THE NEWSPAPER Nº 309 - December 2026

Sentinelles



Lake Chad

A region with multiple crises

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A cross-border path of care

Madagascar

20 years lower life expectancy than in Switzerland

Editorial

Facing the Challenges of Tomorrow - Together

In Ouagadougou, children displaced by violence reveal fragments of their daily lives on stage. The title of their production, as you will discover, resonates well beyond the stage setting and raises questions. Of course, art does not cause either uprooting or insecurity to disappear, but it does create spaces for sharing: spaces where linkages are woven together and where a future can again be imagined.

In Madagascar, it is death which knocks on the door. Too quickly, too often. Families in mourning for deaths which are premature and often avoidable carry on with dignity, supported and watched over by tenacious and profoundly human social workers.

In Chad, children suffering from noma are directed to Sentinelles from regions that are difficult to access. In the Lake region to the north of N'Djamena, climate hazards reduce harvests and the presence of armed groups increases the vulnerability of the population.

Everywhere, and despite adversity and distance, solidarity finds a way. It is expressed in tangible and lasting actions: a hand held out to another, then a project made personal, co-built as closely as possible to the priorities and aspirations of each person, thus preparing for the future.

This solidarity, often vital, always carrying hope, cannot be permitted to weaken. However, the outlook for 2027 is particularly concerning. Crises are increasing, conflicts are continuing, and needs are growing intensely, whilst resources become ever fewer. In this context, your involvement beside us and your generosity are more precious than ever. These allow thousands of people, women and children as priority, to heal, to learn and to gain a livelihood.

This year has been achieved as reported to you, and in the conviction that more and different actors will enter the scene next year thanks to you. We thank you sincerely for your confidence in us and offer you our best wishes.





Marlyse Morard
Director



The talibé children and Saliou, the social worker, during a football match

SENEGAL

School Holidays – A time to learn, play and relax

Throughout the summer school holidays, Sentinelles and the literacy assistants, whose job is to support children in learning to read and write, organised educational activities, games, and indeed more than 60 awareness activities for the talibe children of the daraas with whom we work. By means of participatory discussions, educational games, team and sporting activities, especially cleaning up their living spaces and football matches, the talibes took part very enthusiastically and happily in moments of sharing and mutual fun.

The awareness activities themselves focused on hygiene, prevention of illness, sexual violence, abuse, and the promotion of the value of education. By their involvement, the literacy assistants were able to turn the holidays into a time of games, development and building knowledge, thus encouraging the well-being of the talibe children.

Marta Vieira

Cover photo: Idriss, Adoum's brother, receiving postoperative care following noma surgery (see article "Lake Chad")



BURKINA FASO

Participation by displaced young people in the “Les Récréâtrales” Festival in Ouagadougou!

And if you were me was born out of a project carried out with internally displaced children living on the outskirts of Ouagadougou. In an earlier issue (307), we reported on the presentation of their dramatic piece at the Gambidi cultural Centre. In October, they had the opportunity to present it at the well-known “Les Récréâtrales” Festival in Ouagadougou. A lovely mark of recognition!

The scenes of the play had been devised by the children themselves, drawing on their daily lives: everyday gestures, games, expectations, the links which weave them together despite their exile. The theatre gives life to these moments; passages of traditional and contemporary dance break into them, extend them and transform them into surges of collective energy.

Using the metaphor of “the rubbish bin”, the play asks us the question: what remains in life when we have had to leave everything behind? More than we might think. The stage becomes a transformation space in which individual experiences are reworked together to become a complete work and in which the children affirm their capacity for resilience and looking forward into the future.

The title is an invitation to the public: to put themselves, for the duration of the piece, in the place of someone else.

Production: Waga Studio; staging: Sie Palenfo; choreography: Boniface Yameogo and Silvia Ferraris.

Valérie Elsig



Rural landscape during the rainy season: increasingly intense rainfall due to climate change is raising the risk of flooding in the Lake Chad region.

LAKE CHAD

A region with multiple crises

Sentinelles is currently setting up in Chad, and in 2027 will launch a campaign against noma in this country. At the national level, there are very few people leading any action against this disease, and already people infected with noma are making their way to us, even from beyond the two provinces in which we will be active with detection and awareness programmes.

Since our arrival in Chad, one province in particular has attracted our attention because of the very difficult living conditions there. **This province, called "Lake", because it lies on the edge of Lake Chad, can unfortunately be characterised as the epicentre of numerous crises encompassing socio-economic, ecological and security issues.** Sentinelles is unable to travel to this province because of its instability. Nevertheless, a number of noma patients living in this region have been referred to us and we have done our best to respond to their needs either at a distance or in the capital, N'Djamena.

A fresh water reservoir of the continent

Occupying 8% of the African landmass, the Lake Chad basin is a huge depression which drains waters from Chad, Niger, Cameroon, Nigeria and the Central African Republic. The lake itself, at the centre of the basin, is the fourth largest freshwater lake in Africa, despite having shrunk in size by 15 times since the 1960s. 30 million people live in this basin and more than half of them rely on subsistence from the lake through fishing, livestock farming or agriculture.

The lake is located exactly on the borders of 4 countries (Niger, Nigeria, Cameroon and Chad) and the reduction of its waters, which have an average depth of 1.5 metres, has resulted in the appearance of thousands of small islands on which fishing communities live. As the lake has dried up, its margins have been transformed into fertile land which the cattle raisers and farmers of these 4 countries share – not without some challenges. **At first sight, the region is fairly rich and fertile, but that is without taking account of population pressure, the reduction of fish stocks, and the armed conflicts which heavily affect the daily lives of the inhabitants.**

Presence of noma in the region of the lake

Adoum, age 8, lives in the small town of Bagasola on the edge of the lake. He arrived at the Mother and Child Hospital of N'Djamena just as Sentinelles was beginning its research in the country. Thus, he was the first child in the acute phase of noma referred to us in Chad. Surprisingly, given the non-contagious nature of the disease, his younger brother, Idriss, had suffered from it several months beforehand.

In the hospital courtyard as she waits for her son Adoum to be seen by the surgeons, Haoua, Adoum and Idriss' mother, explains in a soft but worried voice that life in Bagasola is very difficult. She looks after her children alone, because her husband has gone to find work in the neighbouring province. He sends her money whenever he has some, but this is sadly rare.

Haoua cultivates by herself a small plot of land near the town for the subsistence of her family and explains that last season's harvest was poor. She was very soon short of millet to feed her family. "I can go for several days without eating, but that's difficult for the children. They need to eat at least once a day," she says in rough local Arabic, her native language being Kanembu. Aside from Adoum and Idriss, Haoua has 3 other children. Being a solo mother supporting a whole family with very little means of subsistence is not unusual in Chad. There are families like hers throughout the country, including in the province of Lake. Although she struggles to meet the food needs of her family, Haoua says that she doesn't have security problems related to the presence of armed groups in the province.

Return of the Security Threat

In fact, for about 15 years, the armed group, Boko Haram, and its dissident branch affiliated with the Islamic State have held mastery over the islands of Lake Chad which they use as a base for recruiting new members, organising their attacks and terrorising the inhabitants. Coming on top of the problems of reduction in fish stocks and conflicts between cattle raisers and farmers, the problems of insecurity have now become one of the major preoccupations of the population. Many communities have found themselves trapped by this conflict and forced to participate indirectly in it, principally by paying a mandatory tax introduced by these non-state armed groups, or by abandoning their land. After a relative decline in the activities of these groups for 10 years, a fresh upsurge of their activities has been noticeable over the last 2 years. This has put pressure on populations which were already struggling for their daily survival. Entire communities living on the islands have been displaced to the edges of the lake, especially to the small town of Bagasola where Adoum and his family live. They have to reinvent their means of subsistence and share resources with families which have lived here for a long time.

Medical and food support

Adoum smiles a lot but is abnormally thin for his age. He is suffering visibly from malnutrition, one of the risk factors for noma. The family will remain at the hospital for several weeks during which time the disease ought to be halted and Adoum's wound healed. Sentinelles has organised a care programme to guarantee the treatment of the disease and care of his wound. Dietary assistance enabled them to stay in N'Djamena where everything is very expensive for the period of the boy's convalescence.

It's hard to see coincidence in the fact that the second patient referred in the acute phase of noma also comes from the lake. Halima, aged 6, has been referred to the Mother and Child Hospital at N'Djamena with a necrosis on her left cheek. In the course of treatment, she encountered by chance a doctor who knew of Sentinelles and who had recently been posted to a district hospital near where she lives. Halima received the same support as Adoum. She is presently waiting for surgery to reconstruct her face.



A playful moment between Idriss and a nurse from the Sentinelles team, following his postoperative care after noma surgery

The lake is only about 100 kilometres from the capital of Chad, as the crow flies, and a trip of 370 km, just a half day's journey, is all it takes to get to the town where Adoum and his family live. In view of the immense size of this country, that's a short journey, but the fragility of the region and the multiple crises it is experiencing make it fertile ground for the appearance of noma in its children, and this simple fact merits the continuing attention of Sentinelles in its future work in Chad.

Caroline Hostettler



Aksanti pursuing his income-generating activity during the school holidays

DR CONGO PROGRAMME

From Bukavu to Kigali: A cross-border path of care

Aksanti lives in a rural community with his family near the town of Bukavu in the east of the Democratic Republic of Congo. In 2019, a community network informed us of the situation of a solo mother raising her four children in a very deprived environment. Following the birth of the third child, who has albinism, her husband walked out of the family home. Following his departure, the family was faced with significant economic problems, added to the stigma and social exclusion with which people with albinism are confronted.

Following an in-depth evaluation of their needs, our team launched a progressive support programme for the family with emphasis on social follow-up, education support, and access to medical care. Given the extremely dilapidated state of their accommodation, a new adobe dwelling was built. In parallel, awareness initiatives were carried out with the inhabitants of the neighbouring villages as well as at the children's school to optimise their social integration.

A first medical step

In 2024, Aksanti, aged 17, and his older brother, Iragi, aged 19, developed major lesions on the scalp. Despite several consultations and treatment in a health clinic nearby, the wounds persisted.

The two brothers were then sent to a regional hospital for a suitable treatment programme. The treatment resulted in complete healing for Iragi. For Aksanti, by contrast, the situation remained concerning. A biopsy was done. A meeting of dermatologists and oncologists was organised in Bukavu to discuss his case. The medical team confirmed a diagnosis of skin cancer. The doctors recommended emergency treatment combining radiotherapy and chemotherapy. **However, the eastern region of the country does not have a radiotherapy centre.** After much research, the doctors directed us to a hospital in Rwanda with the necessary equipment. At this point we started the administrative and logistic processes necessary for his medical transfer. He was accompanied by his Mum and our social work colleague, Yvette.

Specialist treatment in Rwanda

In the autumn of 2024, Aksanti and his companions travelled to Rwanda. The hospital they were going to is in the north of the country, more than 10 hours bus ride from Bukavu. After evaluation, the medical team concluded that his condition could not, in fact, be treated in this hospital, and directed him to a hospital in Kigali for further examination and to establish the most appropriate treatment.

We then made distance contact with the lead oncologist so as to make available to him the relevant medical information and to prepare Aksanti's transfer as best as possible. With this contact in place, a transfer to Kigali by bus was organised. The social worker found accommodation near the hospital. Aksanti could then attend his first consultation.

Long weeks of treatment

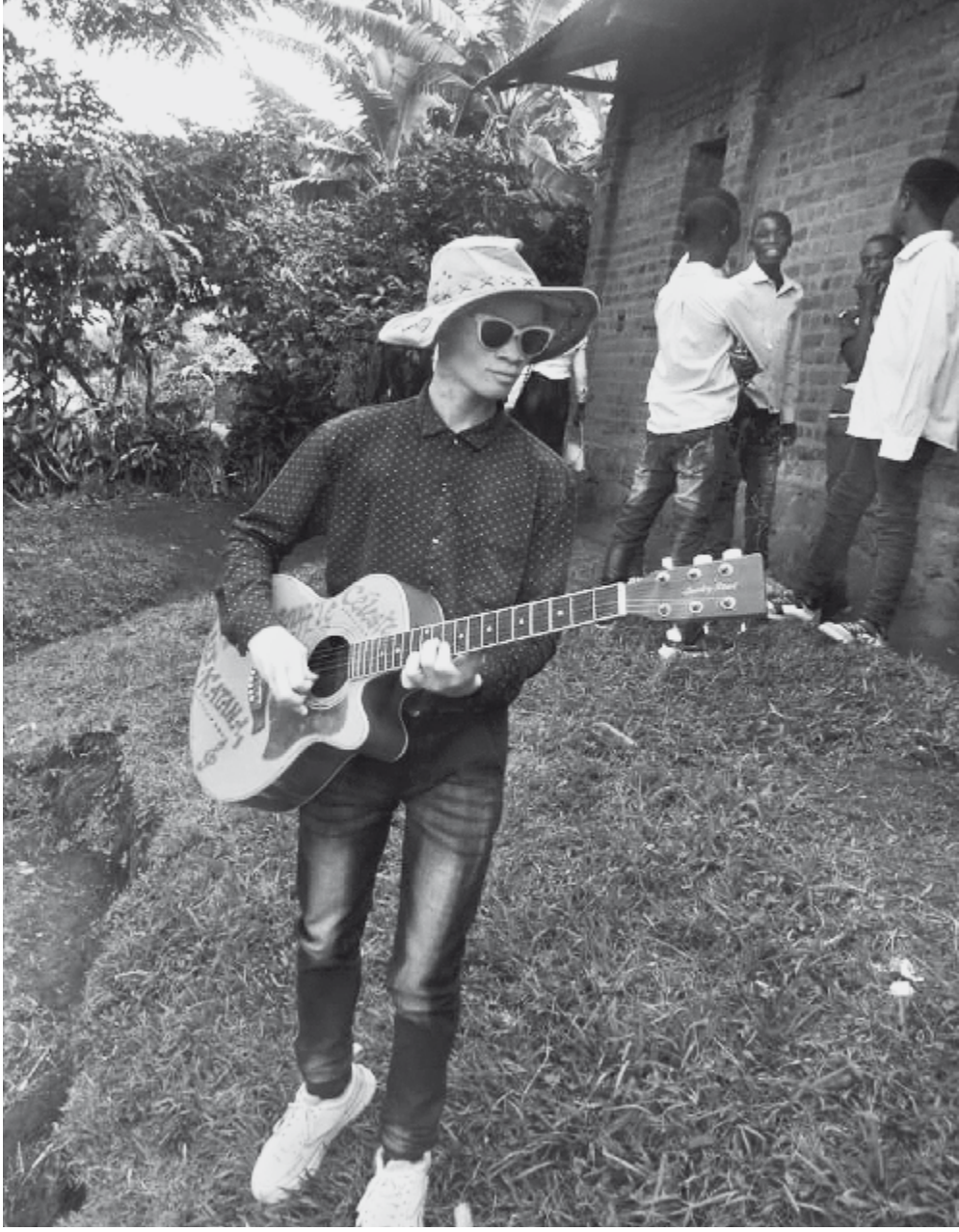
Following analysis of the test results, the oncologist confirmed both the initial diagnosis and the presence of metastases. To deal with these, the medical team worked out a protocol combining radiotherapy and chemotherapy over eight weeks.

At the end of 2024, Aksanti began his treatment. The first sessions were difficult, and the secondary effects weakened him considerably. This period was also testing for his Mum, who stayed with him. Aksanti continued his treatments and gradually learnt to cope with his discomforts, with the support of his Mum and the medical team.

Essential psychosocial support

The succession of location changes, hospitals and examinations, the waiting for results, as well as the distance from home and family, made this period particularly difficult for Aksanti and his Mum. In this context, psycho-social follow-up constituted an important support. The listening time that Yvette could give them allowed Aksanti and his Mum to express their concerns, ask their questions, and better understand the different stages of the treatment process.

Gradually, Aksanti regained confidence. Conversations with healthcare professionals as well as with other people he met during his stay and who were also themselves undergoing the same treatment contributed to reassure them both.



Return to the family

In February 2025, after several weeks of radiotherapy and chemotherapy treatment, the skin lesion had completely healed over, allowing Aksanti and his companions to return to Bukavu and their families. This return was of enormous comfort to this young adult, his Mum, his relatives and the whole team, which had so strongly mobilised throughout this treatment pathway.

A stage of reassurance

Several months later, in the autumn of 2025, Aksanti returned to Rwanda for a medical check to evaluate his post-treatment progress. As at all stages throughout the treatment, this return led to a certain amount of apprehension. **This consultation revealed no metastatic recurrence. Aksanti, his Mum and the whole team were relieved by this news.**

And now?

Today, Aksanti is continuing his education and building his future. Despite several months' absence, he was able to move into a higher class and is now in his sixth year of secondary school.

Sentinelles continues to follow his progress, especially by enabling his access to an annual medical check-up in Rwanda. We wish Aksanti great success in his continuing studies and other projects!

Marta Vieira

“DEATH COMES OFTEN, OVER THERE”

A phrase at handover, a novel by Boris Vian: what death in Madagascar tells us about our own.



It’s a phrase my predecessor left me, almost incidentally, at handover between two files: “Death comes often over there”. I noted it without thinking, like one of those warnings which we accumulate, along with access codes and useful phone numbers. It was only some months later, while reading my team’s journals, those sombre, almost administrative accounts, that the full force of it struck me.

There are no grand dramas in them; just short lines: a visit delayed because the grandmother left during the night; a child followed up for malnutrition whose file has been closed; a family that can no longer be found at the address given. Death slips in there between two sentences, like another piece of data to record. An ever-present shadow, my predecessor said, it visits families and steals away souls without much advance warning.

Vian between the lines

After an nth death report, Boris Vian’s novel “Froth on the Daydream” came to mind. This novel overflows with invention and colours: love, music, the imaginary fill every page. However, death is very present in it. The characters live, then simply disappear, and the narrative continues along its path. It’s this similarity which struck me, a death which moves across such a vivid, such a lightweight world without ever imposing itself upon it as a break.

I’m not trying to underplay what the families we accompany go through; Vian’s world is and remains a fiction. Indeed, the death of a child from dysentery, or that of a mother who expected to have the resources to buy medicine is not fiction. The allusion ends where meaning begins.

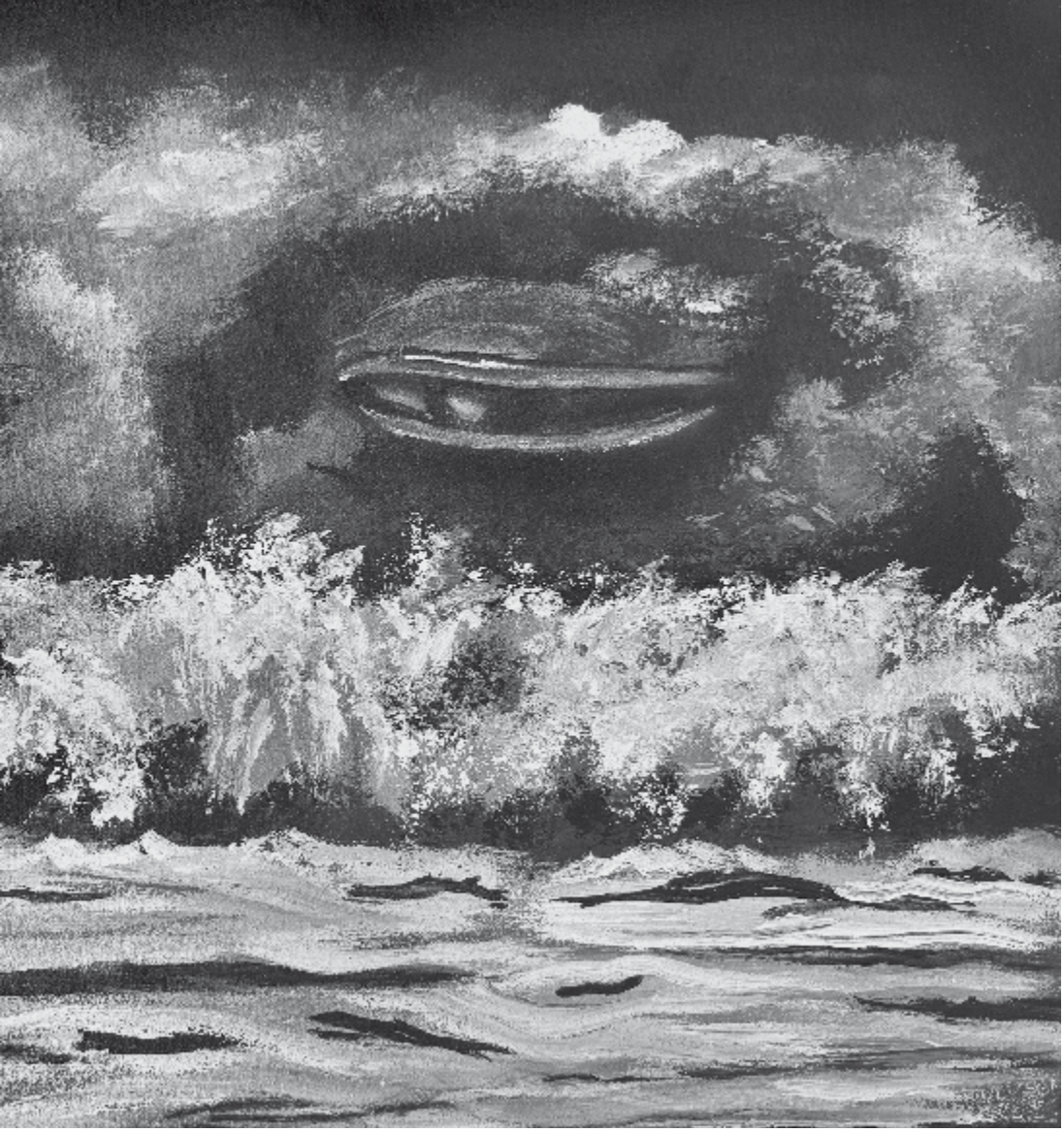
In Madagascar, as elsewhere, death is part of life, but it is a great deal more frequent than in Europe. It speaks intimately to us such is its familiar presence. Commonplace in form, but never so in its presence, because the dead are surrounded with great respect. **The bodies are cared for, wrapped according to local traditions, placed in tombs that are maintained for years, then exhumed to be celebrated and wrapped up again. The link to the dead is maintained rather than broken because death is not an end: it’s a passage to another world where the dead person becomes an Ancestor, protector of their descendants and an intermediary with the Creator (Zanahary).**

My colleagues don’t linger over the details of a death and don’t always look for an explanation, but they are always sincerely touched. Death appears bluntly in the reports and yet it is deeply felt. Many of my colleagues travel long distances, sometimes even on their own holidays, to attend funerals in the families we follow. In March 2025, one of them passed away. He was a colleague for a long time, an artist in his soul who died in his home alone. The cause remains unclear; sleep apnoea was a possibility. He left behind children, grandchildren and a team in mourning.

From Bern to Antananarivo

One question drove me to write this piece: how does the place where we live influence our relationship with death?

In Switzerland, death looks at us from a further distance. It comes late, after large resources have been mobilised to delay it (hospitals, treatments, leading-edge technology). Life expectancy there is almost 85 years. In Madagascar it is no more than 64. A 21-year difference which owes nothing to chance, but everything to radically unequal access to healthcare. In Madagascar, around 3% of the population is aged 65 or over, compared with approximately 20%



A painting by Anchille Rakotondrazafy, the father of a young girl from Madagascar supported by Sentinelles

in Switzerland. And the country has around 0.17 doctors per 1000 inhabitants, as opposed to 4.2 in Europe. In other words, in Europe, 25 times more. Where Swiss mortality is dominated by the chronic illnesses of extreme old age, a good half of deaths in Madagascar are still linked to largely avoidable causes (respiratory infections, dysenteric diseases, motherhood or perinatal illnesses, malnutrition, tuberculosis, malaria…) which have become very rare in Europe.

So, our relationship with death is not just a matter of conviction. It is shaped, very concretely, by the distance we can put between it and ourselves, the causes we can anticipate, the frequency with which it returns to strike the same family. Believer or not, we do not stand shoulder to shoulder with death in Bern in the same way as in Antananarivo, and all reflection must take account of that.

Resilience: to hold on, but at what price?

It's not death itself which imposes a forced resilience, because local beliefs make it a passage rather than a rupture. What is not a matter of choice is its frequency and the earliness with which it carries off lives which could have been saved. This is where the resilience that is asked of the Malagasy people lies. It would be tempting to celebrate those who hold on strongly without asking why they should hold on so often, and it's precisely this question which drives the Sentinelles' presence here.

Each one of us learns to walk side by side with death from within our own individual reality. From ours, here in Switzerland, we can offer at least a presence, however modest it may be: my colleagues accompany the survivors every time a family is touched by death.

I give thanks to all the Sentinelles team in Madagascar, a team whose resilience does not just reduce down to the capacity to hold on. It also has fighting spirit, a tenacious will to change a reality that they refuse to consider as inevitable. This strength lies at the beating heart of the Foundation.

"Death comes often over there." That's true. But I have learnt the point at which we continue to respond to it, every time, with the same strength, a strength which your support makes possible. Thank you.

Magali Portillo

THE INVISIBLE COST OF CARE

In Niger, CHF 25.– covers the cost of five medical or dental consultations for children. This is an exact, easy-to-remember figure. What it doesn't tell you is what the path to the consultation room door costs both in cash and in energy.

In our programmes, this path is part and parcel of the work. We plan for it, we budget for it, we try to reduce it in the same way as the work itself. The stories of Aksanti* and of Adoum* in this number show how.

It's an unseen cost.

When we think of a treatment, we think of doctors, of the operation, of medication and possibly of post-operative care. We think less of the journey, accommodation of accompanying family, meals during hospitalisation, the person who connects both the patient and the family. We think even less of what this journey demands of people already weakened by illness: the hours en route, the waiting, the distance from home, even before treatment begins. And yet, for many of the people we work beside, it is these things which take up all their resources.

In Senegal, we regularly come across parents who don't have the financial and logistical means to take their child to hospital for long stays, sometimes of several months. The hospital exists. It's the journey and then the accommodation and meals, which are the problem. This is the case of Awa*, mother of a small boy in Casamance, who was unable to take her son for a heart operation. The nearest hospital for the operation is in Dakar, an eight-hour journey away. A doctor in the south of the country had spotted the condition and referred the case. But for Awa, to travel to Dakar meant abandoning her economic activities and thus her income.

In Madagascar, our great team has more than 40 members. The social support assistants visit families at home, often on foot when the roads are impractical by vehicle.

When on-the-spot treatment is not available, travel has to be organised. In the reception centres at Ouagadougou and Zinder, a child with noma arrives with a relative, most commonly, the mother, and stays there with her.

We have shaped our reception keeping in mind that nobody should have to face a long journey alone. This journey has to be added to the path of the disease, and it requires energy from those who already have little.

The same goes for medical evacuations from Bukavu to Kigali. Aksanti had to spend 10 hours on a bus to reach a hospital and start his radiotherapy. 10 hours when he was already ill. Another example, from Dakar to Geneva: travel documents, ticket, accommodation – and assistance, often provided by volunteers.

In Switzerland, it's volunteers who accompany the children of Valais to Lausanne or Geneva. This travel is not only transportation; it's a whole framework which allows the treatment to continue to the end. Accommodation, meals, tickets, visas: this is what a journey costs.

The shortest trip is the one that doesn't have to be made. A child infected with noma, diagnosed in time, has every chance of surviving and getting back on track. This is why we train medical professionals and local traditional practitioners to detect the disease as soon as possible and raise awareness among villagers. It is also the reason why we train surgeons on the spot in techniques for reconstructing the damage caused by noma. Each locally trained professional ultimately helps patients avoid long journeys away from home.

Distances don't get shorter from one day to the next, and some regions are still inaccessible to us. But every person diagnosed earlier, nearer to home, has a shorter path to travel.

A donation finances a treatment, certainly, but it also finances the pathway leading to it; a real cost, rarely visible: in cash and especially in energy for those who have to travel it, in addition to their fight against the illness.

Behind every consultation, there is a pathway to it. With your donation you help us shorten that pathway.

Fanny Freund

*Names changed

EVERY GESTURE COUNTS, STARTING TODAY

Thanks to your support, lives are changed and brighter futures take shape. A timely donation or a monthly contribution can, from today, meet the real needs of children, women and the families whom we work alongside. Whether it be financing treatments, covering essential needs or supporting training, every donation helps to lighten the hardships of daily life or to open new possibilities.

Here are some examples of what your generosity makes possible in the countries in which Sentinelles is working.

In Burkina Faso, with:

CHF 75.–/month, you contribute to feeding for a month 10 people internally displaced by armed conflict.
CHF 80.–, you give 2 goats to a family to enable them to start a small farm and gain autonomy.
CHF 95.–, each week you allow 50 displaced children to participate in a live workshop.
CHF 100.–, you allow a mother to launch her own pastry business.
CHF 500.–, you finance the operation which gives dignity and health back to a woman suffering from uterine prolapse.

In the Democratic Republic of Congo, with:

CHF 15.–/month, you are providing food support for a young child.
CHF 120.–, you are financing the professional training of a young person for a year.
CHF 600.–/month, you are contributing to psychological follow-up of women and children.

In Senegal, with:

CHF 45.–, you are contributing to the education costs of a child for a year.
CHF 50.–/month, you are contributing to the food support for a family.
CHF 100.–/month, you are opening the doors of literacy to talibe children in a daara.
CHF 350.–, you are financing a year's training in metalwork for an adolescent.

In Switzerland, with:

CHF 60.–, you are giving a physiotherapy session which gives jaw mobility back to a child who has survived noma.

In Colombia, with:

CHF 25.–/month, you guarantee a child 3 meals per day in our Amaga-Minas centre.
CHF 50.–/month, you give a child psychological and personalised educational support.
CHF 250.–/month, you are donating radio, music and personal development workshops.
CHF 360.–, you are enabling a woman to train for 10 months and to launch her own career in cooking, sewing or manicure.
CHF 380.–, you are financing a year's training in mechanics or crafts for a young person.

In Madagascar, with:

CHF 45.–/month, you are feeding a child in our ATAFO Reception Centre.
CHF 50.–, you are giving 5 consultations with a specialist to families without resources.
CHF 200.–, you are contributing to a complete roof renovation for a family.
CHF 238.–/month, you are guaranteeing food for a mother and child in prison.
CHF 350.–/month, you are subsidising the essential needs of a family of 4.

In Niger, with:

CHF 25.–, you provide a medical consultation for 5 children.
CHF 60.–/month, you are contributing to the daily feeding of a child at our reception centre.
CHF 70.–, you are enabling a mother with a child suffering from noma to set up her own business.
CHF 120.–, you are financing professional training for a young person who has been cured of noma.
CHF 300.–, you are giving a year's quality education to a child.

Your donations are tax-deductible!

LOSING EVERYTHING IN A FEW MINUTES

"These families sleep outside, under the trees, and those who are lucky have found shelter with host families who are themselves struggling."

Safari Gilbert, Coordinator, Sentinelles Bukavu

Bukavu, a town in the east of the Democratic Republic of Congo, has grown too fast. Its rapid development in a hilly region and without appropriate urban planning has had devastating consequences for its inhabitants. Landslides regularly carry away dwellings built on unstable ground, and hazardous electrical connections lead to fires. The spread of such fires is facilitated by the close concentration of dwellings and the narrowness of access ways within overpopulated areas. Whole families, already marginalised by poverty, see their possessions reduced to ashes. Education and income-generating activities are sharply interrupted; they lack the resources to rehouse themselves and start again. People deprived of their accommodation and means of subsistence call for help; a call to which Sentinelles responds and which it helps relay. As the authorities forbid reconstruction on the areas involved, alternatives on sure ground have to be found straight away.

More than just a simple shelter with a new roof, it is their lives that people involved are trying to put back together. Together, we can transform this hope into a reality:

In Bukavu, with:

CHF 45.–, you are providing a disaster victim with a mattress and blanket.

CHF 50.–, you are enabling a family to buy a 50-kg sack of rice and a 20-litre bottle of oil.

CHF 100.–, you are contributing to the education costs of a child for a year.

CHF 200.–, you are contributing to the costs of psychological support sessions for people with post-traumatic stress symptoms.

CHF 2'000.–, you are contributing to the purchase of a piece of land and the construction of a safe dwelling for a family.

WHAT IF YOUR LEGACY CAN TRANSFORM LIVES ON THE OTHER SIDE OF THE WORLD?

Every year people choose to leave all or part of their worldly goods to the Sentinelles Foundation. Whatever the amount may be, each and every legacy helps durably sustain our activities: lasting support of our Reception Centres in Niger, in Burkina Faso or even in Madagascar, paying for surgery to reconstruct faces or to be there for families going through hard times.

No matter your age, or your particular situation, you can include the Sentinelles Foundation in your will.

To help you best with this decision, the Director of Sentinelles, Marlyse Morard, is happy to give advice. You can ask questions by phoning the Foundation on **021 646 19 46** or by email to **info@sentinelles.org.** A heartfelt thank you to all of you.

Sentinelles

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