the third time. During her first incarceration with her daughter, the little one was already underweight and was going through a nutrition recovery programme.

When her mother is incarcerated for the third time, Mialy is four. Her weight is still way below standard; she can’t walk nor talk. Usually, children of prisoners who are above eighteen months spend the week at the Care Centre of the Sisters of St-Maurice with whom we have been collaborating for a long time; in Mialy’s case, however, it is not possible. As she isn’t autonomous enough, doesn’t talk and cannot eat by herself, Mialy cannot go there and she unfortunately has to stay with her mother inside the prison.

Despite a thorough medical follow-up in the prison by our doctor, treatments and a nutrition recovery programme, Mialy’s weight doesn’t progress and she suffers multiple pneumopathies. At four years, she is only 7 kilos.

Her medical condition prompts us to remove her from this inappropriate environment and to hospitalise her. Medical check-ups show a pulmonary tuberculosis, anaemia and severe marasmus. The little girl also presents a movement disorder that explains her leg and speech problems.

She is immediately placed under intensive nutritive recuperation and is administered a treatment against tuberculosis. She is going to stay in hospital for quite some time and going back to prison is not an option.

Caring for her outside of prison was difficult for our social workers team and we had to set up a complete organisation. In Madagascar, supporting a hospitalised patient must be self-sufficient (food, personal hygiene, etc.). This service isn’t provided by the medical institutions. Generally, the family members care for that, but in Mialy’s case it is complicated. Her mother has had several children from different fathers, and she was never able to really take care of them. She is in addition rejected by her family since she has been going back and forth to prison, and Mialy’s father has disappeared. Our research enabled us to meet with her half brothers and sisters, some of whom are already adults. However, they don’t feel concerned by this half-sister they don’t really know, except for the eldest brother, whose activities wouldn’t let him take on this responsibility.

Mialy (pseudonym), who turned five in February, is currently one of our young boarders of our Care Centre in Antananarivo.

MADAGASCAR

Mialy, the child of an incarcerated mother
During her hospitalisation, we had to organise ourselves and eventually the aunt of a previous beneficiary watched for the girl in hospital. Since Mialy cannot go back to her mother in prison after her medical stay, we made several investigations with Care Centres and the competent authorities to find her a place to live. Most of such places are full and it is even more difficult to find one for a child with a handicap. In addition, the Madagascan law currently doesn’t allow placement in a foster family, so Mialy was welcomed in our Centre in January of this year.

Her general condition has notably improved since she is out of prison. Her weight is constantly increasing and the antituberculosis treatment is finished. The physical therapy sessions she has attended with the Sentinelles therapist and the speech ones with the Madagascar Orthopaedic Centre have enabled her to progress a lot.

Even though she still has difficulties in expressing herself, she understands well what we tell her, and she manages to stand up and sit, and she stands for several minutes. She is well adjusted to the place and to the other boarders with whom she can interact and have fun.

Since our Care Centre is only meant to be a temporary refuge, our social workers continue looking for a sustainable alternative for Mialy’s caring in parallel to her mother’s reinsertion and empowerment programme, whose legal situation is uncertain as we are writing these lines; she could be convicted for a long period and remains in custody for the moment.

### IN NEED OF ACCOMMODATION FOR JULIEN AND HIS FAMILY

Julien (pseudonym) and his family are taken care of within our rehabilitation programme for boys detained in the Mandrosoa-Anjanamasina centre, from which he has already been released.

They are four brothers and sisters who were taken in by their grandmother who has been taking care of them for years because their mother passed away and their violent and alcoholic father is irresponsible.

During our visits, we could notice that this family lives in dire need. The grandmother owns a little house in a poor Antananarivo neighbourhood. The family of 5 live in 8 sqm and share two tiny beds. There are of course no water nor toilets, and the house is humid and insalubrious. Raw bricks are of bad quality and the roof is made out of cardboard, particle boards and tarpaulin.

We decided to help them rebuild their house by adding one more storey to somewhat enlarge it.

You can help them!

**Budget for the housing assistance to Julien’s family**

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Dominique’s testimony, one of our volunteer visitors at the HUG

“A few years ago, my daughter, who was then one-and-a-half-year-old, had to stay in the paediatrics ward in Geneva for an extended period. On this occasion I met for the first time volunteers who would keep company to sick and isolated children. When I saw how precious and appreciated this presence was in their day, I promised to myself that I would play this role when I had enough time.”

That day eventually came. When I learned that the Sentinelles Foundation was looking for visitors to the children in hospital, I applied.

Most of the children who are taken care of by Sentinelles and operated on in the HUG are victims of noma. Their facial reconstruction often requires multiple, sometimes heavy procedures that are spread across a long period of time that they spend away from their families; therefore, I go and visit them regularly.

When I meet a child for the first time, there is so much to discover. I plan easy activities that anyone can enjoy. My “secret weapon” as a visitor is water painting cards with a wax design. This activity consists of mixing primary colours and water to reach the desired hue; the results are magnificent to the great excitement of our young artists.

Later on, my visits depend on the child’s age, condition, tastes and whether they are confined to bed or not: I therefore suggest drawing, painting, doing crafts, playing outside in the hospital park when the weather is nice, for example.

With the children the contact is candid and takes place “from heart to heart”. This kind of volunteering is very enriching as you get in return as much as you give. When I leave, I am happy to know that for a while a child was able to forget their sickness and suffering, that our activities have enabled them to think about something else and brought a smile back on their face.

When a child’s treatment comes to an end and they can go back home, I am happy that they reunite with their family and live a normal life again, but I also know I am going to miss them.

All the children whom I met during my visiting activity will remain treasured in my heart.”

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