

**samusocial**Sénégal

**ANNUAL REPORT  
2015**



**General Assembly  
April 23<sup>th</sup>, 2016**

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## 1. SITUATION REPORT

With a human development index of 0.485 (PNUD 2013), Senegal is among the poorest countries in the world. Combined with inconsistent social development, strong rural exodus and anarchic urban growth, this situation goes some way to explain the crumbling of family structures and traditional community solidarity. As Government-led prevention and protection measures have failed to offset these social transformations, one is forced to acknowledge the prevailing social exclusion phenomenon, affecting children in particular. Although coming from all over the country, street children and youth are most prominent in Dakar where they live in a state of extreme vulnerability: often forced into the street by abuse, they are further subjected to all forms of violence and exploitation as they try to survive on the street. Excluded from health and social services, deprived of an education, street children are also stigmatised, victims of repression from both the city dwellers and the police.

Many factors can explain the difficulty in helping street children on the path to life away from the street, including the medical and psychosocial vulnerability of street youth and children, the impact of the de-socialization process inherent to street life, the traumatic consequences of the violence experienced before and during street life... Giving each and everyone the chance of pulling away from the de-socializing dynamics of street life requires tailor-made solutions, long term monitoring and a range of additional services that will ensure continuity and prevent failure. Thus, Samusocial Senegal seeks to deliver a program of specifically tailored services that will meet the needs of street children and optimise their chances of reinsertion.

### *[URGENCY AS A WAY OUT OF EMERGENCY]*

This approach is based on the following principles:

- **Urgency:** identifying the emergency, not only medical, but also medico-psychosocial
- **Permanent coverage:** being reachable day or night, when no other facility is available
- **Mobility:** reaching out to excluded populations, on the street, in their homes
- **Professionalism:** building on teams trained on this specific method

Founded in 1998 by Doctor Xavier Emmanuelli, Samusocial International is a mechanism that delivers emergency services to those living on the margins of society in the world's large cities. Membership to the Samusocial International network is an undeniable asset for our teams, thus providing them with professional support, a wealth of experiences and access to international financial resources, as evidenced by several activities conducted in 2015.

*Thus, before taking stock of the year just ended, here are a few key events of 2015:*

In spite of an existing, albeit seldom enforced, legal framework, and civil society and international organisation advocacy, one must recognize that the phenomenon of street youth and children in Senegal, and in Dakar in particular, is not on the wane. We identified 535 new children. 1,132 individual children were comprehensively managed at least once during the rounds or at the centre. Thus 47% of the children we manage are new; the situation is more

concerning for the "older" children, some of whom have lived on the street for several years: their state of exclusion therefore "worsens" from one year to the next, and we are recurrently faced with the issue of young adult management on the street. Dakar offers no other management centre for this highly marginalized and stigmatized group.

This is why our priority remains first and foremost to provide direct treatment for children and youth on the street. Here are a few key results of our actions, which demonstrate – yet again – the extent to which our activities, especially the work on the street, are crucial: 535 new children identified; 9,016 individual medical or social treatment (on the street or at the centre); more than 20,000 meals served at the centre; 473 accommodations; and finally, 157 children returned to their families or referred, which brings to 987 the total number of children that were referred by Samu Social Senegal since its inception, of which 96% stayed permanently with their families. These results, and many more, are described in more details in the activity report.

Throughout 2015, Samu Social Senegal continued its so-called "cross-cutting" activities, in particular networking and advocacy, of which these are a few highlights:

- ⇒ An inter-municipal seminar on the theme of "Acting to protect vulnerable children and youth" was co-hosted by Samusocial International, Samusocial Senegal and the City of Dakar at the end of November in Dakar. After the first edition organized in Pointe-Noire in January 2014, this second seminar brought together municipal delegations and Samusocial chapters from Ouagadougou, Bamako, Pointe-Noire and Dakar. The formal opening ceremony took place in the Council Hall of the Dakar City House and was attended by over 300 people.
- ⇒ In March, a delegation from the World Medical Association (WMA), including Dr Xavier Emmanuelli, visited us. Planned on the agenda, were a visit to Samusocial Senegal, meetings and discussions with our teams, and high-level meetings with Madame the Minister of Health, the Mayor of Dakar and the President of the Republic's special advisers on issues of health, child protection and vulnerable populations.
- ⇒ To top off the visit, H.E. the Ambassador of the Netherlands in Senegal welcomed us in his somptuous gardens for a charity gala dinner on behalf of our association: almost 300 people attended and were privileged to listen to the Samusocial and Dutch school children choir, before enjoying the cocktail offered by the Ambassador and dancing the rest of the evening away. This event played a major part in helping us break our books even by the end of 2015!
- ⇒ This initial assessment of the year cannot be concluded without a mention of the exceptional generosity of the Marie-Louise Mimran Foundation, which offered us a 7-seat 4-wheel drive vehicle to use on our home reunification missions in better conditions; then, as a miracle never happens alone, Eiffage Senegal and all its staff, donated an administrative vehicle to us; finally, the Swiss Embassy helped us completely repaint the shelter, which had not been renovated since it was opened in 2010. It is also worth giving a mention to some donors who did not hesitate to favourably answer our call for help after we lost a major donor, thus preventing a potentially dire financial situation. Indeed, the "gap" was filled thanks to support from BICIS, SGBS, the Indépendance Immobilière

Real Estate agency and the Ordre des Médecins des Vosges in France, without forgetting our usual donors (listed at the end of this report) as well as our generous and faithful individual donors.



\* \* \*

In 2016, in addition to our usual activities at Samusocial Senegal (rounds, sheltering, referrals, medical and psychosocial support), a number of specific projects, some of which had already started in the previous years, will receive a greater focus and/or be strengthened, thanks in particular to major financial support from the European Union, the French Development Agency and also private donors such as the Junclair Foundation.

- ⇒ Strengthening psychological support activities through the hiring of a full-time therapist, following the retirement of Ngor Ndour.
- ⇒ Developing the capacities of regional coordinators and of partners through the implementation of a communication, sensitization and training plan in the regions.
- ⇒ Financial support and guidance for our partner associations in their vocational training and child learning and re-schooling activities, through a cascading grant mechanism for an overall amount of close to 40 million CFA francs over two and half years, as part of an EU-backed program.
- ⇒ Promoting the effective enjoyment of rights to health for street youth and children, as part of two multi-country programmes (Senegal, Mali, Burkina Faso, Republic of Congo), led by Samusocial International thanks to funding from the French Development Agency and the 5% Initiative of the Global Fund against AIDS, tuberculosis and malaria.

- ⇒ Continuing activities within the Dakar City dialogue platform, in particular in the wake of the November 2015 Intermunicipal Seminar.
- ⇒ In partnership with Samusocial International, publication and dissemination of a practical guide on family mediation and returning home, in order to capitalize on the experience acquired over the years by the Samusocial Senegal teams. Indeed, one cannot improvise a return home for children and youth who have had traumatic experiences on the street. Like anything else, it requires professionalism and method.

\* \* \*

## 2. ACTIVITY REPORT

### 2.1. The street's rounds

Two Mobile Assistance Teams (MAT), made up of a social worker, who acts as team coordinator, a nurse and a driver, tour the streets of Dakar 5 nights and 3 days per week, on-board an easily-recognizable and fully-fitted van, to identify vulnerable children and provide them with assistance and protection. The Samusocial Senegal MATs are professional and multidisciplinary: there is a requirement for expertise linked to the complexity of the physical and psychological rehabilitation process for street children. They organize rounds (touring the streets in order to identify vulnerable children) and go into the territories of the children. They can also respond to a call by other stakeholders who have identified children but cannot take them in their care (associations, institutional entities, armed forces, juvenile unit, etc.). MTA's activities are organized around three core missions:



#### Medical assistance:

- Healing and treatment: health care assistants provide immediate care and treatment for benign infections in the medical vehicle. Medical care is also seen as a means of building trust with children.
- Depending on the medical diagnosis, children may be referred to the emergency shelter, and provided with further medical and psychological care by Samusocial Senegal, or to other hospitals: when children exhibit pathologies that require specific treatment, additional tests or hospitalisation, the MATs take them to the most suitable medical facility, covering the cost of hospitalisation, tests or treatment.

#### Psychosocial support:

- Conducting social interviews: by conducting individual social interviews, social workers try to understand the child's situation and help find solutions. The psychosocial support relationship is based on whether children trust the teams, and this is built over time, at a different pace for every child.
- Identifying and ensuring priority treatment for the most vulnerable youth and children on the street: these are often unable to express their suffering; being able to help them requires a prior understanding of their attitudes and speech.
- Supporting children and youth projects: outside of emergencies and depending on their situation, background and expectations, the teams help them define their own social insertion project. It may be about re-engaging with their families, mediating with a guardian, starting legal proceedings or a training, improving their situation and/or planning a street exit.

Preventive education and rights awareness:

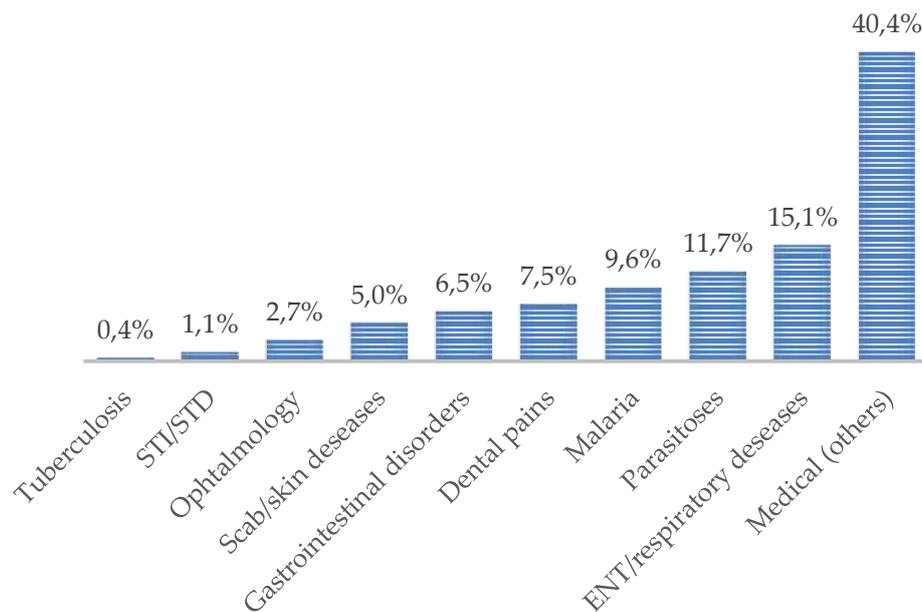
- Awareness of the dangers of the street: the MATs seek to reduce vulnerability factors for street youth and children through awareness-raising, educational talks on the risks posed by the dangers of the street. Several themes may be discussed: street survival strategies, economic and sexual exploitation, physical abuse, addiction, etc.
- Health education: health education is one of the major components of the MAT educational activities. It essentially covers STD-HIV/AIDS, malaria and tuberculosis prevention, as well as maternal and neo-natal health for young girls. It also covers more broadly the relationship with the body, through issues such as hygiene or preventing risky behaviour, given that street children and youth very often display careless behaviour, drug-taking, or recklessness linked to the general isolation caused by the de-socialisation process.
- Rights awareness: as they are deprived of information and protection and focused on survival, street youth and children are seldom aware of their rights. Their low self-esteem and the treatment they endure from people around them are not conducive to an awareness about their own rights. As a cross-cutting approach, both through individual support and group sessions, the MATs approach youth or children as subjects of rights. Discussions are held in order to put a focus on rights to protection against harsh treatment and exploitation, health, justice, etc.

### ■ Outcome indicators

MOBILE TEAMS	2015	2014	2003-2013	total
Number of rounds	385	376	3 555	4 316
Night rounds	244	239	2 228	2 711
Daytime rounds	141	137	1 327	1 605
New children identified	535	361	4 887	5 783
Number of children present	9 524	9 685	104 242	123 451
Average number of children present/round	25	26	318	29
Nutritional supplements distributed	7 171	7 153	83 353	97 677
Individual treatment	2 438	1 578	18 223	22 239
Discussions	210	272	640	1 122
Social interviews & identification	854	386	2 406	3 646
Medical examinations	1 387	1 088	15 206	17 681
Social referrals	160	89	553	802
Medical referrals	37	15	149	201

### ■ Healthcare and pathologies treated during the rounds in 2015

Over 64% of the healthcare provided during the rounds is linked to wounds, trauma or fractures. The breakdown of other pathologies dealt with (35,6%) reveals that many are linked to the lack of hygiene and to the dire living conditions of street youth and children.



Throughout the month of February, Samusocial organized a football tournament for the youth and children of the Reubeuss, Patte d'Oie Pont, Airport and Jet d'eau "territories". The final was played on Saturday May 14<sup>th</sup> on the Yoff commune ground and was attended by 150 street youth and children.

The Airport team won the tournament, much to the delight of the fair-play fans. Thanks to the generous support of the Hyacinthe Thiandoum Health Promotion Centre, an HIV awareness activity was organized alongside this sport event, providing WHO-compliant counselling and testing for interested youth. Many accepted and understood the importance of self-protection and acting responsibly. 36 youth aged over 15 (WHO standards) volunteered and they all tested negative...

The day ended with a giant picnic which was thoroughly enjoyed by all!



## 2.2. The CHUSIP

The minors sheltered and cared for at the centre are protected by the law. Thus in 2004, Samusocial Senegal signed an MOU with the Directorate for Supervised Education and Social Protection at the Justice Ministry, which states that our association is considered the legal guardian of sheltered children. Besides, an interim custody order is requested for each sheltered child and issued at a bi-monthly hearing by the President of the Youth Tribunal.

Built in 2009/2010, the current centre was in need of fresh painting, especially after road works, which lasted nearly a year and sprayed red dust all over the neighbouring areas. Our faithful supporter, the Swiss Embassy, kindly financed the repainting of the whole centre.

### ■ CHUSIP objectives

The CHUSIP (Emergency Shelter with Medical and Psychological Assistance) has a 25-bed capacity, which provides shelter to the most vulnerable youth and children for health or psychological reasons, as well as to those wishing to leave the street.

- *Providing shelter to youth and children for medical reasons:* the children may suffer from a pathology that does not require hospitalisation, but where daily treatment and monitoring prove necessary (pathologies that are difficult to treat in the street or where a post-hospitalisation recovery period is needed). They are then allocated a nursing bed for the whole duration of treatment or recovery. Three lady nurses and a male nurse work in rotation, under supervision by a head doctor, to provide round-the-clock medical services. CHUSIP is also fitted with a professional and well-equipped medical practice. Samusocial Senegal also shelters sick children referred, free of charge, by other partner entities without adequate medical facilities.
- *Providing shelter to youth and children for psychological reasons:* The centre ensures management of the following: children victims of abuse, highly marginalized children (isolated from the group - reduced to vagrancy), exhausted children on the street, in other words which can no longer resume their vital cycles (wake/sleep, food intake feeding rate), children who particularly put themselves at risk, children in a regressive state (syndrome linked to paradoxical over-adaptation, leading to a breakdown as soon as the child's routine is disrupted). Children and youth are made particularly more vulnerable by their psychic state and then require immediate protection.

### ■ Main activities at the centre

The main activities at Samu Social seek to provide medical care and treatment, social and psycho-therapeutic interviews; regenerate the body based on four compulsory common activities: washing, eating, "snoozing" and sleeping; and regenerate the mental functions using games and aesthetic activities in order to help children distance themselves psychologically from the logic of street survival.

Highly committed helpers (Marie-Elisabeth, Emilie, Fabienne, Blandine) volunteer two mornings per week, and provide tailored literacy education.



Amongst the many activities conducted during the year, we can mention the monthly "Movie Saturdays" at Hotel Onomo, followed by snacks in the gardens, and the poetry workshops every Sunday with the Les Colombins association ...



*On the first anniversary of the "Movie Saturdays" at Hotel Onomo, the film "Ratatouille" was shown, followed by copious snacks, then by a football game with the hotel staff and dancing to end the day.*

*On April 16<sup>th</sup> and 17<sup>th</sup>, Viviane Faye and her staff from the Blaise Senghor Cultural Centre met with the Samusocial Senegal children to discuss daily rules of hygiene. Practical activities were organised on the same theme.*



*On May 27<sup>th</sup>, children were invited to the French Cultural Centre for a Circassian evening and to watch the Maputo-Mozambique and Sencirk show. At the end of the evening, children had the privilege of going on stage and dancing with the performers.*

*Shooting the Samusocial "Flash Mob", directed by Clémence Amourette and which can be viewed on our Facebook page <https://www.facebook.com/SAMU-SOCIAL-SENEGAL-189454321127807/videos>*



## ■ Psychological support

The clinical psychologist plays an absolutely crucial role in the psychosocial monitoring and psychological rebuilding of children. He comes to the centre two days every week. Half-a-day is dedicated to a group therapy session, where children discuss their experiences of the previous week or of earlier times (abandoned by parents, lived in a daara, etc.). The remaining time is devoted to individual interviews and the coordination of teams on decisions to be taken regarding each child. Such psychological monitoring is crucial in light of the traumatic events experienced by children before and during life on the street. The psychologist namely supports

children who wish to leave the streets and supports the social coordinator in the family mediation process.

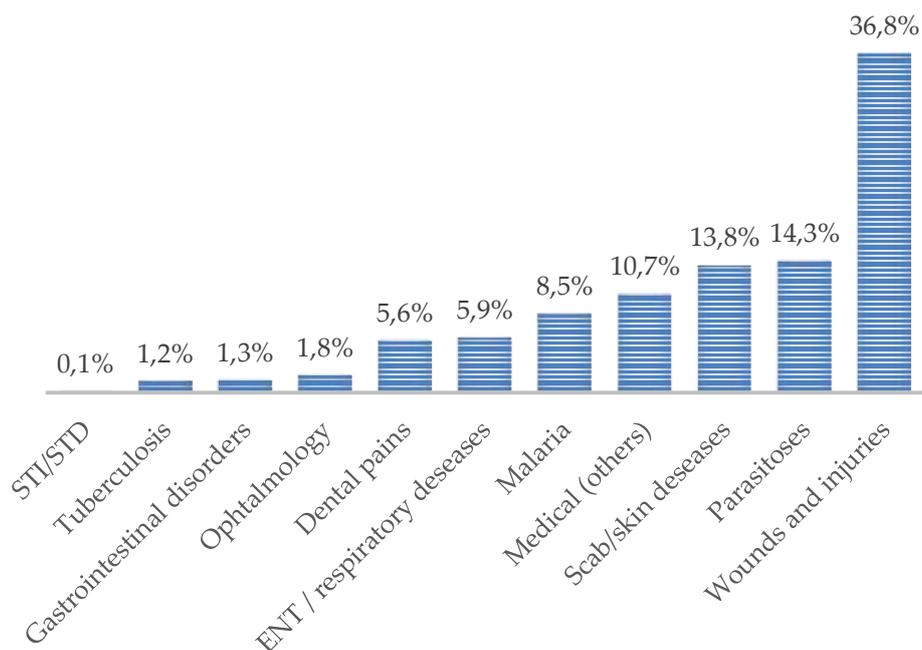
■ **Outcome indicators**

ACCOMMODATION CENTER	2015	2014	2004-2013	total
Accommodation	473	283	1 953	2 709
Daytime accommodation	210	112	1 200	1 522
Individual treatment	6 578	4 306	12 984	23 868
Social interviews	715	478	2 754	3 947
Psychological interviews	369	359	2 367	3 095
Medical examinations	4 527	2 760	6 909	14 196
Children offered a bed and nursing care	179	69	686	934
External hospitalization & analyses, x-ray, dental care	214	133	538	885
Meals served	20 167	19 797	145 050	185 014
Children returned home	141	93	566	800
Children returned to the daara	4	11	62	77
Referral towards a relay social structure	12	4	85	101
Post-referral monitoring	596	468	1 031	2 095

■ **Prise en charge médicale**

The infirmary and beds at the centre allow for the treatment of the most serious diseases, in particular malaria, which requires close monitoring. Some children can also be hospitalized (214 hospitalisations, tests, x-rays and external care in 2015) and are then cared for at the centre during recovery. The clinic also welcomes children referred to us by our partners, and they are fully treated by Samu Social Senegal for as long as necessary.

■ **Healthcare and pathologies at the CHUSIP clinic in 2015**



### ■ Referrals and returning home (period 2013-2015)

The centre is first and foremost a "post-emergency" facility: caring for children, from a medical and/or psychological perspective, helping them rebuild themselves, listening to them in whatever circumstances. Nearly 60% of hosted children go back to the street after a few days or a few weeks of rejuvenation or medical treatment, which may seem difficult to understand, but the centre plays a sheltering function. Nevertheless, some children may want to leave the street and return to their families. Since 2005, Samu Social Senegal has been endeavouring to support such plans and help children achieve them, through psychological support, family mediation and project structuring.

Over the period 2013-2015, 205 youth and children expressed their intention to leave the street; 378 of them succeeded (this number is higher than the previous, as some children seek shelter with no prior project and it is the support relationship which may end up turning the search for rejuvenation into a street exit project), and there are 350 children and youth who have managed to remain away from the street (amounting to 92.6% of lasting referrals over a 3-year period), including 56 who went back to their families of their own accord and for whom we assume that Samusocial's support has had an impact on their decision. At any rate, what matters is not the figure in itself, but the durability of the return home.

	2013	2014	2015	2015*
Street exit projects	66	55	84	84
Number of actual referrals	112	109	157	157
Number of durable referrals	100	100	150	148,32
<b>"Success" rate</b>	<b>89,3%</b>	<b>91,7%</b>	<b>95,5%</b>	<b>94,5%</b>
Rejuvenation transformation rate	33%	33%	29%	29%
Children returned home of their own will	18	20	18	18
total of street children off the streets	118	120	168	166

\* data adjusted to cater for possible returns on the street in spite of referral by end of 2015 (8%)



For more than 10 years, one of the obstacles to a successful return home, but also to follow-ups and sensitization in the villages, was the lack of a reliable and effective vehicle.

Thanks to the Marie-Louise Mimran Foundation, teams and children can now travel more comfortably and safely than with public transport. Thanks to the donation by the Foundation of a 7-seat

Land Cruiser vehicle in October 2015, we were able to finally develop our "referral" activity.

## 2.3. Support and partners network

### ■ Operational partners

Samusocial's vision is to provide emergency care to highly vulnerable street youth and children and to offer them shelter. Key assets to ensuring a continuity of support are the networking approach and the possibility of passing a case over to stakeholders specialised in reinsertion.

On the other hand, these associations benefit from support by Samusocial Senegal, which provides free treatment to their beneficiaries and in the form of skills development programmes.

- La Liane (Saint Louis)
- Sper (Solidarité pour les enfants de la rue)
- Nuevo Futuro Sénégal
- Futur au Présent (Ziguinchor)
- Centre Ginddi
- ONG Vivre ensemble (Mbour)
- Village Pilote
- Perspective Sénégal
- La Lumière (Tamba, Kédougou, Kolda)
- Enda Jeunesse Action
- AMIC (Guinée Bissau)
- Association Jeunesse Espoir

Furthermore, Samusocial Senegal continues to work in close cooperation with the Educational Action in Open Spaces (AEMO) initiative and with the Dakar Juvenile Unit. For returns home and the monitoring of referrals, we also build on a large network of resource persons in the regions: village chiefs, imams, religious figures, health facility personnel and the Gendarmerie nationale...

### ■ Health sector partners

Medical treatment is an important aspect of the work of Samu Social and we therefore collaborate with most hospitals and health centers in Dakar. A more specific partnership was built with the Ouakam Health Center for tuberculosis and HIV, the Malta Order Hospital Center for orthopedic surgery, and the Ouakam Military Hospital for external examinations, x-rays and analyses.

We have developed specific partnerships on tuberculosis and HIV/Aids, in particular with the National Tuberculosis Programme (PNT), the AIDS Control Directorate (PLSI) and the Hyacinthe Thiandoum Health Promotion Centre.

### ■ Institutional partners

Samusocial Senegal's main institutional partners are:

- The Justice Ministry, through the Directorate for Monitored Education and Social Protection (DESPPS), with whom we have a partnership agreement, and the Dakar Juvenile Court. We have also developed a number of projects jointly with the Judiciary Training Centre (CFJ).
- The Ministry for Health and Social Action, with whom we have a partnership agreement to authorize the medical practice.

- The Ministry for Women, Family and Children Affairs, through a partnership agreement signed with the Directorate for the Rights and Protection of Children and Vulnerable Groups (DDPEGV).
- The Ministry of the Interior, which approves our two-year (2015-2016) Investment Plan (IP).
- The Early Childhood Support Unit (CAPE, reporting directly to the Presidency)
- The National School for Specialised Social Workers (ENTSS): Samusocial Senegal provides internships to ENTSS students and teaches a 3-day annual course to 2<sup>nd</sup>-year students.
- The City of Dakar, with whom we signed a partnership agreement in February 2014 and established a dialogue platform for the implementation of a joint action plan in support of the street children of Dakar.

## 2.4. Action-research and advocacy

Building on a legitimacy acquired after 12 years of field experience, Samu Social Senegal is currently a major actor able to build advocacy in favor of street children.

### ■ Communication and advocacy actions

- *With the City of Dakar:* after a communal election year in Senegal, a seminar was organised in January 2015 to "boost" the dialogue framework. In the wake of this important meeting which convened municipal and governmental stakeholders as well as partner organisations, several focused meetings were organised with the Dakar City communes. We thus met with social workers from the communes of Colobane-Gueule Tapée, Plateau, Dieupeul-Derklé, Biscuiterie, Parcelles Assainies and Grand Yoff. In addition, rounds have been organised in order to better sensitize municipal actors.
- *Inter-municipal seminar:* still in partnership with the City of Dakar, Samusocial International's 2<sup>nd</sup> Intermunicipal seminar was held in Dakar on November 19<sup>th</sup> and 20<sup>th</sup>, 2015. The seminar was on the theme of "Acting for the protection of vulnerable youth and children", and it was attended by municipal delegations from Dakar, Ouagadougou, Pointe-Noire and Bamako, as well as the Samusocial Presidents and Directors from those cities. Chaired by Dr Xavier Emmanuelli and the Mayor of Dakar, the opening ceremony took place at the Dakar City Hall in the presence of nearly 300 people.



- In March 2015, a World Medical Association mission, including Dr Xavier Emmanuelli, visited Samusocial Senegal and met with the Mayor of Dakar, Madam the Minister of Health and Social Action, and the President's special advisers on health, children and vulnerable people.
- In June, the Director spoke on the issue of street children to the staff of Société Eiffage Sénégal at its Annual Managers' Convention.
- *Tools*: thanks to Stars Foundation funding, we completely revamped our website, making it more attractive: [www.samusocialsenegal.com](http://www.samusocialsenegal.com). Still thanks to Stars Foundation, we produced our very first institutional leaflet, printed in 1,200 copies, which serves as a business presentation tool.



■ **Participation and interventions in seminars, colloquiums and conferences**

Numerous workshops, meetings, seminars and colloquia were organized throughout the year in Dakar, focusing in particular on themes related to poverty and social or sanitary exclusion, and to human rights. Samu Social Senegal endeavours to attend such events as much as possible, as they provide an opportunity to better communicate on the issue of street children in Senegal. Here are the major ones:

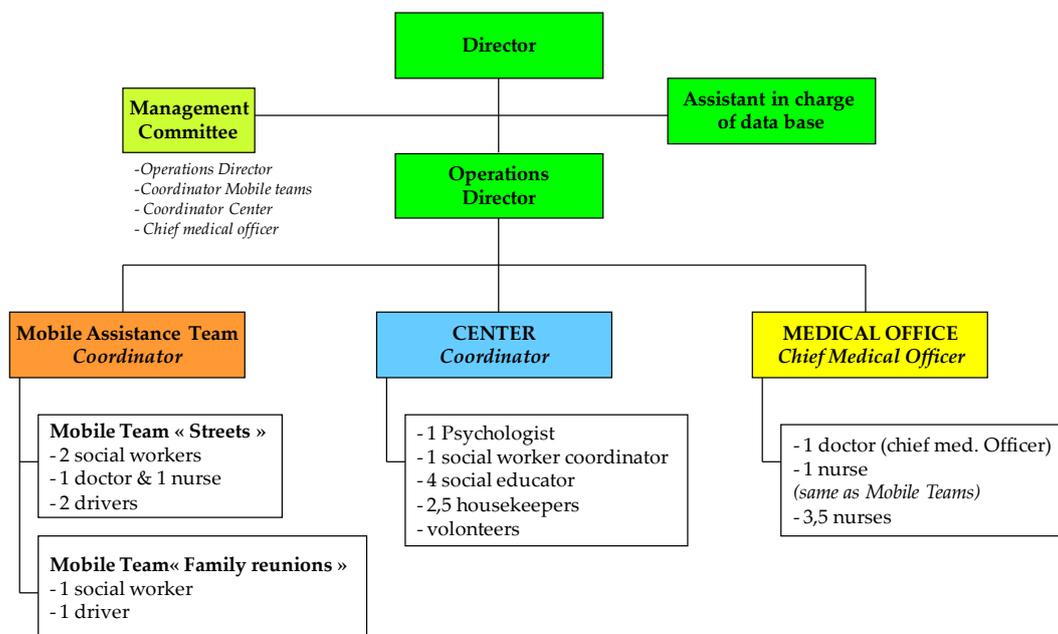
Date	Organising entity	Theme
January 19-23	Monaco Cooperation	"Winter School on Development Assistance" attended by the Samusocial Senegal Director. Thematic workshop on child protection moderated by the Board Chairwoman, and attendance at a round-table on "Youth: the future of the African continent".
January 20	National Unit against Human Trafficking (CNLTP)	Reporting workshop on the implementation of recommendations made by the mapping exercise on Quranic schools in the region of Dakar.
February 4-5	Save the Children / Unicef	Validation workshop for the children's rights specialised training kit, aimed at the police and Gendarmerie forces.
February 26	French Embassy	Round table on the Daara Modernization Project.
February 28	UNODC	Forum on the issue of forced begging.
March 18	ENTSS / IFFRAS Toulouse	Workshop on "Childhood development and child protection".
March 25	EU Delegation	Presentation workshop on the EU Roadmap in Senegal to secure the Government's commitment towards the civil society.
June 8-9	Plan International	Inception workshop on a standard referring system aimed at fighting against child exploitation and begging.
June 22-24	ECOWAS	Regional workshop on the street children phenomenon – launch of the member-state support project to eradicate this phenomenon.

September 13-17	Vatican (Italy)	International Symposium on the issue of street children and women.
October 13-17	Unicef Senegal	Workshop for discussing and developing a communication plan on child protection.
Dec. 12-14	Stars Foundation (London)	Philanthropreneurship Forum: how the practice of creative philanthropy can catalyse innovation and social change.

## 2.5. Human Resources

### ■ The teams

As at December 31<sup>st</sup>, 2015, Samu Social Senegal had 20 full-time staff, 3 part-time staff and 1 expatriate Manager, which amounts to 24 people in total.



Two weekly coordination meetings are held:

- a street work coordination meeting on Mondays (MAT)
- a child monitoring coordination meeting on Wednesdays at the CHUSIP

The Board of Directors includes an Operational Director, the MAT Coordinator, the Center Manager as well as the Head Physician; it supports the director on issues related to organization, management and recruitment. An annual evaluation is carried out on the performance and activities of each of them, in the form of an individual interview, while specific objectives are defined for each one of them for the following year, which is conducive to individual advancement within the structure.

Discussion groups are organized with the aim of improving staff morale and to boost team spirit; this helps develop professional skills, in particular the quality of support to children.

Group sessions help to improve the management of stress inherent to working with traumatised children, horizontal and vertical communication, mutual support, and to adjust intervention strategies in relation to children and to the requirements of the field. This takes place in the form of a multidisciplinary discussion group moderated by our psychologist. A specific session is dedicated to a review of family returns and to the support guidance teams.

### ■ Training and capacity-building

All throughout the year, Samu Social Senegal organized training seminars on child and adolescent psychology and psychopathology. Such training focuses on the clinical and psychopathological specificities that children and adolescents can present when they are "vulnerable on the street" or sought refuge there. The goal is to enable social emergency professionals to better adapt their practices to this social and psychological context and to acquire evaluation tools.

Thus in 2015, Samu Social teams attended the following training workshops:

- In March 2015, an initiation session on family mediation methods was organised in order to improve the practices of stakeholders supporting family reinsertion projects by street youth and children.
- Staff which recently joined the Samusocial were upgraded on professional street intervention methods and practices.
- A technical support and training mission by Samusocial International, focused mainly on a reflection effort on individual and unconditional child management of street youth and children, amongst other topics.
- Technical referents and their colleagues from other West African countries were sent for a one-week training in Paris, moderated by the Samusocial International's technical resource department.

Since 2011, Samusocial Senegal has been teaching a module to 2<sup>nd</sup> year students at the National School for Specialised Social Workers (ENTSS). Thus, in March 2015, a 3-day module was taught to sixty students: overview of major exclusion, street children in Dakar, Samusocial's work. The teaching has been provided by the Director, the Operations Manager and the Centre Manager.

### 3. FINANCIAL REPORT

The financial report accounts for the cost of the Samu Social Senegal programme, including mainly costs borne by Samu Social Senegal, but also some of the costs borne by Samu Social International and linked directly to the activities of Samu Social Senegal (trainings, missions, technical support...).

#### 3.1. Balance sheet 2015

ASSETS	gross	net 2015	net 2014	LIABILITIES	net 2015	net 2014
<b>Fixed assets</b>	<b>214 641 466</b>	<b>119 789 137</b>	<b>109 575 470</b>	<b>Equity</b>	<b>127 693 173</b>	<b>108 153 260</b>
Intangible assets	3 351 200	1 302 720	1 500 960	Retain earnings	0	0
Building	136 078 778	82 922 845	92 207 359	Bottom line	7 904 036	-1 422 210
Materials	75 211 488	35 563 572	15 867 151	Regulated provisions	119 789 137	109 575 470
<b>Current assets</b>	<b>6 847 094</b>	<b>6 847 094</b>	<b>6 083 687</b>	<b>Financial debts</b>	<b>0</b>	<b>0</b>
Raw material (fuel)	406 422	406 422	276 584	Provisions for risks and charges		
Other receivables	6 440 672	6 440 672	5 807 103	<b>Current liabilities</b>	<b>10 324 570</b>	<b>39 422 896</b>
<b>Cash</b>	<b>11 381 312</b>	<b>11 381 312</b>	<b>31 917 049</b>	Suppliers	1 676 899	1 429 649
Bank	7 827 032	7 827 032	31 417 772	Sundry creditors	1 908 827	
Petty cash	3 554 280	3 554 280	499 277	Dedicated funds	6 738 844	37 993 247
<b>Total ASSETS</b>	<b>232 869 872</b>	<b>138 017 543</b>	<b>147 576 206</b>	<b>Total LIABILITIES</b>	<b>138 017 743</b>	<b>147 576 156</b>

*Other debts:* these are subsidies and subsidy balances to be received for year 2015, namely 5,422,141 CFA in private funds from international donors, collected by Samusocial International and which will be fully repaid in early 2016.

*Suppliers:* some supplier invoices never reached us at 31/12/2015 (Sonatel, Senelec, SDE, auditor).

*Various creditors:* reimbursement owed to Samusocial International for a cash advance made on behalf of Samusocial Senegal for expected local spending to be made for the Intermunicipal Seminar which took place in November in Dakar (1,411,899 cfa) + reimbursement to SSI of the airfare (283,137 cfa) + reimbursement to Unicef Senegal of the remainder of the 2015 subsidy (213,791 cfa).

*Dedicated funds:* these are made up of commitments to be covered on subsidies received from UNODC (5,135,603 cfa), from Terry Link (859,985 cfa), from the Air France Foundation (306,716 cfa), from the Total Sénégal Foundation (406,422 cfa), and from the Children of Africa Foundation, at Kéba Mbaye Foundation (29 918 cfa).

### 3.2. Expenditures

MEANS			RESOURCES		
Mobile Assistance Team	31 453 119	47 950 €	Public funds	87 435 920	133 295 €
Emergency accommodation centre	73 563 286	112 147 €	Private funds	74 258 467	113 206 €
Referrals and family reunifications	43 355 907	66 096 €	Membership fees - donations - equities	20 642 576	31 469 €
Support to partners	11 675 430	17 799 €	In-kind & Pro-bono	41 787 996	63 705 €
Awareness-raising and advocacy	13 891 807	21 178 €			
Shared costs and fundraising	38 338 430	58 447 €			
Evaluations and audits	3 186 000	4 857 €			
Technical assistance Samu Social International	3 564 818	5 435 €			
Miscellaneous and contingencies	3 673 951	5 601 €			
<b>Total Means</b>	<b>222 702 749</b>	<b>339 508 €</b>	<b>Total resources</b>	<b>224 124 959</b>	<b>341 676 €</b>
Insufficient resources as of 31/12/2014	1 422 210	2 168 €			
<b>TOTAL</b>	<b>224 124 959</b>	<b>341 676 €</b>	<b>TOTAL</b>	<b>224 124 959</b>	<b>341 676 €</b>

Expenditure for the year amounts to 224,124,959 CFA, including 1,422,210 CFA to cover the shortage of resources at end 2014, which brings the net total programme expenditure for the year 2015 to 222,702,749 CFA.

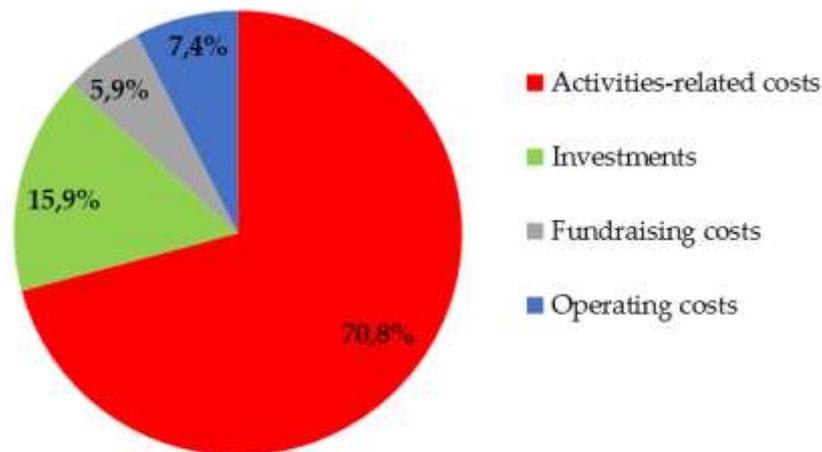
Total staff expenditure includes 37,725,121 CFA in fully-financed non-provisional budget spending, which accounts for opportunities that arose during the year that can be broken down as follows

non-budgeted and exceptional activities / fully-funded	37 525 121	57 207 €
vehicle for family reunions (in-kind Mimran Foundation)	26 950 000	41 085 €
admin vehicle (in-kind Eiffage Sénégal)	5 000 000	7 622 €
paint repair centre (Swiss Embassy)	2 247 521	3 426 €
brochure and website redesign (Stars Foundation)	2 242 000	3 418 €
intermunicipalities seminar (Samu Social International)	1 085 600	1 655 €

Not including unplanned spending and 2014 resource shortage, the 2015 budget completion rate is 96%.

We would be unable to carry out our activities and missions without the support of Samusocial International, in particular through almost-daily support of the programme manager based in Paris. Samusocial Senegal also receives support in its educational and technical support activities in favour of the teams, fund-raising and management. Thus, in order to more accurately reflect actual costs required for a proper execution of our mission, SSI assistance and support costs should be added, which raises the total cost of our global mission to 244,110,265 CFA francs (372,144 Euros).

Costs of Samu Social International support	21 407 516	32 636
programme officer / monitoring evaluation	8 822 622	13 450
training and capacity building	8 092 705	12 337
communication and fundraising	985 247	1 502
management / finances	2 642 031	4 028
mission Association Médicale Mondiale / X. Emmanuelli	748 944	1 142
miscellaneous costs	115 967	177

**Cost breakdown:****3.3. 2016 forecast budget**

The provisional budget for the year 2016 amounts to **234,629,440 CFA**, or 357,690 Euros. Nearly 20 million will be dedicated to supporting partner associations for activities related to the long term reinsertion of street children, as part of the European Union-funded programme.

**Financing Plan**

DONORS	
Balance 2015	7 904 036
Terry Link (balance 2015)	859 985
European Union (incl. Grants for partners)	123 992 928
Agence Française de Développement	26 789 284
State of Senegal	10 000 000
UNODC Vienna (incl. balance 2015)	12 456 936
Children of Africa Foundation	2 509 193
Air France Foundation (incl. balance 2015)	3 306 407
Juniclair Foundation	26 238 280
French Senate	6 559 570
Total Sénégal Foundation (grant)	500 000
Private donors, crowdfunding and membership fees	6 198 083
CMBac (pro-bono)	1 000 000
PWC Sénégal (office supplies, in-kind)	904 316
Total Sénégal Foundation (fuel, in-kind)	4 906 422
Louis Dreyfus Commodities (food, in-kind)	504 000
<b>TOTAL ACQUIRED RESOURCES</b>	<b>234 629 440</b>

### **3.1. Accounts finalization and auditing**

Since April 2014, the association has been outsourcing the accounting function to an outside provider in order to comply with financial management best practices, in particular on the rule of separating accounting tasks. Thus the person approving spending should be different from the person disbursing and the one recording accounting data.

Daily accounting tasks are conducted by the independent auditing firm TEREX, which is a registered chartered accounting firm. It manages daily accounts, wages, and produces annual statements, in line with the procedures described in a service contract.

An external auditor (the CMBac firm), also a registered chartered accounting firm, certifies the association's annual books.

Samusocial Senegal's balance sheet/results account and certified books can be viewed upon request.

#### 4. BOARD OF THE ASSOCIATION

The Board met twice: May 5<sup>th</sup> and December 28<sup>th</sup>, 2015.

Members of the Board re-elected for 2 years at the GA of May 13<sup>th</sup> 2014 are the following:

- Mrs Mariétou Diongue Diop, President
- Docteur Claude Moreira, Treasurer
- Mrs Djamila Idir Benghazi, Secretary
- Mrs Marlène Rahmi, Administrator
- Mrs Geneviève Manga Sagna, Administrator
- Dr Massamba Diop, Administrator
- Samu Social International, represented by Dr Xavier Emmanuelli, Administrator

#### **Functions and duties of the Board (excerpts from the association by-laws)**

*The Board comprises 5 (or 7) members elected by the General Assembly for a renewable 2-year term. Samu Social International is a rightful member of the Board.*

*The Board Chairman is elected by the General Assembly and the Board also elects from amongst its members, and for the duration of the administrator's mandate, a secretary and a treasurer.*

*Board decisions are taken on the basis of a simple majority of members, attending in person or through proxies. In case of a tie, the President has the final say.*

*The Board is the association's representative body. It holds powers of proposition, oversight and accountability for its actions before the General Assembly.*

*It submits broad guidelines of the association's actions to the General Assembly, and namely any amendment of the by-laws (providing these comply with the limitations defined in the by-laws) and any proposition for developing the association's actions.*

*It submits financial information to the General Assembly as relevant to all association members, namely annual budgets and investment plans.*

*It submits the moral report, the activity report and the financial report to the General Assembly for approval.*

*It ensures proper management of the association's human and financial resources.*

*The President represents the association in its dealings with the authorities. The President is the official representative of the association for all legal proceedings. In case of unavailability, all his/her powers can be delegated to the Board member of his/her choice.*

*The treasurer is tasked with the financial management of the association. S/He also monitors banking operations.*

*The secretary undertakes all secretarial duties, namely drafting correspondence and minutes, as well as any notice from the Board and its assemblies.*

*Samu Social International guarantees compliance by the association with the Charter, the Code of Conduct and the contracting documents binding it with Samu Social International.*

*The Executive Director of the association shall always be invited to Board meetings.*

## 5. SAMU SOCIAL INTERNATIONAL NETWORK



The Samu Social Senegal structure is part of the Samu Social International Network and abides by the Samu Social International Charter as well as its Code of conduct, both endorsed by Samu Social Senegal.

A partnership agreement exists between Samu Social International and Samu Social Senegal; an initial agreement was signed in 2004, then renewed and slightly updated in 2007; it was reconfirmed in 2010, and then again in 2014 for a new 3-year period.

Samusocial Senegal thus receives effective technical support, as well as *ad hoc* assistance in the form of missions and/or remote support, which can be described as follows for 2015:

- ✓ Technical support for on-the-job training of technical referents by the technical resource coordinator.
- ✓ On-going fundraising support, in particular following a call for projects by the European Union in Dakar, which we secured for the period 2016-2018.
- ✓ In May, a technical support mission in favour of the teams and a monitoring and internal evaluation mission were conducted.

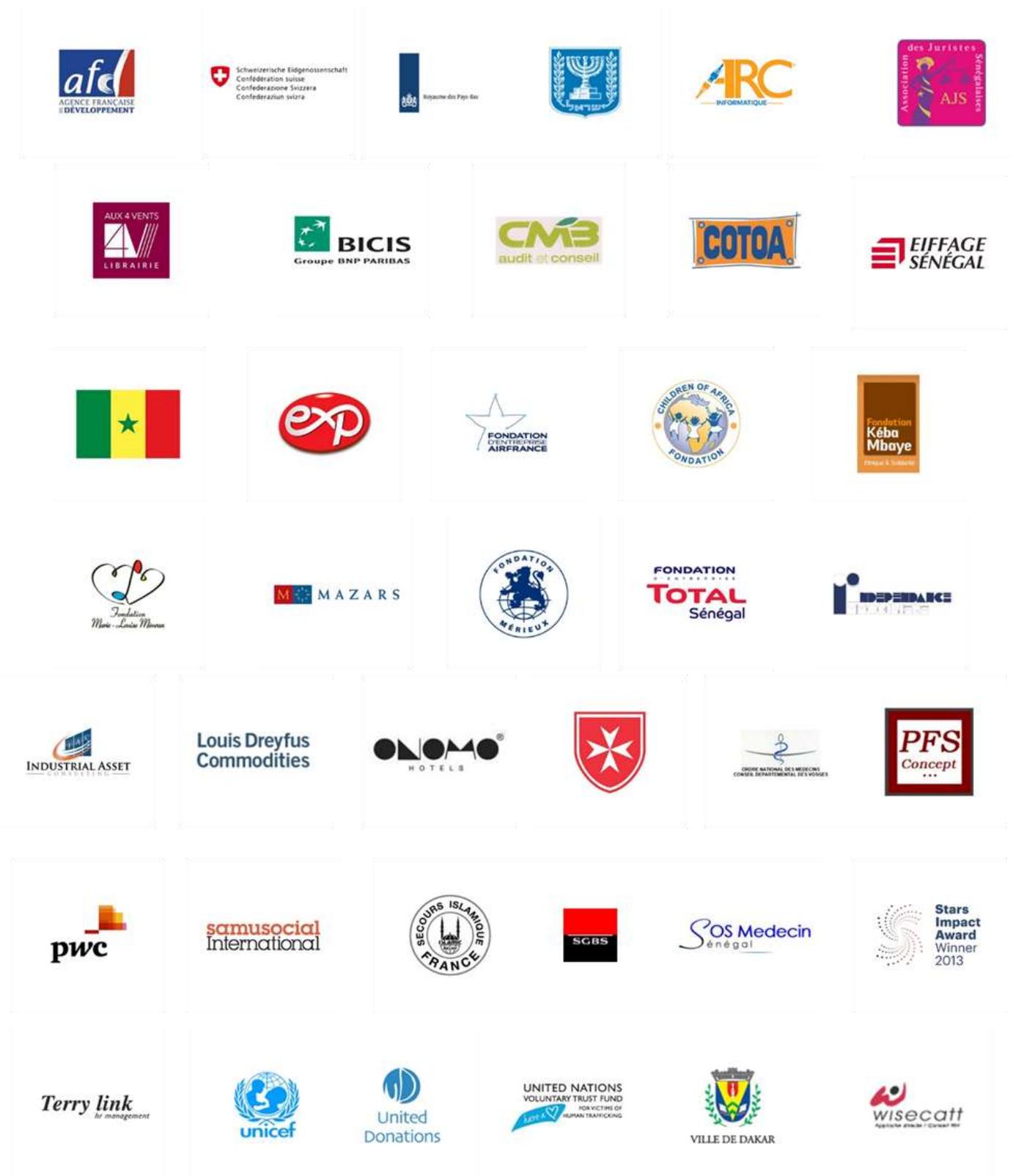
Finally, as is the case every year in June, Samusocial International organised an exchange and professional practice workshop attended by directors from all current missions around the world. This year, these coordination days took place from June 29<sup>th</sup> to July 2<sup>nd</sup>. The following themes and issues were discussed:

- ✓ Exchange workshops on three major themes: 1/ regional dynamics around the issue of migration and large-scale exclusion in Europe and around the Mediterranean; 2/ issues of gender-based violence and the question of addictions, from the perspective of Latin

America and Cayenne; 3/ dealing with new partnerships between Samusocial/Samusocial International and a local association.

- ✓ Preventive actions and management of professional fatigue affecting Samusocial staff in direct contact with users.
- ✓ Assessment of progress on the implementation of a medical service registry and on improving healthcare access for street youth and children as part of implementing national universal health coverage policies.
- ✓ Presentation of the findings of an immunisation coverage study for Samusocial staff.
- ✓ Formalisation of a Samusocial protocol on the individual support mechanism.
- ✓ Presentation of the Samusocial International multi-year strategy.

**SUPPORTS RECEIVED BY SAMU SOCIAL SENEGAL IN 2015**



**And all our generous and loyal private donors,  
without whom nothing would be possible...**