

samusocialSénégal

ANNUAL REPORT 2017



GENERAL ASSEMBLY
September 22, 2018

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1. SITUATION REPORT

In Dakar, social exclusion is reflected in its most extreme form by the existence of a high number of children living on the streets. Deprived of protection and affection, and with no family support, street children and youth are excluded from public health, social and education facilities and are often too weak or desocialized to visit existing welfare centres. Consequently, their physical and psychological state quickly spirals downward owing to their extremely tough living conditions. Their only option therefore is to develop a street survival strategy and create new bearings such as belonging to a children's group or identifying themselves to a specific territory on the streets. Left to fend for themselves at a very young age at times and having often suffered from abuse, they also develop a strong sense of distrust of the adult world and society in general. These general traits of street children allow us to understand the behaviour of these children who would rather stay on the streets where they have their bearings and feel secure than ask for help.

Indeed, as a result of the family breakdown, the precarious nature of their situation and stigma, street children have behavioural problems linked to the process of resocialization. Ironically, street children seem adapted to their living environment and generally refuse to leave the streets, their territory or their group, which represent safety zones and identity benchmarks for them (the phenomenon of "paradoxal over-adaptation" to the street). Street children therefore need support in their own living environment in order to subsequently consider plans for leaving the street. Furthermore, faced with extremely traumatic situations, their psychological state rapidly deteriorates because they are, in general, unable to talk about their sufferings and support needs; they particularly need professional psychological support adapted to their vulnerability.

This requires professionalism and humanism. Samu Social Senegal teams have been taking up the challenge for the past 14 years.

* * *

Before taking stock of the year just ended, here are a few key events of 2017:

We have identified 548 new children and 1,115 individual children received comprehensive support at least once during the rounds or at the centre. Thus, 49% of the children who received support are new; the situation is more worrisome 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 providing support to young adults on the street. Dakar offers no other support centre for this highly marginalized and stigmatized group.

This is why our priority remains first and foremost to provide direct support to children and youths 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: 10,609 individual medical, psychological or social support (on the street or at the centre); more than 26,000 meals served at the centre; 623 accommodations; and finally, 159 children returned to their families or referred, which brings to 1,328 the total number of children that were directed to long-term solutions by Samu Social Senegal since its establishment, of which 94.7% stayed permanently with their families. These results, and many more, are described in greater detail in this activity report.

Throughout 2017, Samu Social Senegal continued its cross-cutting activities, in particular networking and advocacy, a few of which are highlighted below:

- ⇒ The drafting and publication of a position paper on violence against children, signed by 20 civil society organisations and addressed to President Macky Sall. Indeed, the issue of street children is often considered solely in the light of forced begging. Economic exploitation is certainly the most visible aspect and is not to be neglected, but it overshadows other often tragic realities of physical, psychological and sexual abuse suffered by these children.
- ⇒ Research work on the knowledge, attitudes and practices of street children and youths in relation to three pathologies: malaria, tuberculosis and HIV/AIDS. A survey was conducted with the financial support of the 5% Initiative of the Global Fund. The findings of the survey will be presented in early 2018 to healthcare stakeholders in Senegal and in particular to national programmes dealing with these pathologies.
- ⇒ As pointed out in the preamble, the children grow up on the streets and this only exacerbates their state of exclusion. Around the end of 2016, Samu Social Senegal in partnership with Samu Social International launched a discussion on the possibilities for the socio-economic reintegration of 16 to 25-year olds. The discussion continued in 2017 with public sector partners and private companies; and a few pilot experiments on the socio-economic reintegration of youths were carried out.

Over the years, Samu Social Senegal has witnessed an increase in the number of children and its advocacy and awareness-raising activities have also grown steadily, whereas the number of staff members has remained stable. Moreover, providing direct support to children always requires absolute professionalism and the management of projects is becoming increasingly demanding and time-consuming. For this reason, in early 2017 following a team-building exercise, we redesigned the structure and organisation of the association and this process led to changes in job descriptions, recruitment methods as well as an increase of management staff.

* * *

In 2018, in addition to our usual activities at Samu Social Senegal (rounds, sheltering, referrals, medical and psychosocial support), advocacy actions initiated in 2017 will be pursued with the financial support of the European Union, the French Development Agency, the 5% Initiative of the Global Fund against HIV, Malaria and Tuberculosis and private donors.

- ⇒ Launch of a national awareness-raising campaign on violence against children with posters and radio spots recorded by the children themselves and which will be aired on community radios. In parallel, parliamentarians will be contacted to continue advocacy actions at the highest level.
- ⇒ In terms of access to healthcare, health education tools will be developed and special training conducted with the involvement of healthcare stakeholders.
- ⇒ Individual support to young people aged between 16 and 25 years will be continued and increased, in partnership with private companies.

Finally, we will participate in the *Biennale des Arts de Dakar* in May/June where an event will be organised on the fresco created in August 2017 by the children and the street artist Docta.

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2. ACTIVITY REPORT

2.1. A few socio-demographic data

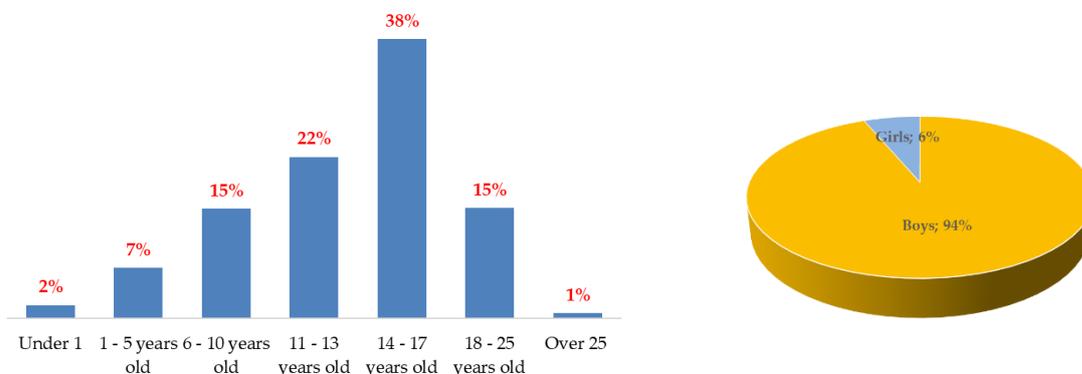
The following data and analysis is based on information collected since 2003 by Samu Social Senegal mobile assistance teams and professionals of the association. From November 2003 which marked the commencement of street activities of Samu Social, to 31 December 2017, 6,829 children have been entered into the database.

Information gathered and analysed relate to street children and youths who have been taken care of by Samu Social in the past 14 years; it does not claim to be a reflection of the overall situation of street children in Senegal, even though the population base of these analyses represents a significant number of beneficiaries (6,829 individuals).

Gender and age

The overwhelming majority of children and youths are boys, i.e. 93.7%. Although girls are not often found on the streets, it is worthwhile to note that:

- On the one hand, this does not mean that young girls are not exploited; more often than not they are victims of economic exploitation within the family environment where they work as “little maids”. They are therefore hardly present on the streets, Samu Social's place of work.
- On the other hand, young girls can be found on the streets depending on the age cohort: 40% of street children under 6 years are girls as well as 9% of 6 to 10-year olds and 2% of those older than 10 years.

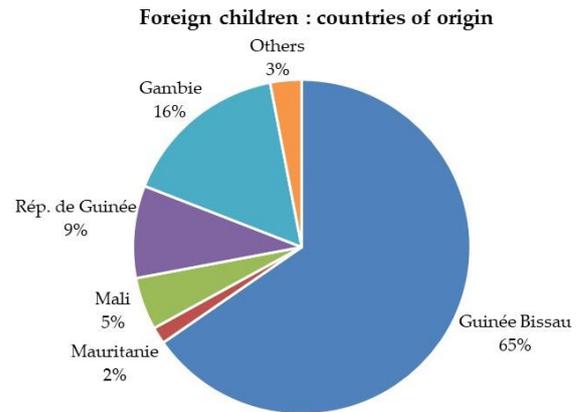
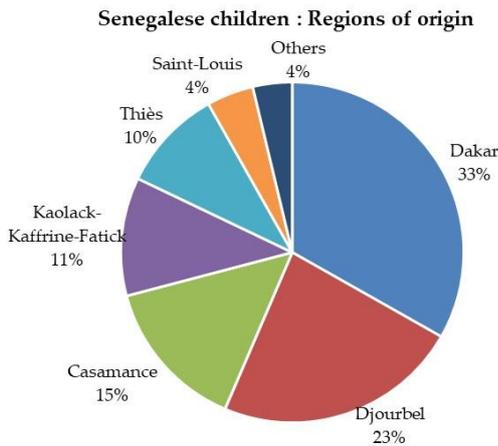


The age of beneficiaries is that which is declared (or estimated) at the time of initial contact. 60% of them are between 11 and 17 years or older. However, 24% of children are extremely young (less than 10 years) and this rate is far from being insignificant.

The proportion of new young adults has been stable over the years. However, 48% of youths over 18 years who received support at least once in 2017 were previously met by Samu Social while they were still minors.

Geographic origins

82% of children and youths identified are from Senegal. For the year 2017 alone, the rate is 89%. 68.5% of child trafficking victims commonly referred to as “talibés” are Senegalese despite the argument put forward by both institutions and civil society that the majority of these child beggars are foreigners.



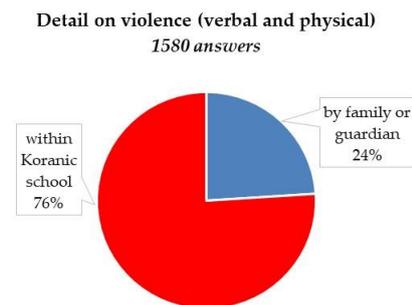
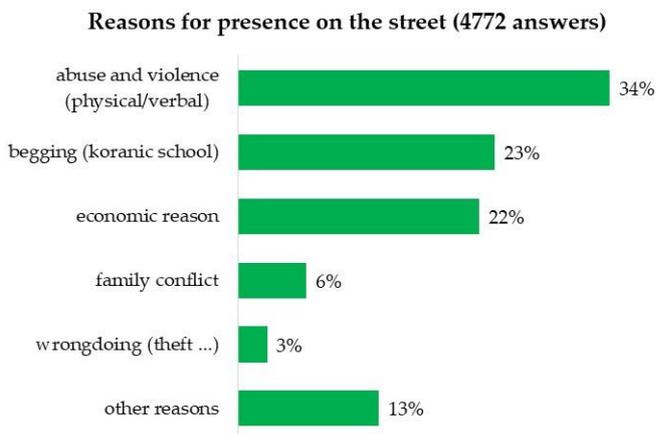
Among the Senegalese children, 71% are from only 3 regions: Cap Vert (Dakar), Casamance and Djourbel-Touba. Unsurprisingly, among the non-nationals, the majority are from Guinea Bissau, one of the most unstable and poorest countries in the sub-region.

NB: 4.5% of Senegalese children do not know where they are from and consequently where to find their families.

Reasons for their presence on the streets

The reasons for living on the streets or a family breakdown are many but are often triggered by a specific act.

Violence, in all its forms, whether in the family or the *daara* is by far the most frequently cited reason to justify the breakdown of the child or youth.



Level of education/training

Of the 1,677 respondents, 10% of children have never attended school or a *daara* in a country where education is compulsory. Only 6% have attended secondary school and 33% have primary education. 34% of children say they have only attended a Koranic school. And lastly, 15% of them have commenced vocational training or apprenticeship.

2.2. 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 primary objective of the MAT is to create a relationship with street children and youths. The initial contacts with the team therefore have a crucial bearing on the establishment of a strong foundation prior to engaging with the child or youth in an assistance relationship. Given the psychological effects of the process of desocialisation, or even self-exclusion, it is necessary to initiate contact with them and to consolidate this link, in other words, win their trust so that they will freely come towards the team. In establishing this relationship of trust, street children and youths are acknowledging the MAT professionals as third-party caregivers.

Nurturing this relationship requires specific expertise and skills based primarily on empathy and professional detachment. It also calls for patience and maintaining regular contact on the part of the team. Indeed, a strong relationship can only be built over time and hence create a climate of trust. By ensuring regular presence alongside street children and youths, the MAT develops a framework for personalized support.

The MATs have four core missions:

Medical assistance

- Primary health care and medical follow-up, on the spot in the medically-equipped van. Medical care is also approached as a way of building a relationship of trust with children (taking care of them) and of helping them regain self-confidence (taking care of themselves).
- Referral towards public health facilities (hospitals, dispensaries...) for illnesses requiring specific treatment or hospitalization.
- A bed and nursing care at the Samu Social.

Psychosocial support

Samu Social Senegal trains its doctors and social and educational workers to acquire the psychopathological approach to vulnerable children and adolescents based on three skills:

- ability to identify particularly vulnerable children (medical and/or psychological),
- ability to interpret any signs in the child's behaviour as implicit calls for help, and
- ability to respond to these calls in a structured and constructive manner.

Preventive education

The mobile teams aim to develop preventive actions that can benefit a population not covered by ordinary programmes, due to its exclusion from family, school and health services. A major theme is that of health education. The teams also educate street children on the dangers they

face on a daily basis: exploitation, namely sexual exploitation for commercial purposes, substance abuse, physical violence...

Getting ready for family reunion

The various support services provided by Samu Social Senegal aim to rehabilitate street children and youths and prepare them for reintegration. Through individual social interviews, social workers collect information that will enable them to understand the children's situation and help them envisage a future.

■ Outcome indicators

MOBILE TEAMS	2017	2016	2003-2015	total
Number of rounds	369	386	4 316	5 071
<i>Night rounds</i>	237	244	2 711	3 192
<i>Daytime rounds</i>	132	142	1 605	1 879
New children identified	548	513	5 768	6 829
Number of children present	6 752	7 435	123 451	137 638
Average number of children present/round	18	19	29	27
Nutritional supplements distributed	5 611	6 414	97 677	109 702
Individual treatment	2 097	2 298	22 239	26 634
Discussions	64	87	1 122	1 273
Number of children present during discussions	588	665	9 794	11 047
Social interviews & identification	652	753	3 646	5 051
Medical examinations	1 157	1 361	17 681	20 199
Social referrals	176	155	802	1 133
Medical referrals	41	41	201	283

2.3. Accommodation and Sheltering

The children and young people sheltered and cared for at the centre are protected by the law. In 2004, Samu Social Senegal thus signed a memorandum of understanding with the Directorate for Supervised Education and Social Protection at the Ministry of Justice, which states that our association is considered the legal guardian of sheltered children. Moreover, an interim custody order is requested for each sheltered child and issued at a bi-monthly hearing by the President of the Juvenile Court. The CHUSIP (Emergency Shelter with Medical and Psychological Assistance) has a 30-bed capacity, which provides shelter to the most vulnerable children and youths for health or psychological reasons, as well as to those wishing to reunite with their families.

This year, thanks to the financial assistance of the Swiss Embassy in Dakar, the gravel on the courtyard of the centre was replaced with tiles, easier to clean and to facilitate the smooth conduct of activities of sheltered children.

■ CHUSIP Objectives

- *Providing shelter to children and youth for medical reasons:* the children may suffer from an illness that does not require hospitalisation, but where daily treatment and monitoring

prove necessary (illnesses that are difficult to treat on the street or where a post-hospitalisation recovery period is needed). They are hence allocated a nursing bed for the entire duration of treatment and recovery. Three nurses work in rotation, under the supervision of a chief medical doctor, to provide round-the-clock medical services. The CHUSIP is fitted with a professional and well-equipped infirmary. Samu Social Senegal also shelters, free of charge, sick children referred by other partners without adequate medical facilities.

- *Providing shelter to children and youths for psychosocial reasons:* Social monitoring often begins during meetings on the street. However, the CHUSIP provides a safer and more conducive environment to consolidate the work being done and to implement social welfare procedures. The purpose of the interview is to collect information regarding the social background and life of the child. It is essential that a relationship of trust is established in order to obtain relevant information. The children or youths may, at any time of their stay or interview, decide to embark on a project. Other activities are also carried out at the centre to provide support at the social level by helping the children reacquire certain life codes. The activities of the clinical psychologist are essential: in light of the psychological trauma suffered by street children and youths, psychological monitoring is a vital component of the overall care being provided. Events experienced on the streets are often traumatic, always problematic and result in great mental suffering. The role of the psychologist is to build a relationship, create a neutral space where each and every one can talk freely, without being judged and at their own pace, of what they believe to be inexpressible. Listening thus helps to reassure and assist the child to again become a subject.

■ Main activities in the CHUSIP

- *Renewal of the body and education monitoring:* This renewal of the body focuses on the ordinary motions of daily life. One of the roles of the team is to help the children satisfy their needs in terms of care, sleeping and food; living on the streets very often deprives them of all sense of such requirements. The rules governing life at the centre (meal, wake-up, bed and nap times...) are not meant to be restrictive but rather structural. In addition to the renewal of the body, living in a community teaches the sheltered children to live together and thus respect each other.
- *Renewal of the mind:* The organisation of games as well as cultural and artistic activities allows the children and youths to distance themselves from the logic of street survival which leaves them little time for playful activities. These activities are organised by staff of the centre with the support, in some cases, of a team of volunteers. Several activities were organised in 2017.



Realization of a fresco with Docta and Doxandem Squad



Monday morning literacy



Photographic workshop with « Regards qui parlent » (« Look that speak »)



Painting workshop, with the support of Junclair Foundation and the artist Ibou Diagne

Children's activities revolve around monthly themes including health, citizenship, family... In November 2017, elections for the "Children's Parliament" were hence organised including an electoral campaign, voting, declaration of results and swearing-in ceremony, as many opportunities to raise awareness on citizenship.



Activities carried out continue to include the Sunday morning pottery workshops at the Colombin studio, monthly movie projections at Hotel Onomo, early morning walks and trips to the beach, visit to the Hann Zoo, growing of vegetable plants, exchanges and meal-sharing at the International School of Dakar (ISD) as well as "scientific" activities with the association Jokkokids.

7th edition of the Samu Social Olympics

The 7th edition of the Samu Social Olympics, attended by 120 children, was organised on Saturday, 8 April at the French military base in Senegal (Eléments Français au Sénégal) with the support of SPER, Empire des Enfants, Perspective Sénégal and Assea.



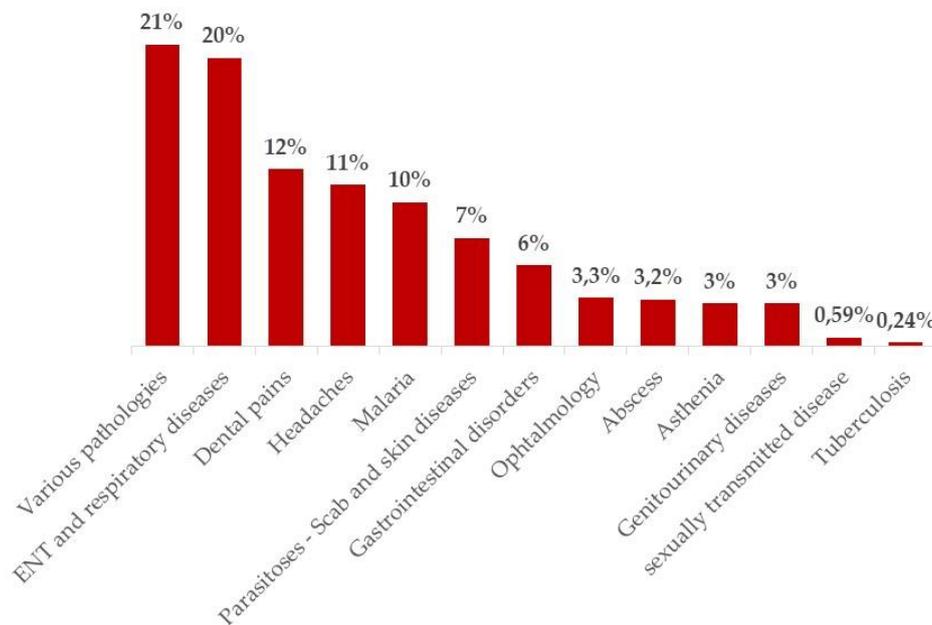
■ Outcome indicators

ACCOMMODATION CENTER	2017	2016	2004-2015	total
Accommodation	623	546	2 709	3 878
First accommodation	291	269	1 658	2 218
Daytime accommodation	551	381	1 522	2 454
Referrals	18	19	476	513
Individual treatment	8 512	6 636	23 868	39 016
Social interviews	851	929	3 947	5 727
Psychological interviews	349	309	3 095	3 753
Psychological speaking groups	68	-	-	68
Medical examinations	5 597	4 342	14 196	24 135
Children offered a bed and nursing care	173	124	934	1 231
External hospitalization & analyses, x-ray, dental	230	150	885	1 265
Meals served	26 099	20 975	185 014	232 088

2.4. Focus on medical treatment

55% of illnesses treated in 2017 were skin wounds as well as trauma/fractures most of which are directly linked to the living conditions on the streets.

Other pathologies treated are as follows:



In terms of healthcare, the vulnerability of street children is twofold:

- *Overexposure and epidemiological risks*: precarious conditions of hygiene on the streets, lack of information on healthcare, low rate of vaccination, sexual practices.
- *Psychosocial vulnerability and complexity of procedures for prevention and treatment*: psychological trauma linked to the desocialisation process, the phenomenon of "paradoxical overadaptation", inability to express their sufferings and their need for support, inability to visit by themselves existing social and health facilities due to the deterioration of their mental state.

Furthermore, the treatment of certain illnesses calls for regular monitoring (malaria, tuberculosis, HIV...) and Samu Social healthcare workers have to face several constraints, some of which are directly linked to the children and youths themselves: mobility, influence of group leaders, non-compliance with instructions given by healthcare professionals, refusal to seek treatment, denial of reality, traditional beliefs (traditional healing), lack of or low level of education, poor nutrition, poor personal hygiene, drug abuse (mind altering substances), spatial and temporal disorientation (forgetting medical appointments or to take medicines)). Lastly, street children and youths, and in general all excluded groups, do not benefit from specific programmes and have no access to Universal Health Coverage (UHC) for example. They are also very often turned away at health facilities if they are not accompanied by a Samu Social health worker.

2.5. Referrals and returning home

Samu Social Senegal provides support to children and adolescents accommodated at the CHUSIP as well as those living on the streets in their plans to leave the streets. Each story is different and the effective implementation of this plan is dependent on the family situation, existing opportunities and how the child sees himself in the future. The teams search for the families and, through discussions with the family and the child, try to comprehend the story of each child and what led him to the streets. Whenever possible, a family reunification process is initiated and includes several stages: telephone conversations, meetings, visits to the centre or the family home, short stays... If a return home is possible, it is prepared with the child and the family to especially allow the child to find his place in the home and come up with a plan to attend school, vocational training or engage in an income-generating activity depending on his age and situation.

Once placed in their families or a partner institution, Samu Social Senegal continues to monitor the progress of these children and challenges faced in the stabilization process. Samu Social Senegal has a large national network of resource persons and relay structures it can mobilize to monitor and accompany children who have gone back to live with their families in regions across the country. These include staff of government decentralized services.

Monitoring of home returns is conducted in several stages: the first month following return, the third month and the sixth month. It is worth noting that all of the children who have returned to their families or were referred to a partner institution are monitored. An annual follow-up of all children who have stayed at the CHUSIP in the previous three years is also conducted at the end of each year.

■ Outcome indicators

ACCOMMODATION CENTER	2017	2016	2004-2015	total
Children returned home	148	167	800	1 115
Children returned to the daara	5	9	77	91
Referral towards a relay social structure	6	6	101	113
Post-referral monitoring	1 326	724	2 095	4 145

Over the 2015-2017 period, 333 children and young people expressed their intention to leave the streets; 498 projects were successfully completed (this number is higher than the previous, as some children seek shelter with no prior plans and it is the support relationship which may end up turning the search for rejuvenation into a street exit project). 470 children and young people have managed to stay away from the streets (i.e. 94.4% of lasting referrals over a 3-year period), including 142 who went back to their families of their own accord and for whom we believe that Samu Social's support has had an impact on their decision. At any rate, what matters is not the number of returns in itself, but the longevity of the return home.

	2015	2016	2017	2017*
Street exit projects	84	113	136	136
Number of actual referrals	159	180	159	159
Number of durable referrals	149	172	149	147
"Success" rate	93,7%	95,6%	93,7%	92,6%
Rejuvenation transformation rate	30%	24%	18%	18%
Children returned home of their own will	47	43	52	52
total of street children off the streets	196	215	201	199
<i>* data adjusted to cater for possible returns on the street in spite of referral by end of 2017 (8%)</i>				

2.6. Support and partners network

■ Main operational partners

Samu Social's vision is to provide emergency care to highly vulnerable street children and youths and to offer them shelter. Key to ensuring a continuity of support is the networking approach as well as the possibility of passing a case over to stakeholders specialising in reintegration. Samu Social has thus, over the years, established a vast network of associations and referral networks throughout the Senegalese territory as well as in neighbouring countries, in particular, Guinea Bissau.

In return, these associations benefit from support by Samu Social Senegal, which provides free treatment to their beneficiaries and organizes skills development programmes.

Furthermore, Samu Social Senegal continues to work in close collaboration with the AEMO (Educational Action in Open Spaces) initiative and with the Dakar Juvenile Unit. For home returns and 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...

Within the framework of the EU-funded project, Samu Social Senegal has, since 2016, been providing support to partners through cascading grants: SPER (Solidarité Pour les Enfants de la Rue), La Liane, Association Jeunesse Espoir (the last two are based in St. Louis). The purpose of these 18-month grants amounting to approximately 12 million each is to support the reintegration of street children being taken care of by the three partners through education, vocational training and apprenticeship. Technical support was provided by the project coordinator throughout these 18 months.

With this financial and technical support, 5 young girls were trained as hairdressers, 25 boys attended vocational training in horticulture, 6 adolescents enrolled in apprenticeship and 165 children attended school (primary, middle and high schools).

■ Health sector partners

Medical treatment is an important aspect of the work of Samu Social and we therefore collaborate with most hospitals and health centres in Dakar. A more specific partnership was built with the Ouakam Health Centre for tuberculosis and HIV, the Malta Order Hospital Centre for orthopaedic surgery (which provides free treatment for orthopaedic-related illnesses).

We have developed special partnerships on tuberculosis, malaria and HIV/Aids, in particular with the National Tuberculosis Programme (PNT), the National Malaria Control Programme (PNLP), the AIDS Control Council (CNLS) and the Hyacinthe Thiandoum Health Promotion Centre. In 2017, a partnership was initiated with the CEPIAD (Centre for the integrated management of addictions) in Dakar for the management of certain youths.

■ Institutional partners

- The Justice Ministry, through the Directorate for Monitored Education and Social Protection (DESPS), 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.
- 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 2nd-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.

2.7. Training and capacity building

One of the difficulties faced in the management of street children and youths is the lack of expertise of people working in this area. This factor, among many others, reduces the impact of services that are developed in favour of the target audience. Each year therefore, specific activities are carried out to ensure in-service training of those working with children at risk (staff of Samu Social, partner associations, community-based and institutional stakeholders) and constant supervision of professional practices. The challenge is to provide support to sustainably improve the practices of professionals working with organisations dedicated to helping street children and also to mobilize staff at “relay” services who meet, refer or supervise vulnerable children. All of these training, teaching and capacity development activities thus help to develop a common approach to addressing the issue of street children and youths as well as to transfer skills and share best professional practices specially designed and developed so as to tailor responses to the needs of this segment of the population.

In 2017, Samu Social teams attended the following training workshops:

date	theme	speakers	participants ssn	partners
10/03/2017	Management of conflicts between children	Samu Social	24	
30/03/2017	Practical guide to dealing with families (family mediation): partners in the Ziguinchor region	Samu Social : Y. Badji et A. Gomis		16
31/03/2017	Management of conflicts between children: Association Futur au Présent in Ziguinchor	Samu Social : Y. Badji et A. Gomis		18
03-04/07/2017	Advocacy training workshop	Jokkale (Union Européenne)	2	
18/08/2017	First-aid training	SOS Médecin Sénégal	26	2
16-20/10/2017	Training on Excel software: Database coordinator	Facil Informatique	1	
14/11/2017	Training on Samu Social professional methods and practices: Volunteers	Samu Social : Y. Badji		4
23/11/2017	Practical guide to dealing with families (family mediation): partners in the Dakar region	Samu Social : Y. Badji et A. Gomis		21
28-29/11/2017	Technical support and increase in workforce	Samu Social International	23	

Teaching:

- *ENTSS (National School of Specialized Social Workers):* Since 2011, Samu Social Senegal has been teaching a module to 2nd year students at the ENTSS. In April 2017, a 2-day module was taught to 76 students on concepts relating to major exclusion, street children in Dakar, Samu Social's work, by the Coordinator for Capacity Development and the Coordinator of the Centre.
- *Judiciary Training Centre (CFJ):* A half-day workshop was organised on 16 May 2017 and attended by about forty students of the CFJ. This was part of a course on the different intervention methods in open surroundings.

Inter-Samu Social seminar:

As part of the AFD's multinational programme, Samu Social International organised a workshop from 23 to 27 October 2017 attended by national Samu Socials from Senegal, Mali, Burkina Faso and Pointe-Noire as well as from Morocco and Egypt. The main objectives of this workshop were to:

- Share tools employed by Samu Socials in the area of health education and lay the groundwork for the design of tools on malaria, tuberculosis and HIV/AIDS;
- Share and consolidate professional practices in terms of coordination (teams, activities, support, partner institutions...);
- Initiate the process for the integration of a medical service and combine efforts to develop health information systems;
- Introduce the practical guide on dealing with families developed by Samu Social Senegal to the other Samu Socials.

Participants from Senegal included the Director of Operations, the Chief Medical Doctor, the Coordinator of the Centre and the Coordinator for Capacity Development.

2.8. Action-research and advocacy

■ Awareness-raising and advocacy actions

○ *Awareness-raising sessions targeting partners*

Samu Social Senegal has a vast network of resource persons in all regions in Senegal, a network that was built over the years. These resource persons are essential to the family reunion process, both in terms of searching for the family and monitoring returns. The network includes people of goodwill (Imams, village chiefs, gendarmes, school teachers...), associations and government decentralised services.



Such partners have to be trained and their awareness heightened on

the issue of street children so as to enable them to better respond to the needs of the children and their families. For this reason, Samu Social Senegal has, for the past few years, been organising awareness-raising and capacity development training sessions for stakeholders in the various regions.

In 2017, two sessions were conducted in Kolda (March) and in Djourbel (August) and attended by 22 and 27 people respectively. These sessions were moderated by Y. Badji and A. Gomis who presented the “professional methods and practices of Samu Social”.

○ *Dialogue framework*

Established at the initiative of Samu Social Senegal in 2014 under its partnership with the City of Dakar, the Dialogue Framework includes stakeholders from child protection associations and institutions and its objective is to conduct joint advocacy in the fight against the exclusion of street children and youths in Dakar. It is chaired by Mr. Cheikh Guèye, Mayor of Dieuppeul-Derklé.

In 2017, the Dialogue Framework was actively involved in the following activities which will be described in detail later in this report: 5% Initiative of the Global Fund against malaria, tuberculosis and HIV/AIDS; advocacy to combat violence against children; and discussions on the management of young adults on the streets.

○ *Young adults project (16-25 years)*

Over the past several years, institutions taking care of street children in Dakar have been confronted with the issue of youths, who grew up on the streets as children and for whom access to accommodation centres becomes drastically limited. The possibilities for family reunion also diminish the longer the child stays on the streets and as of the age of 18, the child protection system shuts off without a suitable relay system to the general social protection system. Moreover, these adolescents and young adults are almost always

stigmatised and seen as delinquents. Samu Social Senegal has over the years applied the principle of non-abandonment by building relationships with these children, who become adolescents and then young adults. With the support of the French Development Agency, we were able to initiate discussions on how to effectively provide this specific group with the right support, in particular, to identify opportunities for their economic and professional reintegration.

In this regard, Samu Social Senegal organised on 28 September, in collaboration with the Dialogue Framework, a workshop attended by representatives of government entities, civil society and private sector organisations working in the area of social, economic and professional integration of youths in Senegal. The objective was to mobilize stakeholders from sectors including education, training, professional integration and support for the creation of income-generating activities as well as the private sector interested in issues relating to the integration of street youths. Several private companies, including EIFFAGE, SOCOCIM and RUFSAAC, answered our call.

The Samu Social Senegal teams have put in place procedures to test various strategies with certain youths: private literacy lessons, apprenticeship with an artisan, internship at a restaurant (see the story of Hoctavy below).

THE STORY OF HOCTAVY

Hoctavy is a 25-year old young man of Congolese origin. His parents came to Senegal while he was still a kid for his father to attend a training programme. The family grew and lived in Dakar for several years. The father decided to return to Congo in 2010 leaving his wife and 5 children behind. Since then, Hoctavy tries to manage on his own so as not to be an additional burden on his mother. As time went on, he was increasingly on the streets and finally stayed on the streets doing odd jobs (handicrafts, telephone decoding...) to survive. He took shelter at Samu Social Senegal for medical reasons. He confides in workers at the centre, tells them his story and that he would like to move on leaving behind this difficult and unstable life on the streets. He talks about his life and his desires. He was lucky that before living on the streets and prior to the departure of his father, he had attended a training programme in cookery. The Samu Social team put him back on track and found him a first internship in a restaurant. A partner centre takes over in terms of accommodation. He regains confidence in himself and proves to everyone that he is prepared to go further. The Samu Social team goes all-out and finds him another internship in one of the biggest restaurants in Dakar. Hoctavy continues to prove himself and has obtained a paid internship in one of the best restaurant with bright prospects ahead: moving in with his brother and helping his mother.

o *Combating violence against children*



In Senegal, the issue of street children is often solely considered in the light of forced begging imposed on children referred to as “talibés”. Economic exploitation is certainly the most visible aspect and is not to be neglected, but it overshadows other often tragic realities of physical, psychological and sexual abuse suffered by these street children and adolescents while on the streets and previously whether in the family environment or with their guardians. In the past few years, several events have led to the death of some of these children, making headline news. However, such acts of violence, still largely unknown to the general public who consider them as sporadic acts, have thus far not warranted a discussion on the issue from a global perspective. Therefore, within the context of the European Union project, Samu Social

Senegal decided to draw attention to this issue by conducting strong advocacy actions on a long-term basis. In 2017, we prepared – with our partners – a position paper addressed to the Head of State and signed by 20 civil society organisations (http://samusocialsenegal.com/wp-content/uploads/2017/11/20171013_plaquette-samu-en-4-pages-pour-site.pdf). This paper recommends 10 immediate measures to combat violence against children in family surroundings, in schools and on the streets.

It was presented to the general public on 19 October 2017 at the annual meeting of the Dialogue Framework. This meeting was attended by 76 participants including the President of Samu Social Senegal, the Special Adviser to the President of the Republic, the Director of Social Affairs of the City of Dakar and the Technical Adviser to the Attorney General who chaired the meeting.

In 2018, public awareness actions will be undertaken on the theme of violence against children.

■ **Research, tools and capitalization**

o *5% Initiative Project*

In early 2017, in partnership with Expertise France and Fondation Mérieux, Samu Social International launched a 2-year project to build the capacities of health services and programmes in the areas of HIV/AIDS, tuberculosis and malaria in Mali, Republic of Congo and Senegal enabling them to adapt to the specific needs and challenges of adolescents who have broken ties with their families and the society and are living on the streets.

A KAP (Knowledge, Attitudes and Practices) survey was hence conducted in 2017 on these 3 illnesses among street children and youths. The survey was conducted by the MATs which developed the questionnaires with the support of Samu Social International and were trained to administer the questionnaires during rounds. The findings of this survey will be presented to partners in the health sector at a workshop to be organised in early 2018 and during which discussions will be initiated to develop health education

tools. Special training sessions will subsequently be organized during the year targeting the staff of health facilities.

o *Tools for the children and youths*



Two awareness-raising tools for street children and youths entitled “Let’s talk about drugs” and “Let’s talk about relationships between girls and boys” were developed with the involvement of all members of the team.

These tools, in French and Wolof, are produced in the form of picture cards and used during street interventions and group discussions at the CHUSIP. The Total

Senegal Foundation financed the original illustrations of these tools and the NGO RAES assisted by making available royalty free illustrations.

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

Numerous workshops, meetings, seminars and colloquiums were organized throughout the year in Dakar, focusing in particular on themes related to poverty, social or healthcare exclusion, and 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. Below is the list of major events attended:

Date	Organizing institution	Theme
4/01 – 06/01	RAO / DDPEGV (Ministère de la Bonne Gouvernance et de la Protection de l’Enfance)	Technical pre-validation workshop of the management procedures manual for shelter and accommodation centres
10/01/2017	Groupe OSC et PTF / ONUDC	Workshop/meeting to draft a letter to the President of the Republic following the death of a talibé in a fire incident
25/01/2017	PFONGUE	Workshop to present the outcome of consultations with CSOs for the development of joint EU/Member States programmes
18/05/2017	Ministère de la Justice / DESPS	Launch of the Steering Committee of the “Support project for the eradication of forced begging and ill-treatment of children in Senegal”
19/05/2017	Ambassade de France / Agence Française de Développement	Workshop to share and discuss with NGOs in partnership with SCAC and AFD
22/06/2017	ONUDC	International Day on the fight against drugs, Jacques Chirac Centre in Guédiawaye
22/06/2017	Groupe OSC et PTF	Press conference on the commemoration of the first anniversary of the plan to remove children off the streets
07/07/2017	DDPEGV	Workshop to share routine data collection and management tools relating to child protection with central-level stakeholders

12/09/2017	UNICEF / DPDE (ex-DDPEGV)	Evaluation workshop of the National Child Protection Strategy
13/09/2017	JOKKOKIDS/OSIWA	Workshop on public assets (digital) and education
20/09/2017	DPDE / World Vision	Workshop on the criteria for providing care to vulnerable children
02/11/2017	IRD	Meeting of sustainable development stakeholders
21/12/2017	BIOFORCE	Forum: presentation of SSN activities

■ Communication activities

Communication activities were conducted throughout the year including:

- A conference held by the Director addressing 120 senior students at the Jean Mermoz French High School on 17 February.
- We had the honour to welcome for a ride-along during our rounds the ambassadors of France and Israel in July and October respectively.
- On 26 April, we welcomed a delegation from the Kingdom of Belgium including the Belgian Ambassador, the Deputy Prime Minister of Belgium and the singer Axelle Red.
- We participated in the preparation of the Human Rights Watch report commemorating the first year of the plan to remove children off the streets.
- On 22 September, a visit was conducted by members of the French Parliament with the NGO Action Santé Mondiale and OXFAM to discuss access to care for street children in Senegal.

3. FINANCIAL REPORT

The financial report accounts for the cost of the Samu Social Senegal programme, mainly including 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 (training, missions, technical support...).

3.1. Balance sheet 2017

ASSETS				LIABILITIES		
	gross	net 2017	net 2016		net 2017	net 2016
Fixed assets	216 758 251	80 687 017	98 671 982	Equity	98 325 932	128 128 380
Intangible assets	3 351 200	434 240	868 480	Retain earnings	0	0
Building	136 078 778	64 353 816	73 638 331	Bottom line	17 638 915	29 456 398
Materials	77 328 273	15 898 961	24 165 171	Regulated provisions	80 687 017	98 671 982
Current assets	9 854 026	9 854 026	12 756 768	Financial debts	0	0
Raw material (fuel, phone credit)	151 090	151 090	1 128 253	Provisions for risks and charges		
Other receivables	9 702 936	9 702 936	11 628 515	Current liabilities	12 930 611	14 415 764
Cash	20 715 500	20 715 500	31 115 394	Suppliers	1 375 098	1 331 329
Bank	18 807 642	18 807 642	27 587 964	Sundry creditors	4 333 360	0
Petty cash	1 907 858	1 907 858	3 527 430	Dedicated funds	7 222 153	13 084 435
Total ASSETS	247 327 777	111 256 543	142 544 144	Total LIABILITIES	111 256 543	142 544 144

Other receivables: these mainly include grants and balances of grants received in 2017, the balance of funds earmarked for staff advances to cover their healthcare expenditures and insurance reimbursements.

Suppliers: some supplier invoices are yet to reach us as at 31/12/2017 (Sonatel, Sénélec, SDE, auditor).

Various creditors: funds received in 2017, earmarked for activities in 2018 and mainly from sponsors of the annual gala.

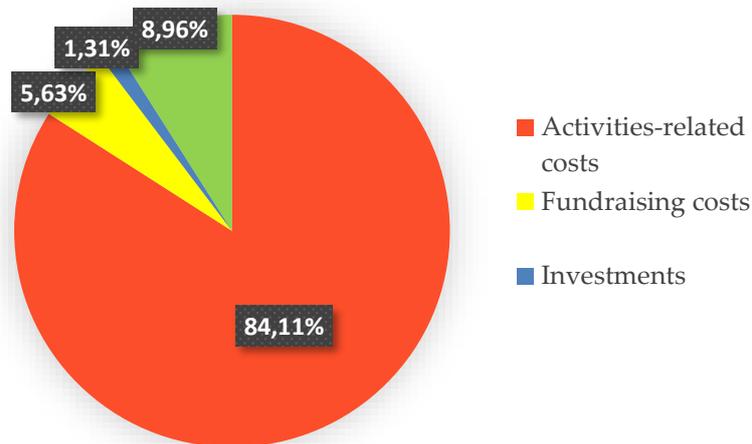
Funds earmarked: these include commitments to be made in 2018 based on grants received in 2017 (UNODC, Total Senegal Foundation, Children of Africa Foundation, Juniclair Foundation and Sococim Foundation).

3.2. Expenditures

MEANS			RESOURCES		
Mobile Assistance Team	32 666 126	49 799 €	Public funds	188 049 553	286 680 €
Emergency accommodation centre	80 877 574	123 297 €	Private funds	42 808 608	65 261 €
Referrals and family reunifications	21 854 593	33 317 €	Membership fees - donations - equities	31 755 082	48 410 €
Support to partners	46 706 011	71 203 €	In-kind & Pro-bono	7 768 246	11 843 €
Awareness-raising and advocacy	30 699 073	46 800 €			
Shared costs and fundraising	43 146 251	65 776 €			
Audits and Evaluations	3 947 647	6 018 €			
Technical assistance Samu Social International	4 389 322	6 691 €			
Miscellaneous and contingencies	6 094 894	9 292 €			
TOTAL	270 381 490	412 194 €	TOTAL	270 381 489	412 194 €

Expenditures for the year amount to 270,381,490 cfa francs including 3,277,545 cfa francs in extrabudgetary expenditures which have been fully funded and relate mainly to the cost of creating the fresco in the courtyard of the accommodation centre covered by the Junclair Foundation and rehabilitation of the courtyard with the support of the Swiss Embassy in Dakar.

Cost breakdown:



We would be unable to carry out our activities and missions without the support of Samu Social International, in particular through the almost-daily support of the programme manager based in Paris. Samu Social Senegal also receives support in its educational and technical support activities in favour of the teams as well as for 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 brings the total cost of our mission to 292,590,502 cfa francs (446,051 Euros).

3.3. 2018 forecast budget

2018 forecast budget amounts to **264 199 718 francs CFA**, with following activities breakdown:

BUDGET CATEGORY	COSTS
Mobile assistance teams	31 216 928
Emergency accommodation centre	77 366 135
Referrals and family reunification	20 032 034
Support to partners	19 786 697
Awareness-raising and advocacy	35 463 271
Shared costs and development of the association - fundraising	48 870 663
Evaluation and audit (UE / ONUDC)	16 462 000
Samusocial International - technical assistance, monitoring, guidance	2 001 990
Miscellaneous and contingencies - Events (Charity)	13 000 000
TOTAL DIRECT COSTS OF THE PROGRAMME	264 199 718

2018 forecast Financing Plan

ACQUIRED/ESTIMATED RESOURCES	
Balance 2017	17 638 915
European Union	81 429 891
Agence Française de Développement	34 765 721
Initiative 5% / Expertise France	28 761 747
Fongep (ssi)	2 623 828
UNODC Vienna (project ends april 2018)	4 128 259
Children of Africa Foundation	2 623 828
Junclair Foundation (incl. balance 2017 for event)	30 553 269
Total Sénégal Foundation (subvention incl. balance 2017)	1 700 245
Private donors, membership, crowdfunding	11 859 499
Charity event 2018	28 441 040
Sococim Foundation	1 004 661
Mazars Senegal	1 500 000
Miscellaneous funds	1 400 000
CMBac (annual audit) - pro bono	1 000 000
PWC Sénégal (office supplies) - in kind	1 155 221
Total Sénégal Foundation (carburant) - in kind	4 051 090
Other in kind donations	1 486 200
TOTAL ACQUIRED RESOURCES	256 123 414
RESOURCES SOLICITED / IN PROGRESS	
Private donors, crowdfunding	8 000 000
State of Senegal	10 000 000
RufSac	2 500 000
UNODC Vienna 2	16 500 000
TOTAL RESOURCES IN PROGRESS	37 000 000

3.4. Accounts finalization and auditing

The association outsources 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 is 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. The 2017 statement of accounts was certified on 11 May 2018.

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

4. ADMINISTRATION OF THE ASSOCIATION

4.1. The Board

The Board met twice, on January 21 and May 20, 2017.

Members of the Board re-elected for 2 years at the GA of April 23th, 2016, are:

- 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.

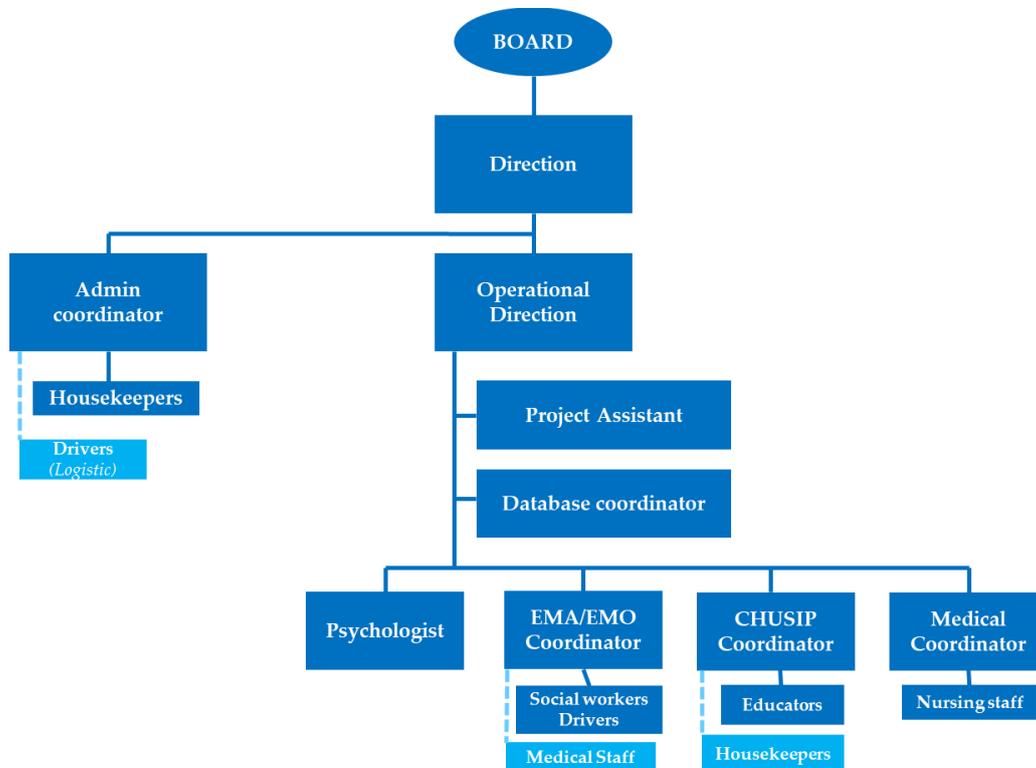
The secretary undertakes all secretarial duties, namely drafting correspondence and minutes, as well as any notice from the Board and its assemblies.

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.

4.2. Human Resources

As at 31/12/2017, Samu Social Senegal had 25 Senegalese and 2 expatriate staff members as well as 2 Senegalese service providers.



In the past few years, the cross-cutting activities of Samu Social Senegal increased significantly, including advocacy, awareness-raising and capacity building actions as well as the implementation of specific projects on access to healthcare or other issues relating to young adults. In parallel, the number of children sheltered at the centre has increased exponentially since 2014, whereas staff levels have remained constant.

In early 2017, we therefore held in-depth discussions on the organisation of the association in terms of human resources, structure and motivation of teams. The first stage consisted of hiring an external service provider, Beautiful Soul, to carry out a team coaching mission; this process helped to bring teams together around shared values and to detect weaknesses.

The organisational structure and organigram of the association were then redefined, jobs to be created identified as well as those where capacity strengthening was required. Management and coordination bodies were reorganised and the recruitment of additional staff finally approved comprising an administrative coordinator and an assistant in charge of projects and attached to the Department of Operations. Also, an additional staff was recruited to help with the supervision of the children at the centre and a 6th person will be recruited in 2018.

Lastly, the work of the GAPP (Professional Practice Analysis Group) was redefined and the group established, with an external therapist who comes in once a month to help the operational staff to:

- identify their feelings, emotions, attitudes and behaviours vis-à-vis the children and youths;
- better understand the dynamics of these relations so as to respond and act appropriately;
- develop professional relations by sharing expertise among different persons and functions;
- share experiences, difficulties, satisfaction, creativity and solutions;
- re-determine the everyday practices in a project to give meaning to work.



5. SAMU SOCIAL INTERNATIONAL NETWORK

Samu Social Senegal is part of the Samu Social International network and abides by the Samu Social International Charter as well as its Code of conduct. Since 2004, a 3-year renewable partnership agreement has been signed between our two institutions.

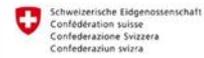


Samu Social Senegal thus receives effective technical support, as well as *ad hoc* assistance in the form of missions and/or remote support, which can be described as follows for 2017:

- ✓ Permanent support to mobilize financial resources and ensure effective management of European Union, French Development Agency and Global Fund (5% Initiative) programmes;
- ✓ Support throughout the process to reorganise and strengthen our teams;
- ✓ Support from the Department of Technical Resources to redesign the database system;
- ✓ Organization of an inter-Samu Social seminar (Senegal, Mali, Pointe-Noire, Ouagadougou) in October in Paris.

Finally, as is the case every year in June, Samu Social International organised an exchange and professional practice workshop attended by directors from all current missions around the world. Various topics and issues were discussed in great detail including: presentation of new projects in Tunis and Beirut; international law on the protection of refugees and asylum seekers; partnerships between Samu Socials and local partners; presentation of the thesis of John Tama, psychologist and Director of Samu Social Pointe Noire on the link between the use of psychoactive substances and accusations of witchcraft against street children in Congo; and training on debriefing critical psychological incidents.

SUPPORTS RECEIVED BY SAMU SOCIAL SENEGAL IN 2017



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