FACTS Reports

Field Actions Science Reports
The journal of field actions

Special Issue 5 | 2012
Women's and Children's Health

"Pour un Sourire d'Enfant" (PSE) [For a child's smile] association's actions to help scavenging women and children in Phnom Penh

L'action de l'association Pour un Sourire d'Enfant(PSE) en faveur des femmes et des enfants chiffonniers de Phnom Penh

Acciones de la asociación para ayudar a mujeres y niños basureros de Phnom Penh

Marie-Annick Maspoli

OpenEdition Journals

Electronic version
URL: http://journals.openedition.org/factsreports/1398
ISSN: 1867-8521

Publisher
Institut Veolia

Electronic reference
Marie-Annick Maspoli, « "Pour un Sourire d'Enfant" (PSE) [For a child's smile] association's actions to help scavenging women and children in Phnom Penh », *Field Actions Science Reports* [Online], Special Issue 5 | 2012, Online since 17 April 2012, connection on 30 April 2019. URL : http://journals.openedition.org/factsreports/1398

http://factsreports.revues.org/1398
Published 17 April 2012

FACTS Reports

"Pour un Sourire d'Enfant" (PSE) [For a child's smile] association's actions to help scavenging women and children in Phnom Penh

Marie-Annick Maspoli

Staff Pediatrician, Centre Hospitalier de Versailles, Versailles, France, Website: www.pse.asso.fr

Abstract. Founded 15 years ago, the association "Pour un Sourire d'Enfant" (PSE) [For a Child's Smile] is a private initiative with the primary objective of educating scavenging children in Phnom Penh to enable them to find a place in society and live in dignity. In pursuing this goal, PSE adapts its actions to meet needs as they arise and thus has considerable influence on the health of mothers and children.
To give these children access to education and quality professional training, PSE's first task was to feed them and provide healthcare. Education and training in health issues, the medical monitoring of the children and their mothers, as well as the residential care of the most severe cases, today accounts for a large part of the association's administrative activities. It has of course been necessary to build more than just classrooms: sanitary facilities, dispensaries, childcare centers, etc, were also necessary. In addition, in view of the country's historical context, the combat against domestic violence is necessarily given serious attention. The precarious balance thus obtained is consolidated by paying the mothers to compensate for the children stopping work.
Step by step, PSE is making progress by taking into account the Khmer culture, working in collaboration with other solutions locally, and encouraging Cambodians themselves to become involved. The association, working to improve the physical and mental health of the children and their mothers, is recognized by Cambodian businesses and authorities.

Keywords. Poverty, healthcare, children, women's health, Cambodia, education.

1 Introduction

Certain events in a country's history have long term repercussions: an example being the terrible Khmer Rouge genocide which, 35 years afterwards, has left a whole section of the Cambodian population totally disrupted. This is what Christian and Marie-France des Pallières discovered in1995 during a mission to Cambodia for another NGO. Considering what they saw to be unbearable – children scavenging through garbage but also being mistreated, beaten, abused, raped or sold by their own parents –, they decided to change their lives, setting themselves up in Phnom Penh to restore dignity to the children, first using their own resources and then appealing to friends in a network that has never ceased to grow. PSE began very modestly in 1996. Today over 6500 children benefit from the different programs, under the supervision of 450 employees, all Khmer, and over 2000 young people have already completed our programs. Armed with a diploma, employed in worthwhile jobs, they have been definitively emerged from poverty.

I joined the association's administrative board and took on the responsibility of liaison officer for the medical programs in 1999. My first contact with the children was a shock: I had already seen scavenging children in other countries, but these children had something terrifying in their gaze, they looked too serious, worried, as though they had aged prematurely.

PSE's primary objective is not medical: its goal is to provide an education for the children, in its center or in public schools, and above all to provide job training, in its Professional Training Center or in one of the city's schools or universities, so that when the children reach adulthood, they can lead their lives in dignity. However, this project cannot be conducted without paying particular attention to the health of the children and their families.

2 General and geographical background

PSE addresses the needs of scavenging children of the city of Phnom Penh. Today, Cambodia still has many problems recovering from underdevelopment: the gap is widening between those who are becoming more affluent and those who are becoming poorer, given that the inflation rate is an important criterion Finally, the scavenging children are chased away from the center of the city by the real estate development and the renovation of whole districts.

Figure 1. Healthcare at one of the paillotes.

Figure 2. A newborn baby being welcomed to the center.

The poor of Cambodia suffer more from malnutrition than undernutrition (rice provides calories but not the proteins essential for good health). The field action thus began in 1996 with the concept of the “hut in the slum” (the Paillotte), where a well-balanced daily meal is distributed to small children and pregnant women. Since then, we provide all meals to children at the center and we distribute sandwiches to those who attend city schools; 9000 meals or sandwiches are distributed every day. Since 1997, we began the education programs for the children, and the other programs were then added sequentially through the years, depending on the problems that we encountered.

3 Methodological issues

At least once a year, our social workers evaluate the level of poverty of the families of the children whom we accept. The most impoverished families earn less than $US 0.5 per day per person, and the upper limit for acceptance to our program is $US 2.0 per day per person. In between the two values, PSE sometimes requests a small financial contribution from the families for the healthcare, education and/or meals of the children.

Some families may improve their standard of living when the oldest children begin to work or when the parents find better work thanks to microcredit loans provided by other NGOs.

We would have aggravated the health problems of the mothers if we had simply hosted their children in our Center or at school: the meager sums obtained from the resale of garbage is indispensable for the survival of many families. From the beginning, we have therefore introduced a system of rice redistribution to the families in order to compensate for the income lost when the children stop working. This system requires 14 tons of rice every week!

We identify problems through regular discourse with the children and, if possible, with their parents. When a problem is defined, PSE determines whether a local solution is possible. If this is the case, we accompany the families towards the right people. If the existing solution is not very satisfactory, then PSE strives to improve it. Thus, the schools in the poor neighborhoods would host the students only 1/3 of their time, in order to educate three separate groups of students in the same grade, but the rest of the time, the children would continue to scavenge. PSE therefore constructed supplementary school rooms, and reached an agreement with the Ministry of Youth to hire more teachers. The children are now in school half of the time, and we occupy them the rest of the day through personalized education activities.

When there are in fact no local solutions, then PSE implements a program whose entire staff is Cambodian: a program director, assisted by an assistant for each branch of the activity (health, social work, pedagogy, maintenance, finances, management, and human resources).

Cambodia does not have a Social Security system. Despite the high costs of healthcare, at the “Paillotte” we offer emergency health care, respiratory physiotherapy sessions (garbage produces many toxic fumes and the resulting respiratory diseases are more rapidly cured with physiotherapy), hygiene education, and HIV/AIDS information. (Figure 1.) When a woman thinks she might be affected, we propose an anonymous diagnostic test free of charge then we refer her if necessary to a health care facility. We have not succeeded in eliminating AIDS, but it is no longer transmitted from the mother to her foetus.

A midwife employed by PSE monitors pregnancies, encourages women to give birth at the dispensary (where the newborn are vaccinated) and distributes delivery kits that are “clean”, if not perfectly sterile, to those who cannot or

Figure 3. Vaccination at the school healthcare center.

Figure 4. Informational meeting between a midwife and the village community.

do not want to go to the dispensary. For several years now we no longer see any cases of neonatal tetanus. (Figure 2.) We pay a “breastfeeding bonus” to compensate for the loss of income to mothers who stop their scavenging activity in order to breastfeed their babies for 6 months; in this way we improve the nutrition of the mothers and the health of the babies, and we believe that this bond helps to prevent future mistreatment.

4 The tools of the program

We provide day care for small children so that their mothers can go to work, without leaving the children alone or entrusting them to an older sister who is then obligated to give up her education. The children are cared for either in neighborhood childcare centers, where they play stimulating games, or in a Feeding Center for the more fragile children (premature babies; malnourished, sick or disabled children) where they are closely monitored and led as necessary to appropriate care facilities, both public and run by NGOs. This year, we have sent for surgery one baby with heart disease and another with hydrocephalus.

All children educated by PSE, in neighborhood schools or in remedial classes (for those who have missed out on more than 4 years of education), benefit from at least one medical check-up per year, vaccinations (the government has begun to organize mass vaccination campaigns but they do not reach the whole population) and any necessary health care. (Figure 3.) For this, we have at their disposal a dispensary in the PSE Center, 3 nurses in the schools attended by a great number of pupils, and 2 mobile nurses who go from one school to another. The other pupils, who are not directly supported by PSE because their parents are not extremely poor, may also receive emergency treatment, and thus 20,000 children benefit each year from this program. The PSE doctors and nurses visit classes regularly to give lessons on hygiene (cleanliness, dental hygiene, human relationships). PSE has also built toilet facilities in schools that lacked them and wells dug in the slums where the families live. An agreement has been reached with a dental school to ensure systematic dental examinations. Outside of school hours, the medical service at the Center is open 24 hours, 7 days a week.

Health care is provided by Khmer medical and paramedical teams, who were trained in Cambodia and work with Western professional volunteers. This arrangement also allows us to be respectful of traditional health care procedures (meditation, respiration, tigre balm, homeopathy, etc).

We have investigated ways in which we could reduce domestic violence. In fact, domestic violence causes more suffering among the children than poverty. I will never forget young Phoen who said, “scavenging through garbage, when you are poor, is normal (!!!); what is sad is when the parents hit their children so hard.” Why so much violence? The fathers of the affected children were children themselves when the genocide was perpetrated in 1975; they lived through their childhoods in a climate of terror, violence and denunciation. What they need to do now is try to forget, and alcohol is a good amnesiac, especially when you are poor.

It was not up to us, the Westerners, to tell them what to do; Khmer culture does not tolerate criticism, which causes “loss of face”. We have organized theatre sessions, where the children write the scripts and invite their parents. Unfortunately, frequently only the mothers come. (Figure 4.) Every week, the children have time for a “discussion about life”; they talk about their projects, among which a recurrent theme is to start a family in which everyone gets along well together ...

Improving living conditions is an excellent means of combating violence. The violence has not disappeared completely, but diminished considerably. We have distributed mobile telephones so that we can be contacted in the event of an emergency; in just a few years, I have seen the number of calls drop from 5 or 6 per night to 2 or 3 per week. It still happens that a woman dies from her husband’s blows before the eyes of her powerless children. The children in greatest danger cannot return to their families in the evening and are accommodated either at the Center or in foster families. We try to avoid breaking all ties with the family and accompany the children when they visit their parents.

5 Political recognition

The government does not provide any material assistance to PSE but acknowledges its usefulness and qualifications:

- Christian et Marie-France des Pallières were granted Cambodian citizenship,
- The queen has visited the PSE Center,
- The association’s professional training Center was renamed the PSE Institute, which gives our diplomas national accreditation and equivalency with the diplomas offered by the State, and allows instructors from the State to be trained in PSE classes, etc.

As PSE is politically neutral, the national government does not resist in any way the association for its activities. In the long run, the government would like to take responsibility for the children’s education. Although this would not be feasible for many years, PSE would then refocus its activities on the most vulnerable children: the orphans, the handicapped children, etc.

We have already looked for a facility that could take care of the children with incapacitating handicaps or not able to learn even under the optimal conditions offered by the Center of remedial classes. But we have not found a solution yet. So we created a special needs education section for children with serious learning disabilities and a special class for the most seriously disabled children. This program is run by a physiotherapist and a special needs teacher who went to France for training, since Cambodia does not have yet a special needs education system. Our main worry is now to find a partner agency that could take over from us in caring for the children who could not become independent due to disabilities, when they become old enough to leave the PSE facilities.

6 Obstacles and problems

The cost of living is increasing at an alarming rate as far as food, health care, and the salaries of our 450 employees are concerned. The number of children admitted to our programs over the past few years and now in professional training is increasing rapidly, which in turn increases considerably the cost per assisted child. Finally, the buildings, which were built ten years ago, are beginning to show their age.

7 Costs of the program

How did the goodwill of a simple couple develop over just a few years into such “a machine to eradicate poverty”? Well, thanks to a very dynamic network, mainly throughout France and Europe, that works to raise awareness about PSE’s actions. The funding is all private. Sponsorships are not individualized for reasons of cost and fairness between children; and donations and legacies are from individuals, foundations, and corporations. Our donors are happy, since we take great care to inform them directly: a short 4-page newsletter is sent out every quarter from Cambodia and the administrators make regular visits to help advance the projects for which they are responsible in liaison with the management teams on site. Each year, Christian and Marie-France des Pallières spend 2 to 3 months travelling around France and Europe to present, with film footage, the current state of affairs. The annual budget of the PSE, including all of its programs, is about 6,000,000 euros.

8 Conclusions

Our programs are beginning to rely increasingly on Cambodian teams that are employed by PSE; and the activities carried out by Western teams are becoming more discrete, even though none of them have been stopped, given that none can be replaced yet by local expertise.

We do not possess any health indicators that allow us to evaluate our results objectively, but we base our conclusions on our direct contact with the affected populations: it is clear that the physical and mental health of the children supported by PSE is improving. Our greatest joy is when our “former” beneficiaries, more than 2.000 of whom have formed an association, come back to tell us about their families and their jobs.