

Sentinelles

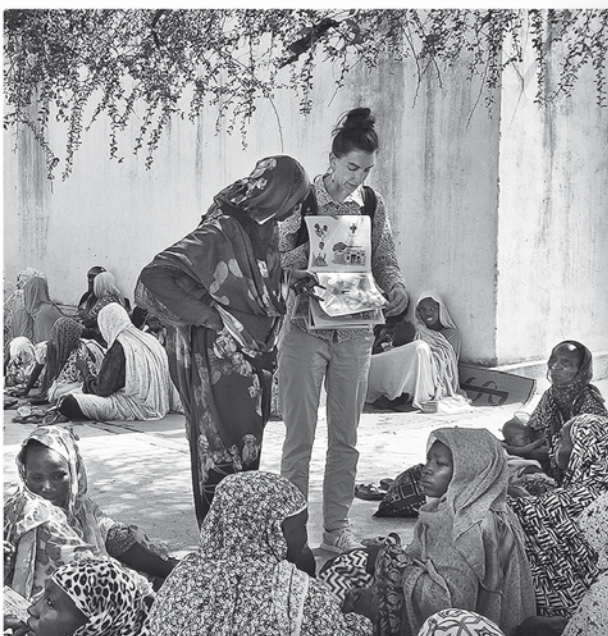
To the rescue of wounded innocence



Report
Our first
on-site patient

A tailor-made project

A question of women's
health



Editorial

From scars to smiles —

A new commitment in Chad

Chad is a landlocked country in Central Africa; it combines remarkable cultural diversity with an economy that is primarily based on agriculture and livestock-grazing. The climate is harsh with recurrent droughts, an expanding desert, and floods that are as unpredictable as they are devastating. This issue is devoted to our new projects in the country; it is an invitation to act, to bring to light the delicate subject of women and children's health issues, often with no prospect of a cure.

Among the most delicate and taboo topics is the rarely mentioned obstetric fistula, which is caused by difficult, or prolonged, childbirth - a problem which confines hundreds of Chadian girls and women to a life of isolation every year. Behind the statistics, which point to the lack of access to healthcare, early marriage or genital mutilation, there is a trail of broken futures: teenagers who become mothers before they are physically developed, women who give birth without any medical assistance. Despite all this, the women display remarkable strength and resilience.

In the east of the country, on the dusty roads between the suffocatingly hot villages and colourful markets, two of our female staff members met with local communities and discovered the painful and hidden realities of life in the region: Fatima, whose half-hidden face bore the scars of noma, was not a unique case. Other patients suffering from the disease were referred to us by healthcare professionals relieved to learn that there was finally a chance of hope for their patients. Last February, the Association for the Mutual Aid of the Facially Disfigured (AEMV), a long-time partner of Sentinelles, in collaboration with local surgeons led its first successful mission to N'Djamena. The next eagerly awaited visit is scheduled for November.

Our programmes in Burkina Faso and Niger are proof that prevention, appropriate medical care, support and skills sharing contribute towards healing and developing confidence in the future. Over and above a simple cure, it opens up a world of possibilities, giving families a fresh start and empowering communities.

Please join us in pursuing our inspiring goal. Your support could be the key to creating lasting change, both individually and collectively.



Marlyse Morard
Director



The Burkina Faso programme manager, assisted by her driver and interpreter, shows pictures of noma sufferers to find out if there are any cases in a Chadian village.

TAKING ACTION AGAINST NOMA IN A NEW COUNTRY

In 2023 we noticed that more children in the acute phase of noma began arriving at our center in Zinder, Niger and it was at this point that we began to take an interest in Chad. Were there cases of *cancrum oris* (this crippling facial gangrene) in this neighbouring country also facing widespread food insecurity, and where children under the age of 5 were suffering from malnutrition?

A preliminary round of documentary research failed to shed much light on the subject. We only came across two scientific articles which confirmed cases of children affected by the disease in Chad. We decided to hold discussions with stakeholders in the field, but again, this failed to produce any tangible leads. In fact, everyone believed that noma was present in the region, but no one was able to provide any concrete proof.

It was only after contact with a doctor in 2023 that our suspicions were finally confirmed: *cancrum oris* was, indeed, widespread in Chad. Dr. Nour, a pediatric surgeon and Director of the Mother & Child University Hospital in the capital, N'Djamena, sent us photos of noma patients who had attended his surgery and who he had been unable to treat. It was this exchange which inspired us to carry out further investigations and needs assessments on the ground.

For thirty-five years, we have been running a noma programme in Niger and Burkina Faso. We have proven expertise which puts us in a strong position to provide holistic care, and prevention and training courses in the early detection of the disease in Chad. In this special issue, we will describe how we work in the field and present our first successes on the ground.

C.H.



REPORT FROM CHAD

The Niger Programme Manager on mission in Chad with the Burkina Faso Programme Manager recounts the team's meeting with Fatima, Sentinelles' first on-site patient.

Looking for a needle in a haystack

We arrived in Abeche in the province of Ouaddaï in eastern Chad where hundreds of thousands of refugees from war-torn Sudan are crammed into makeshift camps. Nearby, the Chadian people, face equally harsh living conditions. We made our way to the liveliest areas in the village to conduct our investigations. Markets, health centres, roadsides, shop fronts, community centres. We go anywhere where we can meet and talk to locals.

Before setting off, we hired Ahmat, a driver who speaks the local Arabic and is accustomed to humanitarian field surveys. During a test run in a small market in Abeche, we explained how we work. We observed how he behaved towards people, and we felt that he was fully committed to our mission and that we could trust him. So, we set off along the main roads around the third most populous city in Chad, the secondary roads were impassable at that time of year due to extensive flooding.

Roadside meetings

After three days of travelling back and forth in temperatures approaching 40°C, and failing to get wind of a single noma survivor, we decided to stop off at the last village before Abeche. The sun was about to set. We came across a large group of men by the side of the road. Some were drinking tea sitting on mats, whilst others were lying down, relaxing and talking.

Others stood slightly apart, as if they were just passing through. We let Ahmat get out of the car and make the customary greetings first. He gently explained our noma programme to them and then showed them illustrations of children bearing the after-effects: "Have you ever seen this in a village? And in your village?"

Very quickly, two men, who seemed to be the leaders of the group, confidently shake their heads and say no. Everyone passes the photos around and reacts in the same way. Apart from one at the edge of the group who takes his time, lingering on the photos for a little bit longer than the others. We ask the question again. He then replies to say that there is someone in the village, a woman, who has something on her face, but she hides it. Suddenly, the other men join in, their eyes lit up. Indeed, there is Fatima. And without waiting to be asked, they lead us to her home, a few dozen metres away, on a small hill in front of a well, in the centre of the village.

A population in survival mode

Since gaining independence in 1960, the former French colony has endured several civil wars. Its heads of state have been regularly accused of atrocities in a democracy with strong authoritarian overtones. The former president, Idriss Déby, ruled for thirty years, and his son, Mahamat Idriss Déby Itno, replaced him when he died in 2021 after succumbing to his injuries on the frontline fighting off a rebellion. In between civil wars and the façade of democracy, there is perpetual instability, political violence, unexplained disappearances, economic crises and extreme poverty which means that 40% of the population relies on humanitarian aid.

A talk amongst women

We find Fatima in front of her house along with some other women. Her mother is there too. Villagers appear from all sides and there is a brief impromptu gathering before we send them away so that we can talk in private. In Ouaddaï, women cover themselves from head to toe in a large, light, often colourful veil. They also use it to cover their hair. And in Fatima's case, she uses it to cover her face. The thirty-year-old woman nervously holds her veil in place with one hand which never leaves the side of her mouth.

Once again, with Ahmat's help (we would not be able to communicate without him), we introduce ourselves and explain why we are there. The mother recognizes the symptoms of noma. She says: "Fatima developed the disease when she was 2 years old. It left a hole in her face, and she lost two teeth. When she was 8 years old, I took her to Sudan so that she could have an operation, but with armed conflict on both sides of the border, and life being so hard, we couldn't go back for a second operation."

Travelling to the capital 800 km away

An unexpected encounter. That is undoubtedly what survivors say to each other and their families when help appears. Unexpected is also the word that came to mind when we saw Fatima arrive at the bus station in N'Djamena a few months later ready



to take part in our reconstructive surgery programme. Since getting her to come had required enormous amounts of patience, perseverance and persuasion from Fayçal, our collaborator in Abeche, who we recruited while we were in the field, to act as a contact for patients in the East.

Fayçal had had to go to the patient's home and inform her that she was booked in for an operation. He had to provide the necessary guarantees, offer words of reassurance, and convince her to get in touch with family members living in the Chadian

capital so that they could put her up for the duration of the procedure. Whilst Sentinelles provides transport and medical support, there are other factors that need to be considered before a woman can travel. In fact, allowing her to leave means one less person at home to take care of domestic chores, look after the children and work the fields. A woman must also be accompanied by a man, which means taking up several weeks of someone else's time. Providing board and lodging is also a significant burden on the host family on the other side of the country. And in a context where people cannot always eat more than one meal per day, everyone prioritises their own survival. Fortunately, as we are familiar with these obstacles, Sentinelles provides the means to ensure that there is nothing that can further hinder Fatima's access to medical care.

A malnourished child population

Despite the presence of oil in the country and its exploitation since the 2000s, most people in Chad live off subsistence farming. As a result, they are heavily reliant on climate conditions which are becoming increasingly unpredictable. Few people live above the poverty line or have access to adequate healthcare and education. Child malnutrition is one of the country's main problems. We know that severely malnourished children with weakened immune systems are susceptible to noma.

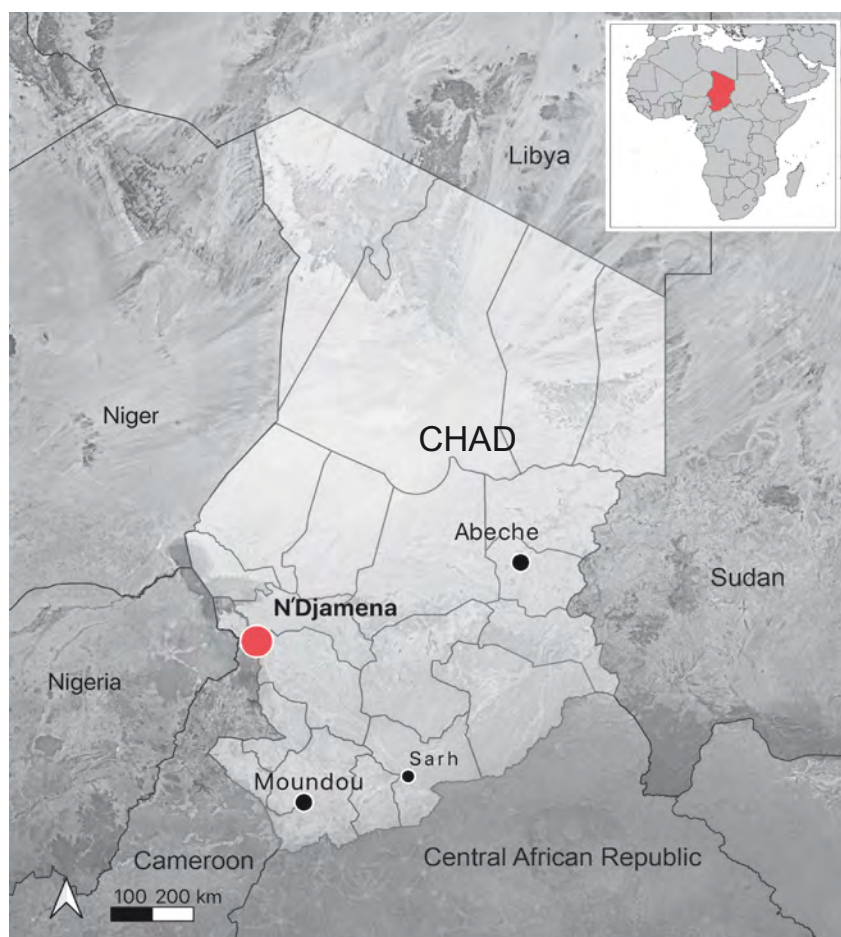
Small changes, great joy

Fatima's operation was relatively minor; nonetheless, when she saw her new face, she was overcome with emotion. Tears of joy and relief streamed down her face each time the doctors came to check on her.

Fayçal, our collaborator in Abeche who had made Fatima's travel arrangements, was also astonished. He did not know her before organising her trip, but when he saw a picture of her new face, we could tell that he was moved and pleased with the result. On the phone, he exclaimed, 'It's incredible! I sent the picture to her husband immediately. He was delighted and said that the result was great and that he thought she was beautiful.'

Fatima was the first patient we met in 2024, and as luck would have it, she was also the first to be operated on in our very first Noma Sequelae Reconstructive Surgery Campaign in N'Djamena in February 2025. In the meantime, we have discovered more noma survivors while conducting field investigations, and other patients have been referred to us since our return to Switzerland. This has enabled us to set up a surgical mission and confirmed the need to establish a care programme for patients in Chad.

C.H.



Over one million Sudanese refugees are sheltering in Chad, the vast majority in the east around Abeche, where Fatima lives.

An invisible population

Humanitarian emergencies and security issues linked to armed jihadist groups operating within the territory of its immediate neighbours – Sudan, Central African Republic, northern Cameroon and Niger – have turned Chad into a host nation for refugees. Hundreds of thousands of refugees are exerting extra pressure on already fragile, and in some cases non-existent, public services, especially in isolated rural areas. Despite this unfolding tragedy, Chad attracts little media attention and suffers from a lack of visibility on a global level.



NEW PROJECTS UNDER CONSTRUCTION

Two programme managers travelled to three regions in Chad in September 2024 to carry out needs assessment. The mission had two objectives: to meet with hospital and healthcare staff to ascertain if they regularly receive noma patients, and to meet survivors of the disease.

Investigating for better understanding

This investigative journey led to some interesting conclusions. We met six survivors and contacted three more by telephone with the help of healthcare staff. They were all keen to undergo facial reconstruction surgery - some had been actively seeking help for several years. As for the healthcare personnel, doctors were familiar with the disease, and most had seen one or two cases during their careers. Knowledge amongst nurses and community health workers was less evident. However, the difficulty of accessing healthcare for people living in rural communities (more than 75% of the population) is an additional element that needs to be considered when assessing the likelihood of locating survivors. It should be remembered that without treatment, noma kills 90% of affected children within just a few days. The 10% who do survive are often left with facial disfigurement.

In response to patient demand, we conducted an initial reconstructive surgery mission in February 2025 at the Mother and Child University Hospital Centre (CHU) in N'Djamena. A small medical team from AEMV (Association for the Mutual Aid of the Facially Disfigured), a long-standing Sentinelles partner in Switzerland, travelled to operate on the patients encountered during the needs assessment phase: 24 patients in total, including 13 cases of noma and other facial conditions (tumours, burns, congenital malformations, etc.). They all require reconstructive surgery, a speciality that is virtually non-existent in Chad.



Teams from Switzerland and Chad combine their strengths. From left to right: Dr. Mahadi (maxillo-facial surgeon), Ms. Jacques Vuarambon (nurse), Dr. Pittet (plastic surgeon), Dr. Fofana (maxillo-facial surgeon), Dr. Hissein (plastic surgeon).

A warm welcome

The staff at The Mother and Child University Hospital provide a warm welcome to Sentinelles and AEMV and a well-equipped theatre in which to operate over the course of six days. Professor Brigitte Pittet, a specialist noma surgeon and Sentinelles advisor, was able to spend a constructive period of time with Dr Fofana and Dr Mahadi, two local maxillo-facial surgeons, as well as Dr Hissein, the only plastic surgeon in the country which helped launch the skills transfer process.

The Sentinelles initiative was very well received, both by the authorities and by healthcare staff. The convalescing patients were happy and grateful for the chance to have free surgery to solve a previously intractable problem. The success of this first campaign bodes well for longer-term collaboration.

Given the number of patients we encountered during the trip and the discovery of several children in the acute phase of the disease, it seems only natural that Sentinelles should set up a programme for the treatment, prevention and early detection of noma in Chad in 2026. Each patient will not just undergo surgery, but they will also benefit from a personalised plan to deal with the physical and psychological after-effects. This approach is dear to Sentinelles and is an integral part of all our missions in each country where the Foundation is present.

C.H.



IMPROVING WOMEN'S HEALTH

Following an appeal from Ensemble SAWA – an NGO based in Switzerland that supports women in Chad to deal with taboos surrounding menstruation and associated effects – here at Sentinelles, we have decided to turn our attention to the subject of maternal health in the country, and specifically obstetric fistulas, which have been detected in girls under the age of 17. As with noma, the Foundation has extensive expertise in treating this disease in Burkina Faso. Two exploratory missions to Chad provided an opportunity to meet with the main parties working in this field.

What is an obstetric fistula?

It is a perforation between the bladder, or rectum, and the vagina, which can occur after a difficult or prolonged delivery. It causes permanent leakage of urine, faeces, or both, through the vagina. In the long term, this leads to chronic medical problems and social isolation.

What does it reveal?

It is a consequence, and above all, an indicator of a lack of access to obstetric care. Pregnancy in

adolescents, before the pelvis is fully developed, as well as malnutrition and female genital mutilation (FGM) are among the factors that can lead to prolonged labour and complications during childbirth. Despite being banned by law since 2002, early marriage and FGM practices persist in Chad.

Alarming figures

In 2015, according to a demographic and health survey conducted in Chad, the median age for a first marriage was 16 for women and 23 for men. And in the same year, 30% of women aged 15 to 19 were already mothers. The number of FGM cases varies considerably from region to region. In some provinces in south-eastern Chad, more than 80% of women are affected. Estimates range from 800 to 1,000 new cases of obstetric fistula per year in the country.

Misinformed women

A fistula can usually be treated with reconstructive surgery. Unfortunately, many women are either unaware that treatment exists, cannot afford to seek treatment, or do not have access to facilities that

perform these procedures. Although there is a national programme to combat obstetric fistula, resources and responses remain limited. Only 200 to 300 fistula repair operations are performed each year in Chad.

Sentinelles' action

Our visits focused on provinces with high rates of malnutrition and FGM, and remote regions where access to healthcare is relatively difficult. We met with social workers and health practitioners, as well as associations working within local communities. After conducting field surveys, we are now in the process of setting up a programme which will include prevention initiatives and raising public awareness, as well as holistic care for women with obstetric fistulas in areas with the highest prevalence. As a priority, we are also keen to collaborate with women's associations in Chad that are already reaching out to local communities and going into villages to raise awareness. The project is scheduled to start in 2026.

V.E.



SWITZERLAND

Child prodigies help vulnerable children

A musical end to the year to celebrate 45 years of assisting the afflicted. Sentinelles invites you to a charity concert by the Ministrings.

When: Sunday 7 December 2025 at 5pm

Where: Aula des Bergières, Avenue des Bergières 44, 1004 Lausanne

The Ministrings' show is one of a kind. From the age of 7, children enrol at the Lausanne Conservatoire under the guidance of Tina Strinning, violin and viola teaching instructor, alongside Baiju Bhatt, a jazz and contemporary music violinist. This demanding course provides children with the skills to perform independently on stage without the aid of sheet music.

The Ministrings are joining forces with Sentinelles to help support our programme to combat noma in Burkina Faso and Niger. Our teams provide medical and psychosocial support and raises awareness through targeted initiatives. This year, we are launching a pilot project in Chad, where acute cases of the disease have been discovered.

Admission is free; a hat will be passed round and all donations will go to children suffering from noma.

The show features around forty aspiring professional musicians which will delight young and old with its quality and originality. Mark the date in your diaries and come and share this wonderful moment of solidarity with us. We look forward to seeing as many of you as possible.

L.M.

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To the rescue of wounded innocence

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