



May 9, 2010

3 months have already gone by since the devising of our action plan aiming to assist the vulnerable children having sought refuge in the various camps of Port-au-Prince's greater metropolitan area, following the earthquake that has decimated families and further impoverished the different castes of Haitian society.

All of ninety days... each and every day turning out to be so different... for some, filled with sadness, helplessness, insanity and dread, and for others, filled with fear, guilt and abandon, or sometimes more basically with hope.

This past January 12 must teach us to live intensely and positively each minute, each day, each month as if it were the last.

We wish to thank all readers of this news space for sharing their outpouring of support and encouragement; your messages have accompanied us throughout this time and have helped us take on our many challenges.



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N.B.: For those less familiar with the MAEC, please note that you will never see sad and dying images of children, but only symbol of the MAEC philosophy; To preserve the children's dignity and bring them the joy of living, thank you for believing !!

Below is a short summary of our activities:



## MAEC UPDATE

MANDATE:

## ***VULNERABLE CHILDREN***

### **EXTERNAL PROGRAM**

A change of mandate was presented to our main partner, Cross International, in order to broaden our scope of action and address the needs of vulnerable children living in refugee camps, rather than only those of children specifically affected/infected with **HIV/AIDS**.

Budgets were thus reviewed and reassigned as early on as February, less than one month after the earthquake, in order for us to offer proximity services more rapidly to the children and youth living in camps scattered amidst the five communities of Port-au-Prince's greater metropolitan area where we work. These services are to be offered until next September.

Our objective has become to assist one hundred (100) camps by providing ambulatory health care, setting up support groups, sustaining the ability for the camps' youth to mobilize, to use animation techniques and to play, accompanying troubled children through individual therapy or group therapy and creating awareness activities through entertainment.

By September:

- 9,000 children are to be examined and treated by nurses\*
- 1,500 children are to be treated in pediatrics\*
- 100 youth committees are to be trained and reinforced
- 33,400 vulnerable children are to benefit from proximity psycho-social support

#### 1) SUPPORT GROUPS (Adults & Youth)

Each camp has a small committee made up of 5 to 10 individuals, depending on the size of the camp. These individuals were already known leaders in their community before the earthquake.

MAEC volunteers present the committee with the services provided by MAEC. In the advent of a positive response, a population census is held in order to determine the number of families, the number of children and their age. After compiling the data obtained, the project supervisor will plan the onset of activities for a given camp.



#### A) TRAINING/AWARENESS

The camp's committee will submit a list of ten (10) young adults, all of whom have been evaluated by MAEC contributors and subsequently trained with one or two MAEC peer educators under the nurse's supervision on the following subjects:

- 1) Primary health care (hygiene, water, burns, rehydrating techniques, etc.);
- 2) Psycho-social accompaniment (group animation/age-appropriate games created for detecting specific issues).

These trained/aware young adults constitute a support group based on the training received through MAEC; they must organize activities for camp children.

These activities aim to reduce the vulnerability of children and to detect troubled children in need of psychological care; this care is to be dispensed by MAEC's psychologist through individual therapy or workshops.

Adult camp committees also benefit from one or two support days to help with setting up adult support groups.



Training and awareness session to young volunteers for the refugee camps. Also distribution of products donated by Cross international, to the young volunteers and also to the youngsters they will be training.



## A) ANIMATION

Peer puppeteers, a group born out of MAEC peer educators having established the puppet theatre in several communities in 2009, have now altered their play to take into account the living conditions of children residing in camps since the earthquake. MAEC now benefits from three (3) puppeteer teams thanks to the voluntary commitment of the first group to train the other two. Some of these youths will soon be training on how to handle a giant puppet (MAEC's rallying symbol) that is being created.

All three (3) teams will present plays in order to entertain camp children, but first and foremost in order to educate them on HIV/AIDS, stigmatism, promiscuity, the environment, hygiene and community solidarity.



Animation by newly trained volunteers, and product distribution given by Cross International.



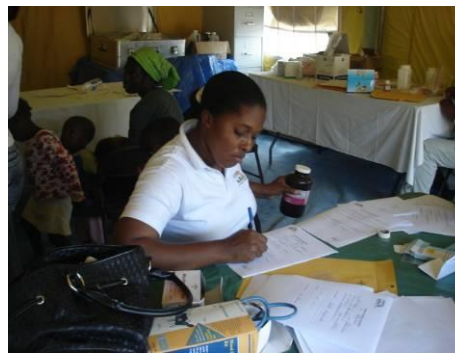
## 2) AMBULATORY CLINIC

A team comprised of three nurses and a doctor in pediatrics spend from two (2) to three (3) days in each camp to meet with the children, treat them, refer them to hospitals if necessary, and counsel family heads in order to prevent the already fragile state of children from deteriorating.

We are currently facing a sizeable constraint, the issue of accessing essential medication. Due to the non-availability of the medication that families are freely provided with, we have been forced to postpone this activity more than once.

Through Cross international, we were able to benefit from a small emergency budgetary envelope and purchase a small reserve of medication. We also benefitted from a small amount of medication forwarded by an American donor.

We fear not being able to achieve our objectives should no further development arise, conclusive to our query undertaken more than two months ago with appropriate governmental authorities for us to benefit from essential medication.





### **Objective to be achieved by September: 100 refugee camps**

A total of one hundred and thirty three (133) camps have currently been registered as welcoming our services, and we are active in thirty-three (33) of them. These camps are scattered across Port-au-Prince's greater metropolitan area amidst the communities of Croix des Bouquets, Carrefour, Carrefour-Feuille, Pétionville and Cité Soleil.

All external personnel move about on a daily basis, from psychologists to social workers, doctors in pediatrics, nurses, project supervisors, area overseers and cultural agents, thanks to the two MAEC vehicles and the two drivers. Additional personnel will need to be hired in order to meet the growing demand coming from the camps, namely a psychologist and a driver.

### **EXTERNAL PROGRAM (prior to earthquake)**

Twenty-five percent (25%) of beneficiaries for this program remain missing; it is felt they are either deceased or have left the capital in favor of provincial towns.

While food rations are still being distributed, they are no longer available to all families; a mere thirty-five percent (35%) of them are still receiving rations. The availability of food products within centers is no longer being made possible due to the reassignment of these products towards camps by one of the two partners.

Preventive consultations in pediatrics provided to families at the proximity house have been suspended since January 12, as well as have all training programs.

The resuming of activities provided at the proximity house is to be evaluated over the coming months.

Three youths stemming from MAEC peer educators have come together as a band known as "Guemaswho"; the band is currently busy producing a video clip on community involvement, HIV and the importance of overcoming challenges. The video bearing subtitles in both French and English is to be officially launched at the end of May. MAEC on-site viewing will be made possible as well as U-Tube on-site viewing by the end of May or the beginning of June.



## **INTERNAL PROGRAM**

Since January 12, the number of orphaned children has greatly increased. International NGOs regularly request from us that we take on a number of children. Twenty-three (23) of them have temporarily joined us since then, but due to lack of space (the boys are still sleeping outside in tents) MAEC has been unable to welcome several other children or youth in need of individual attention and requiring additional personnel.

Children's rights defense organizations are worried: a sizeable number of children have disappeared from orphanages and day-care centers. Clandestine networks are active in the area.

The urgency of moving internal housing to Thomassin is clear; welcoming capacities must increase from the initial seventy (70) to a minimum of one hundred (100) children.

## **NEW HOUSING FACILITIES IN THOMASSIN**

While construction of the children's residential unit is underway, important delays are currently being caused by:

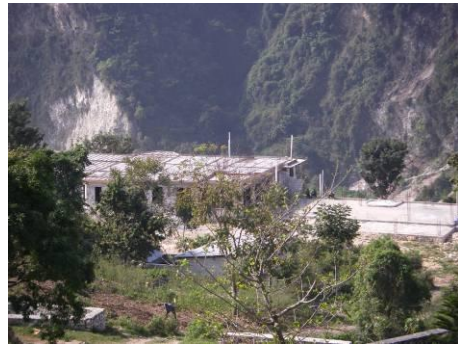
- The closing down of the sandpit located close to MAEC site by governmental authorities following the January 12 earthquake. The sandpit constitutes an environmental threat;
- Difficulties in securing raw materials supplies since January 12 (sand, concrete, blocks);
- Oil products rationing over the last few weeks;
- Consolidating buildings to resist earthquakes;
- Generally increasing costs of materials;
- Insufficient funding.

The engineer-architect, having barely recovered from a heart attack, must evaluate costs to be incurred to finish all different phases of construction of the residential and administrative units:

1. Finishing off basement and first-floor construction to allow for the children to be moved;
2. Completion of the last floor of the children's unit;
3. Completion of the two floors of the administrative unit.



The basement cafeteria now bears windows and will be used as sleeping quarters for the children until the completion of phase 2 (as mentioned previously), as well as the completion of the first floor where the library, the recreation room and medical unit will be housed. The first floor will welcome all administrative and accounting personnel on a temporary basis.



*Thanks to the funds forwarded by the Help for Children Foundation (Fondation d'aide aux enfants orphelins du Sida) and the Marist Mission Foundation, we were able to pour the first floor's concrete ceiling on May 1. Construction has now stopped until new funding required for construction to resume are found and received.*

Danielle Reid Pénette