

Orphanage Summary



Background: In 2014 Emmanuel took part of our team to see four orphanages as a spontaneous addition to that trip. We provided assistance to each, mostly in the form of food and medicines we purchased locally. Everyone was deeply moved, including Emmanuel. Since then he acquired land (5 acres now, purchasing 2 more) and has begun his own orphanage. Currently there are three nannies caring for 30 children. Influenced by us, his vision is of a facility that is fully self-sustaining (ie not reliant on donations). He wants to not only care for and educate the children, but also help them heal from trauma and prepare them for independent adult life. Part of the vision of sustainability includes raising food – from goats and chickens, to fruit trees and more, both for the children to eat and to sell surplus at market. The children will also learn valuable skills caring for the animals and plants.

Since the team stayed with Emmanuel there were many opportunities for long talks about Emmanuel's vision, challenges, short-term goals, and more. He will also be adding a permanent clinic to the orphanage to serve not only the children and staff but also the surrounding community.

Our plan for Monday was a full day of medical exams and treatments for the children and local people. The previous day at Les Messie, Dr. David LaLanne got so enthused about our plans at the orphanage that he volunteered to come with us to the orphanage clinic we were holding. He brought one of the medical school graduates with him. We also collected a social worker and two nurses to interview as potential staff for the clinic.

David (Dr. LaLanne) literally took over the clinic: the education and evaluation of the nurses, the kids, everything, with the Social Worker from the Ministry of Health watching over the process. We all agreed that we ultimately want to be affiliated with and keeping up with the Ministry of Health's recommendations.



The children are currently sleeping on mattresses on the floor, which seems to have created skin issues such as impetigo, scabies, tinea capitis, and excema. Gail got to work teaching the nurses and nannies how to clear the skin conditions. Chlorine baths weekly, with bucket baths advised to prevent recurrence.

Next is the worms. There were so many children who weren't hungry, with nonspecific abdominal discomfort. Gail knew it was worms, but she was more certain when the nannies told her that all the kids were defecating worms a couple days after their first doses of mebendazole, which will be provided weekly for a couple of doses, then repeated in six months. The nannies were freaked out at first until they were educated about how the worms were coming out because the medicine was killing them. Gail estimated that they would need a nurse for weekly and on-call visits.



Gail and David spent the whole day educating and evaluating the two nurses as they worked. As is generally the case, the older more experienced nurses can lack initiative and interest, and the younger nurses have passion and energy, but lack knowledge, unable to work independently without extended education. They are trying to find a happy medium. It was wonderful to watch David and the nurses with the medical student evaluating the children and then soliciting Gail's opinion on dosing of meds or follow-up precautions.

Dr. LaLanne and Dr. Batsch both offered to work voluntarily at the clinic and felt that it was likely that there were others who would too.

Dr. Stryker played pharmacist, obstetrician and internist for the adult women who came to the clinic after the children were seen. People who came from the community, outside the orphanage, were asked to pay 25 goud, less than they would pay in

transport to PAP. Emmanuel wanted to test the sustainability idea. The older women with hypertension were quick to tell Emmanuel how they are taking 3 tap-tap rides (on the back of a motor cycle) and the better part of a day every month to go to their doctor in Port Au Prince and get their medications. They will be more than happy to spend that money at the clinic here, so they can get more done at home, saving time and energy. Drs. LaLanne and Stryker were able to perform ultrasound evaluation of pregnant women, which is also going to be a sustainable project.

Food sustainability: the orphanage will include raising livestock and growing fruit to feed residents with excess to sell at market.



Fruit: Gail spent an afternoon at the orphanage. She walked among 2000 banana trees, and purchased (her gift to the orphanage) 10 lime, 10 mango, 10 breadfruit, and 2 cherry trees to plant later. There are also watermelons growing beneath the shade of the trees.

Goats: there is one big male and 14 smaller Haitian Goats right now. Emmanuel is hoping to buy another large female for breeding.

Chickens: while we were there, we purchased the materials to make a coop suitable for 400-chickens. That has been assembled and we are waiting for the financing of the purchase of the chickens and their feed.

Power needs: Currently, there is no electricity. Gail and Emmanuel spoke about solar energy with an inverter vs a diesel generator. Those were priced out. We will also explore biomass (common in India) where cooking fuel is made from human and animal waste. For now, they are cooking on a fire, charcoal made from wood has been used, but they ultimately need something more reliable coming into rain season. (and wood is not sustainable).

At this time there is no education except games and singing for the children. Emmanuel wants to prioritize having music included in their education. He will find out what types of instruments are currently being played in Haiti and who might be willing to teach lessons. There is an organization in Midland that may be able to donate musical instruments if we can build a safe area for them to be stored. He is also seeking out options to provide basic education to the children (there is no public education for children in this area).

Furniture needs: to get the children's beds up off the floor, we found some metal triple bunk beds that could be used for the kids instead of building them this summer. Instead the church group coming to build beds could build a playground. Also priced out were cupboards for clinic, a gazebo, fans, and other needs.

Medications for the clinic

It's been several years since we have brought medications into Haiti for several reasons. First, the majority of women seen are concocting signs and symptoms so that they will be given medications that they never intend to take but they will likely sell on the streets to ignorant people who may be truly sick and hope that they are buying some kind of medication that may help. Second, when we bring medications down to Haiti, the Haitian pharmacists don't get the business that likely could keep their businesses thriving and hiring new employees. Gail understands all this and has successfully overcome these obstacles with her previous experiences. Contraception can be obtained through Grace Children's Ministry of Health in Haiti.



Emmanuel hired a local company to put in a well. They dug only 150 feet and the well produces only salt water. They can only use the water for irrigation. The company told him that they could do nothing more for the well and that was that. He has priced out the cost of drilling the first one deeper vs starting over on a new well \$7000- ish either way. (well head shown to left) So the issue of fresh drinking water is still outstanding.



NOTE: Team member Gail McGee (left), is new to IWISH but not to mission work in Haiti. She has been able to set up clinics that are run by Haitian professionals several times on her 39 previous trips to Haiti! Gail knew that we were destined to collaborate on something, in some way for the children of Haiti, but really had so much uncertainty about where and with whom. Her passion is working with children. Once she met Emmanuel – she knew where she fit. She is a great asset to IWISH and we are excited she agreed to join our Board of Directors. Her role includes sharing her vast experience at setting up sustainable medical clinics, schools,

orphanages run by Haitian care professionals.