



Centre Amane

2019 Annual
Report



ACKNOWLEDGMENTS

The authors would like to thank the FAPE and MCT staff who shared their time to provide valuable feedback on the evaluation of 2019. Specifically, the social workers and director of Centre Amane who were willing to share their experiences, expertise, and knowledge on all aspects of the Centre. So too, the MCT Development officer for their support in polishing the finished product, and the MCT Coordinator for translating the final report into French.

Centre Amane would also like to thank the many generous individuals donors who contributed to FAPE and MCT in 2019 and the grants provided by our major funders:



The Penny

Appeal



The Ministry of Culture, Youth and Sports



Liberté • Égalité • Fraternité

RÉPUBLIQUE FRANÇAISE

AMBASSADE DE FRANCE AU MAROC

The French Embassy of Morocco

MESSAGE FROM THE DIRECTOR

In 2019, an 8-year-old child told me, “I want to die, I don’t want to stay in this life.” Later that year another child was found sleeping on the roof of the centre because he felt safer there than at home. 2019 was the year the team learned **the difference between feeling safe and being safe**, and how we can best respond to children’s physical and emotional needs for safety. It was a year of achievements, challenges, ups and downs, laughs, and tears. A year of growing a great team who always worked in the best interests of the children when faced with difficult decisions. In 2019, we strove to ensure all stakeholders in child protection (children, families, Centre Amane, key partners) were fully integrated and involved in the diagnosis and analysis of the issues – finding solutions and applying them together.

The team of 8 staff at Centre Amane has done a tremendous job, working day and night, with a smile the whole time. Arriving at work, I was always greeted with smiles regardless of the day’s events. Their compassion was shared among those they worked with, providing hope to children and their families through their actions and the happiness of their eyes. As the director of Centre Amane, **I witnessed the overwhelming dedication of our team, who on many occasions would work tirelessly to ensure a child was safe.** They insisted that all the children needed support and that we had a duty of care and were required to act on that responsibility. Thanks to the strong partnership between MCT and FAPE, one team across Morocco and the UK came together to support each other and engage their unique strengths and expertise. Without their collective engagement our achievements would not have been possible

The journey Centre Amane has taken since 2010 has been to build its capacity little by little – **shwaya bi shwaya**. We have had ups and downs, faced some resistance from our local partners, both public partners and NGOs, as the work is hard, and people were not always satisfied with what we set out to do. 2019 was the year we were able to capitalise on this work and reforge and strengthen our partnerships with the education department, health department, sports clubs, courts, and various child protection actors throughout Morocco.

Children face many challenges not only in Taroudant, but throughout Morocco. Our main objective remains to advocate and work towards **a complete, accessible, and integrated child protection system Morocco**. The important lessons we learned from our experiences at Centre Amane were shared with other child protection actors in 2019, because only through collaboration can we achieve our common goal. We, the Moroccan government, NGOs, and all citizens must unite and get involved to protect all of Morocco’s children.

Salam,
Slimane Amansag

TABLE OF CONTENTS

1. INTRODUCTION	1
1.1 Primary Objectives of Centre Amane	1
1.2 Actions on Recommendations.....	1
1.3 Evaluation Methodology	4
1.4 Key achievements of 2019.....	5
2. CENTRE AMANE IN 2019.....	6
2.1 Staff of Centre Amane.....	6
2.2 Continuous Professional Development (CPD).....	7
2.3 Reporting Structure of Centre Amane.....	8
2.4 Strengths and Difficulties Questionnaire.....	11
3. SOCIAL SERVICES.....	13
3.1 The First Point of Contact.....	13
3.2 Summary of Cases.....	15
3.3 Closing Cases.....	16
3.4 Case Study: Closing an 8-year Case	17
3.5 Staff Insight.....	20
4. SCHOOL SUPPORT AND ACTIVITIES	22
4.1 School Support	22
4.2 Tutoring and Activities at Centre Amane.....	24
4.3 Extra-Curricular Activities.....	25
4.4 Case Study: More Than Grades	25
4.5 Staff Insight.....	27
5. HEALTH.....	29
5.1 Medical Actions and Costs	29
5.2 Case Study: Providing Medical Support by Building Trust.....	31
6. I.D. REGISTRATION	34
6.1 I.D. Registration in 2019.....	34
6.2 Case Study: Reuniting a Mother and Son	35
6.3 Staff Insight.....	36
7. WOMEN'S PROJECT	37
7.1 The Women's Project in 2019	37
7.2 Staff Insight.....	38
8. PARTNERSHIPS	40
8.1 Moroccan Partners	40
8.2 International Partners.....	41
8.3 Case Study: Partners in Intervention	43
9. OUTREACH.....	45
9.1 Headcount Project	45
9.2 Summary of Findings.....	47
10. RECCOMENDATIONS.....	50

Figures

Figure 1. The Process of Updating Forms..... 10

Figure 2. Centre Amane's New Roof Space..... 42

Tables

Table 1. Actions on Recommendations of 2018..... 2

Table 2. Number of Reports in 2019..... 14

Table 3. Types of Support in 2019..... 14

Table 4. Opened and Closed Cases..... 15

Table 5. Ages of Children..... 16

Table 6. What Grade, What School 23

Table 7. Average Hours at Centre 24

Table 8. Sports Registrations..... 25

Table 9. Progression of Medical Actions and Costs..... 29

Table 10. Medical Actions and Costs in 2019 30

Table 11. I.D. Registration..... 35

Table 12. Attendance at Women’s Group 37

Table 13. How Safe Do Children Feel Where They Sleep..... 49

Table 14. Recommendations of 2019 50

1. INTRODUCTION

1.1 Primary Objectives of Centre Amane

Centre Amane's primary objective is to support vulnerable children living in Taroudant by providing holistic social support services to children and their families. Namely, rather than focusing solely on "the child", the social work ethos of Centre Amane is to work with the family. This is the approach the Centre takes with its beneficiaries – one step at a time, and together at every stage. The services provided at the centre reflect this ethos and the evolution of its services, growing expertise of its staff, and reputation in the local and regional communities further reaffirm the effective impact this ethos has had on the centres practice. While this report will provide an evaluation of the services offered at Centre Amane, it is important to recognise that these services are not provided in isolation, as all the families and staff who are part of the centre have contributed to the unique and wonderful sense of community which has been fostered at Centre Amane in 2019.

1.2 Actions on Recommendations

The Centre Amane – Evaluation 2018 is an informative starting point to understand and evaluate the work of Centre Amane in 2019. *Table 1 Actions on Recommendations of 2018* lists the recommendations derived from the 2018 evaluation for each of Centre Amane services and the corresponding actions taken on those recommendations in 2019.

1. INTRODUCTION



Table 1. Actions on Recommendations of 2018

Area	Recommendation of 2018	Actions Taken in 2019
Social Monitoring	Improve street outreach through the training of female social worker	A study of the social network of the children at the centre to inform the outreach program was performed and a female social worker was trained for the project.
	Improve the SDQ Questionnaire	A photo-voice, drawing, and mapping exercise will replace the SDQ questionnaire in 2020.
School Monitoring and Activities	Increase children's participation in extracurricular activities	The new extra-curricular officer has drawn on their existing relationships with coaches to increase children's participation and create new partnerships.
	Increase the involvement of families in the school follow-up of children	Was a topic of several women's groups conversations and we have had many mothers attend school meetings in 2019. In 2020, we intend to make this a continuous topic of conversation in the women's group.
	Increase the implementation of activities that promote concentration	We are seeking to recruit volunteers to help with the management of children of different ages during school activities.
	Find a solution to the problem of time management	
I.D. Registration	Continue to maintain good relations with the court staff	The success of the ID project in 2019 affirms the ways in which we were able to maintain these relationships.
Health Care	Improve access to psychiatric care for beneficiary families	We had the beginnings of several partnerships but are forced to wait until professionals choose to work in Taroudant.
	Continue to build a network of doctors who want to work with us, to allow beneficiaries to access free medical consultations	While we cannot access free medical care, we have built new and maintained our existing relationships with local medical professionals.

1. INTRODUCTION



	Look for pharmacies that give drugs	This remains an issue. We aim to increase donations of medications in 2020 and implement a guide for social workers to work with doctors and pharmacies when prescribing the pharmaceuticals that are donated.
Woman's Project	Increase women's participation in the women's project	Women's project had 3 less members in 2019
	Continue to make individual sessions with women, especially those who cannot attend the women's group sessions regularly	While we did have many individual sessions with women in 2019 and used a questionnaire to inform and guide the conversation, we hope to integrate the work performed into the women's group more formally into the overall evaluation/plan for each family.
Management of Centre Amane	Introduce a professional development structure	The Centre Amane Committee has begun developing a continuous professional development (CPD) structure, with plans to implement it by the end of 2020.
	Improve Monitoring and Evaluation	The M & E structure of Centre Amane was audited in 2019 and recommendations from its findings are being rolled out in 2020.
	Improve fundraising campaigns	MCT employed a Development Officer in 2019 whose main task is to develop fundraising campaigns for the centre and all FAPE's projects.

1.3 Evaluation Methodology

The 2019 evaluation follows the logic and structure of previous reports. It draws from the reporting materials of each the centre’s services outlined above to understand the effectiveness of each service for 2019 and the ways each service contributes to the centres primary objectives. However, several reporting tools used in 2018 were not available in 2019 due to staff turnover at key reporting times. This includes the SDQ questionnaire used in previous years and the extra-curricular activities questionnaire for the second half of 2019. Due to these shortages, focus groups and questionnaires were not performed with staff or beneficiaries as in previous years. Alternatively, each staff member was asked to provide their input on each section of the report, it’s findings, recommendations, and to provide their own understanding on the importance of the service they manage. Their insights as well as detailed case studies of key cases in 2019 can be found throughout the evaluation of 2019.

The services provided by Centre Amane include:

- | | | |
|-------------------------------|------------------------------------|------------------------|
| Social Services | Health Monitoring | Woman’s Project |
| School Support | Extra-Curricular Activities | Outreach |
| Games & Activities | I.D. Registration | |

It’s important to note that the above services are in no way exhaustive of the social support provided by Centre Amane. While all the above services can be designated under the general label of “social support”, the Centre performs many unpredictable and informal actions that are equally impactful, though remain difficult to monitor and evaluate – e.g. There are shower facilities at the centre and

1. INTRODUCTION



a social worker is always available to help younger children shower. This means children are able to be indirectly monitored for signs of neglect or abuse, ensure any health issues such as hair lice and skin infections are treated and monitored, and ensures children can regularly have showers, as many do not have access to regular shower facilities at home.

1.4 Key achievements of 2019

- 88 people received support from Centre Amane in 2019
- 8 new cases were opened, and 4 cases were closed
- There were 27 active cases
- School monitoring of 35 children
- 41 children regularly attend the centre
- 16 children enrolled in extra-curricular activities
- 7 relationships with medical professionals
- 109 ID registration cases worked with, 22 were successful
- 25 women registered in the women's group
- 49 local, regional, national, and international partners
- Completed 45 questionnaires with children in outreach project

2. CENTRE AMANE IN 2019

2.1 Staff of Centre Amane

Centre Team

Centre Amane employs 8 staff members to effectively manage and deliver all its services. All employees have diverse forms of expertise and are not confined to just one role:



Slimane Amansag

The director of the centre is tasked with the general management of Centre Amane and its staff, conducting supervisions with each worker, coordinating team meetings, and general advocacy in the local district, wider region, and nationally regarding child rights.



Hasna Ben Arreg

Administration officer and accountant employed by the centre to oversee all administrative work for the centre and all projects delivered by FAPE.



Malika El Alaoui

Education officer to liaise with schools and tutor children who attend the centre.



Zahra Aabid

Caretaker or more endearingly referred to as *the mother of the centre* by staff and children. La Zahra provides breakfast for all staff and children, maintains the centre, and provides valuable input on cases from her 10+ years' of experience of working at the centre.

The four social workers employed at the centre have different case workloads, areas of expertise, and focus:



Fatima Ait Bella – 6 Cases

Social worker and health monitoring officer. Oversees the **Woman's Project** and the **Health Monitoring** services.

2. CENTRE AMANE IN 2019



Maryame Mazzouraou – 11 Cases

Social Worker with the highest case workload, Maryame specialises in providing support to children under the 12 and is involved in the **Outreach** project.



Mohammed Rida Lagroubi – 7 Cases

Social worker and oversees the integration of children in **Extra-Curricular Activities**. Rida specialises in providing support for children over the age of 12 and is involved in **Outreach** project.



Hamid Id Belaid – 3 Cases

Social worker and oversees the **I.D. Registration** project.

The diverse experiences and skills of all workers is harnessed through teams meetings on Mondays, Tuesdays, and regular morning sharing sessions between social workers. Monday meetings are where all social workers, La Zahra, and the director, provide their input on each case. Tuesday meetings are an opportunity for all staff to share the key developments in their individual projects and provide input on all the services and projects provided by the centre.

2.2 Continuous Professional Development (CPD)

Centre Amane had two of its social workers leave employment at the centre in 2019. This is not a rare occurrence and staff turnover strains the centre's work capacity as precious time is diverted from delivering services to recruitment and training. The Evaluation of 2018, the Centre Amane committee and the director of Centre Amane identified the key issues related to worker retainment are the absence of a formal Psycho-Social support system and a Continuous Professional Development (CPD) structure.

2. CENTRE AMANE IN 2019



In response to the need for psycho-social support one of the key issues identified has been the lack of a counsellor or therapist available to social workers. Unfortunately, finding both the funding for and a suitable counsellor is not an easy task. While we are in the process and in contact with someone who would be able to fulfill that role, in the meantime we have initiated several actions to attempt to “lighten the load” social workers are tasked with:

- Designed a more flexible and structured roster which limits the formal workday from 9:00am to 6:00pm and workweeks to 5 days, provides one rostered day off a month, and outlines procedures that delegate who is to be on-call for emergencies outside office hours.
- Relocated the weekly social work meeting outside the confines of the office space. These meetings are now taking place in the meeting room of the volunteer house.
- The Centre Amane committee is in the process of developing a CPD structure which as well as providing much deserved acknowledgment and incentives for the work and expertise of staff at the centre, will also include competencies in general social work and social worker well-being.

2.3 Reporting Structure of Centre Amane

In 2019 the many digital and non-digital forms, sheets, and documents used by Centre Amane were audited. In total, there were over 40 individual digital documents used by Centre Staff with different levels of effectiveness and usability. Additionally, there are many formal and informal hard copy files and forms that are also completed by staff which dramatically increases the number of reporting tools.

2. CENTRE AMANE IN 2019



The first issue found with the reporting tools was that many documents and folders were owned by personal google accounts of current staff and staff who had left the employment of the centre many years ago. In response, the updated reporting documents to be used in 2020 will be moved to a new and consolidated Centre managed google drive account. This will give the Centre ownership and protection over its data, giving it the ability to restrict access of information only to the staff that require that access and remove access to staff who leave its employment. A key task for 2020 will be to organise the new google drive cloud space with all relevant material, case files, and reporting sheets. Management and staff at Centre Amane have recommended that information from the beginning of 2019 on each case to be carried over by each member currently responsible for that case, with the older digital storage space used to archive all other material.

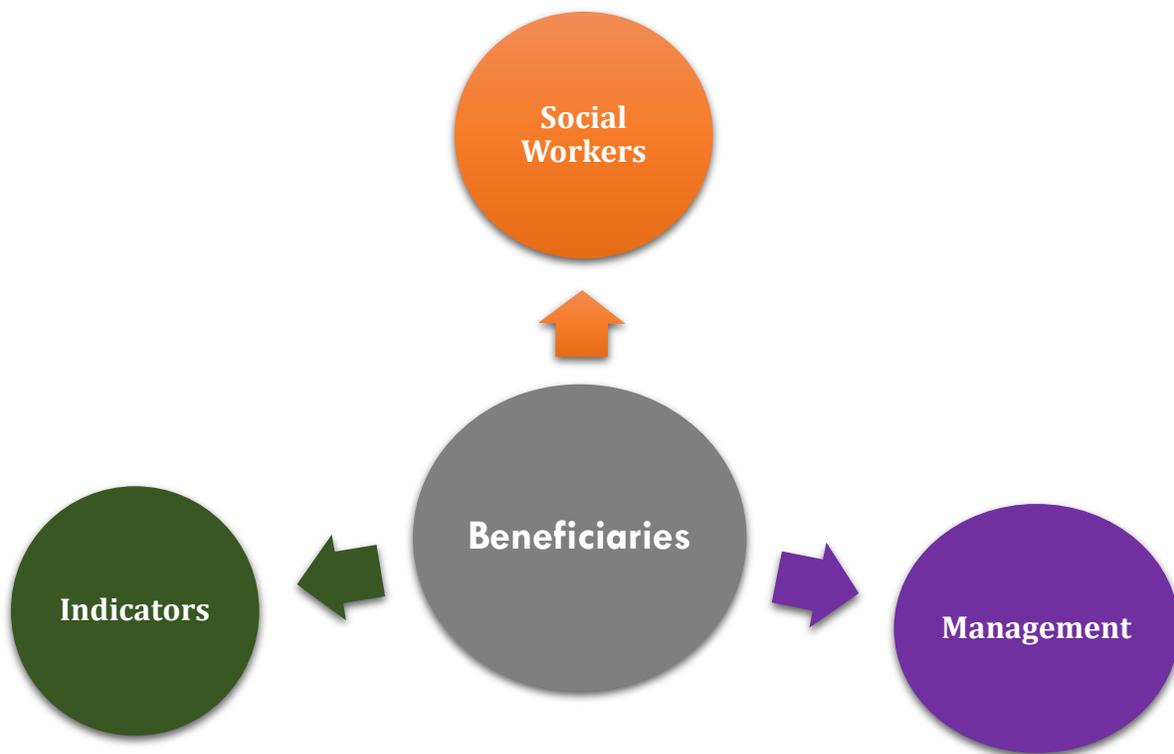
The audit also highlighted the need for the current monitoring and evaluating process to be updated to align with the ways the work at the centre has evolved in the last 10 years. The approach to achieving this has been developed by drawing on a participatory approach which values the perspective of each stakeholder. Therefore, an approach which triangulates information and available expertise similar to that used in the **Headcount Project** has been adopted. *Figure 1. The Process of Updating Forms* depicts the ways redeveloping the monitoring and evaluation process has ensured each stakeholder at Centre Amane has had the ability to contribute to the redevelopment of the centre reporting process. The information found in the extensive data collected by the centre on its previous and current beneficiaries are at the centre of this process. Each other circle represents the point of view and needs identified by the key stakeholders; the experience of the social workers delivering the service; the management team who are able to

2. CENTRE AMANE IN 2019



monitor its effectiveness; and the information and practices of Centre Amane's overall indicators and targets specified by our external funders and internal strategy. This process of redeveloping reporting tools also ensures the information reported by each stakeholder is relatable and understandable at every level and stage of the monitoring and evaluation process.

Figure 1. The Process of Updating Forms



Some changes to reporting documents have included:

- The Journal and Plan which consisted of hundreds of pages and were difficult to navigate have been adapted into excel format. This has made the everyday work of documenting actions and plans easier to record and made the information more accessible and easier to monitor and evaluate.

2. CENTRE AMANE IN 2019



- Questionnaires used for teachers (school support) and coaches (extra-curricular activities) have been made clearer, use a similar logic in their questions/answers, and translated into Arabic to be easily understood by those completing them.
- Questionnaires that compliment those given to teachers and coaches have been created to provide the children an avenue to express the ways they experience these activities.
- The I.D. Registration form had not been updated in 10 years and was adapted to compliment the ways in which the project has evolved.
- The global documents used by management and staff to monitor all the centre's activities have been made more user friendly, formulas/functions updated, and streamlined.

2.4 Strengths and Difficulties Questionnaire

In the audit of 2019, the Strengths and Difficulties Questionnaire (SDQ) was found to merely provide prescriptive quantified answers of children at the centre. In response, we have drawn on the previous Participatory Action Research conducted at Centre Amane in 2014 to develop a similar activity for children at Centre Amane.¹ This will be a qualitative project which will complement the new reporting structure of centre and entail:

- **Photovoice activities:** this is where children are provided with disposable cameras and asked to take pictures of the most important things in their life.
- **Thematic drawings:** this is where children are asked to (1) draw their social network (2) draw themselves playing with their friends (3) draw as a group a thematic category coded from the pictures taken above.

¹ See Connie Wu's (2014) work: [Qualitative Participatory Research with Street-connected children in Taroudannt](#)

2. CENTRE AMANE IN 2019



- **Mind Mapping:** this is where children are asked to map their answer to three questions relating to what the centre does for them: (1) what they like the most (2) what they would improve (3) what's something new they would like the centre to provide.

Following the experience of staff shortages during the headcount project, this qualitative project will be performed during the school holidays by volunteers each year. The volunteers who contributed to the headcount project have already expressed interest in participating in this project. These volunteers are either from Taroudant or in some cases are former beneficiaries of the centre who are easily able to connect with children.

3. SOCIAL SERVICES

3.1 The First Point of Contact

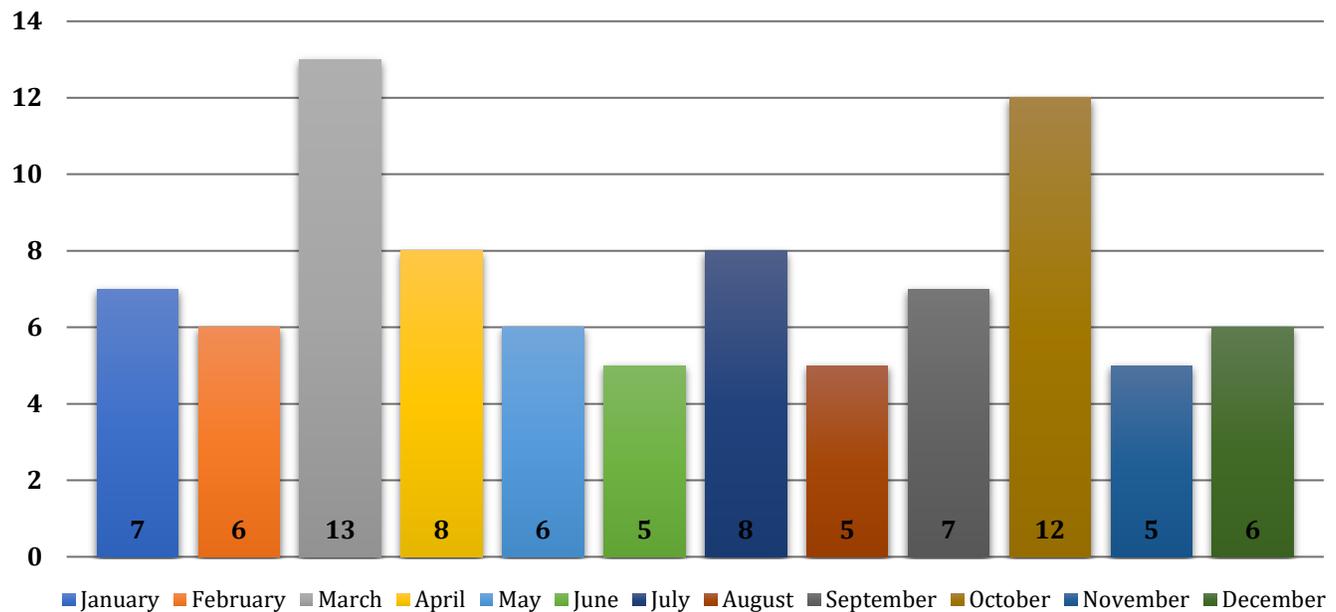
Centre Amane's many partnerships with associations and government departments and longstanding work in Taroudant make it the first place to go in times of need. Formerly, Centre Amane was only operational to formally meet and receive potential beneficiaries for five days of the week. However, staff at the centre identified that potential beneficiaries who are in moments of crisis or work during the work week, were unable to or found it extremely difficult to attend the centre during these periods. In response to this need and demand, in 2019 we ensured that there was a social worker on the Centre premises each day between 9:00am and 6:00pm to receive, evaluate, and provide support to children and their families. While this does not mean the full capacity of the Centre's services are operational during these times, it does mean that Centre Amane staff are on hand to provide vital support in moments of crisis.

In 2019 Centre Amane processed **88** reports, up from **57** in 2018. This is a direct impact of the extended reception times and marks a significant **increase of 54% of reports in 2019**. *Table 2 Number of Reports in 2019* outlines when the reports were processed. March and October are the busiest months at the centre with a significant higher number of reports. Firstly, staff at the centre attribute the increase in March as coinciding with the school holiday period, resulting in children spending more time unsupervised and/or more time in an unstable home environment. Secondly, October marks the start of the farming season in Taroudant, and staff explained how many families are faced with new challenges negotiating employment responsibilities with parental duties. Additionally, the school year begins in mid-September, and the children who are not enrolled or

3. SOCIAL SERVICES



Table 2. Number of Reports in 2019



have difficulty in school are also brought to the attention of the centre. The types of support offered to the cases in October reflects the ways the beginning of the school year effects the increase in reports. I.D. registration and all reports categorised as ‘specific actions’² in October were either referred by schools or were actions required in relation to a child’s schooling. *Table 3 Types of Support in 2019* outlines the number and types of support provided by Centre Amane in 2019.

Table 3. Types of Support in 2019

Referred to Another Association or Government Department	15
ID Registration	36
Integrated at the Centre	8
Specific Action	21
No Action Required ³	8

² This relates to reports which only require an independent action, such as school supplies, a doctor’s visit, or support with medication. These cases are not integrated into the centre.

³ In many cases, being the first point of contact results in the centre providing information on key services available in Taroudant and no further actions is required.

3. SOCIAL SERVICES



3.2 Summary of Cases

Centre Amane's major objective is to provide a social *support* service to vulnerable children and their families. Foremost, in this objective is to support families in difficult circumstance in order to ensure that they have the capacity to care for their children independently. In this way, Centre Amane fulfills its original fundamental mission of **deinstitutionalisation**⁴, by keeping families together, and ensuring they have the support they require to stay together in the future. Therefore, each case at Centre Amane always involves the whole family.

Centre Amane opened **4 new cases** in 2019. *Table 6 Opened and Closed Cases* shows the number of active cases in 2019, and the total number of cases the centre has worked with since its beginning in 2010. Significantly, *Table 4* also provides the number of closed cases, marking the effectiveness of the support provided by Centre Amane throughout its history. Closed cases indicate successful completion of a child's individualised social care program and that their home life remains stable. Before closing the cases, social workers ensure a well detailed and smooth transition through the creation of long-term life-plans. Centre Amane is reinforcing and redeveloping the centres process of closing cases going into 2020.

Table 4. Opened and Closed Cases

	In 2019	Total since 2010
Opened Cases	27	106
Closed Cases	4	78

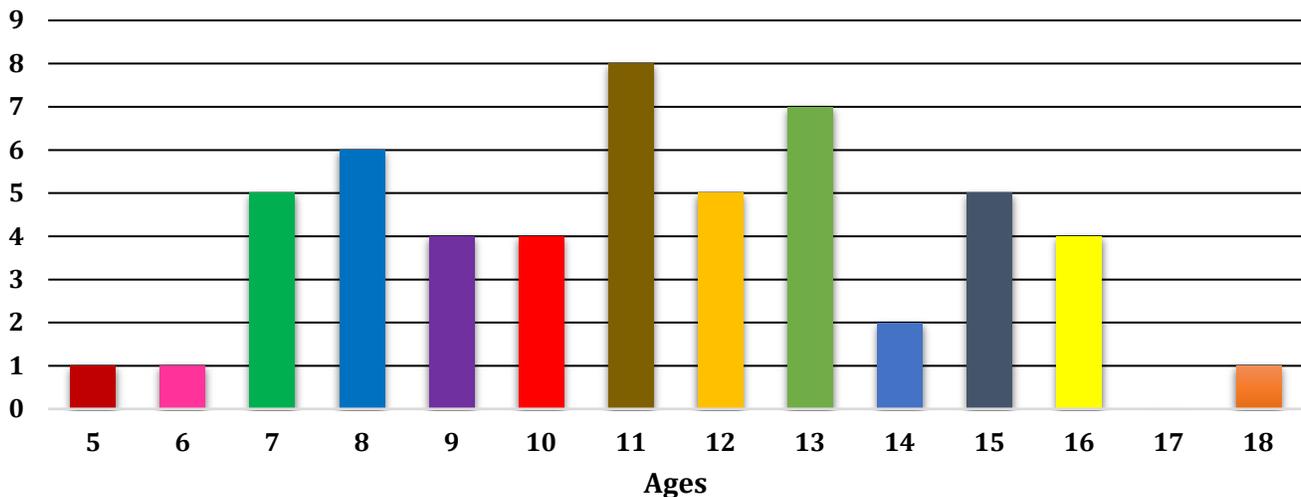
⁴ <https://www.moroccanchildrenstrust.org/projects/project-d-a-r/>

3. SOCIAL SERVICES



Within the 27 cases of 2019, there was a total of 53 children, with 23 girls and 30 boys. *Table 6 Ages of Children* provides a graph depicting the ages of the children worked with in Centre Amane in 2019. There was only one family member who the Centre worked with who was over the age of 18 and on average, each family had two children.

Table 5. Ages of Children



3.3 Closing Cases

The social work practices of Centre Amane have developed since its inception in 2010. This has been due to the capacity and team at the centre developing, growing, and adapting to suit the needs of the beneficiaries and the evolving capacity of the services the centre provides. **In 2019, 17 of the 27 cases, an overwhelming 63%, had been with the centre since 2013 or earlier.** Closing these cases by drawing on the range of social work experience and services developed at the centre was a key priority of 2019.

3.4 Case Study: Closing an 8-year Case

Case X⁵ had been with the centre since 2011. Case X consists of a single mother (Zeina) and her children (Billal) aged 13 and (Layla) aged 11. Their main caregiver is Zeina's sister (Chayma). Zeina worked long hours on a farm in the day and would come home tired and unable to appropriately care for her children. Without childcare, Billal and Layla were unsupervised throughout the day and night, resulting in an increase in street-connection, and higher vulnerability to exploitation and danger. The first task of staff was to complete a reevaluation of the family's needs and gain a better understanding of the interventions required for each family member as follows:

Billal was found spending considerable time unsupervised on the street. His academic performance was well below the rest of his peers and he struggled to complete his homework and stay motivated during school. Billal was at risk of repeating his school year, remaining in Premier (elementary school) and not be eligible to enter College (high school). He also would verbally and physically strike out at other children and staff. Due to his experience of neglect, he suffered from low self-esteem and found it difficult to speak up effectively and have confidence in his ideas.

Layla was found to be extremely attached to her aunt, Chayma. However, like Billal, this attachment was amplified by her mother's neglect and inability to fulfill her parental responsibilities and duties. Both Layla and Billal also displayed signs of physical abuse, regularly attending the centre visibly upset after they had been physically disciplined by their aunt or mother. Layla's low self-esteem

⁵ Pseudonyms have been used for case studies throughout this evaluation.

3. SOCIAL SERVICES



resulted in her academic performance and socialization with other children being hindered. Lastly, as Layla was entering puberty without the proper attention from her mother or aunt, she struggled to understand the changes in her body and identity.

Chayma was the aunt and the main caregiver of the children. After Zeina was found to be unable to assume an active role in her children's lives, social workers decided it was in the best interests of the children to work with Chayma. However, without the ability to afford proper medical treatment, Chayma used hashish in efforts to relieve her severe chronic back pain. Chayma's pain and frustrations would often manifest into aggression towards the children, and she physically disciplined them regularly.

Intervention

School Support: Both children were provided with intensive school support. The education officer and social workers regularly met with each child's teacher and worked together to ensure the children were able to catch up to their peers. Billal was successful in completing his Premiere schooling and began college in September.

Health: Chayma was accompanied to a doctor associated with the centre where a tumour was found to be the cause of her back pain. The centre procured her the funds to buy the medication required and reduce her hashish smoking. Layla also benefited greatly from working closely with the social worker who specialises in working with children under the age of 12. In these sessions with her

3. SOCIAL SERVICES



social worker, Layla learned about coming of age topics such as body development, body autonomy, and consent.

Extra-Curricular: Both children were integrated into our sports programs. Billal was placed in a local football team and both he and Layla attended full-contact Karate classes three days a week. The children's sports coaches and social workers noted an instant and significant change to the children's behaviour and self-esteem – with both children never missing a training session. Their time spent in sports programs provided supervision while also limiting their time on the street.

I.D. Registration: As both children had different fathers, they were given different surnames. The social workers identified that having the same surname would help foster a sense of family, unity, and belonging for the children. The centre has started the proceedings with the court to match their surnames and expect to complete this process in 2020.

Women's Project: Chayma was integrated into the women's group and regularly attended meetings. She also attended trips to local attractions with the other women and commented on how these small acts made her feel valued, respected, and part of a community. Chayma was also able to draw on the other woman's experiences and knowledge to reduce her smoking and change her approach from disciplining the children through physical punishments.

3. SOCIAL SERVICES



Local Partnerships: Billal nominated himself to give a speech at our partners event at a local residential centre – La Lamina. Billal spoke before a room of children about the benefits of studying, reading, and education – exemplifying a dramatic shift in Bilal’s self-confidence and the effectiveness of the team’s social work interventions.

The closing of Case X illustrates the effectiveness of the many services provided by Centre Amane in 2019. Significantly, it also illustrates the effectiveness of all the staff at Center Amane to work together as a team – pooling their expertise and knowledge – to support the family through a range of interventions. The experience of closing this 8 year case has been a tremendous achievement of the Centre Amane team in 2019.

3.5 Staff Insight

Written by Maryame Mazzaourou (social worker specialising in children under 12 years of age)

I come into contact with children who experience many different difficult circumstances; suicide, varying levels of street connection, sexual abuse, physical abuse, family problems, neglect, and identity problems. Many cases require a lot of energy and sometimes it may take months before you feel your work is having an impact. However, I ensure every child receives the care and support they require.

3. SOCIAL SERVICES



As a result of many children at the centre being born out of wedlock and experiencing sexual abuse they are often stigmatised in the community which leads to depression and many social, personal, psychological, and sexual development issues. My role entails performing:

- **Listening sessions:** helping children understand their situation and convey their problems
- **Individual sessions:** supporting cases to overcome their psychological situation through discussion and reflection
- **Follow-up and support:** monitoring the child's social and psychological situation, legal support, health coordination, preparation, and coordination for integration into other services, strengthening their self-confidence, and reconciling with other children, their family, and the local community.
- **Finding solutions together:** ensuring they are psychologically stable, successfully integrated into school, open to playing with other children and society, and that their behavioural development is progressing.

I feel that my task has a great impact on the development and life of the children with whom I work. I get to see children grow, develop, play, and become happy in themselves and within their social environment.

4. SCHOOL SUPPORT AND ACTIVITIES

The school support service provided by Centre Amane consists of two inter-dependent services. The first entails working with each child's teachers to understand their specific needs and plans to support them in their schooling. The second entails Centre Amane's tutoring service and supervised activities for children for four hours each day – two hours in the morning and two hours in the afternoon.

4.1 School Support

Centre Amane's 48 child beneficiaries attended 12 different schools in 2019. *Table 6 What Grade, What School* illustrates the variety in academic levels of the beneficiaries and the different schools they attend. The large number and variety of schools presents two challenges. First, the variety of school levels makes it difficult to specialise tutoring for children of all different levels, especially during one session. Secondly, following up with the large number of different schools and teachers is a capacity challenge for the education officer who must also complete questionnaires, perform tutoring services, and supervise children for four hours each day. However, receiving the feedback of children's performances at schools has proven an essential monitoring practice. As consequently, the centre has been able to work with the directors of schools to better develop their relationship within the education sector of Taroudant.

4. SCHOOL SUPPORT AND ACTIVITIES



Table 6. What Grade, What School

School Grade		School	
Préscolaire	2	Abdellah Ben Yassine	2
P - 1 ème	1	Almajd	1
P - 2 ème	11	Bassatine	18
P - 3 ème	9	Ibrahim Roudani	11
P - 4 ème	7	Centre d'Éducation non Formelle	1
P - 5 ème	2	Imam Malik	3
P - 6 ème	8	Le Cottabe Coranique	1
C - 1 ème	4	Rehhal Elmskini	6
C - 2 ème	5	Roudana	2
C - 3 ème	0	Sidi ou Sidi	1
L - 1 ème	1	Ziraoui	1
Ecole informelle	1	Ahli	1

In 2019, Centre Amane completed 35 questionnaires with teachers and monitored the school results of 26 children. The school questionnaire consists of questions which inquire about each child's general participation in school, ability to effectively communicate, behaviour, and attitude towards school. This questionnaire is a vital resource for Centre Amane to tailor its services to support each child. Key information such as the child's access to school supplies and their attendance is recorded. In 2019, **71% of the children were said by teachers to not regularly attended school, 57% did not regularly complete their homework, and 77% commented that the parents of the child did not regularly attend school.** Upon monitoring these figures throughout the year, the education officer ensured that education support and attendance were conversation topics in the women's group. In sharing data findings across Centre Amane's services, children experienced greater support, encouragement, and involvement from parents in regard to

4. SCHOOL SUPPORT AND ACTIVITIES

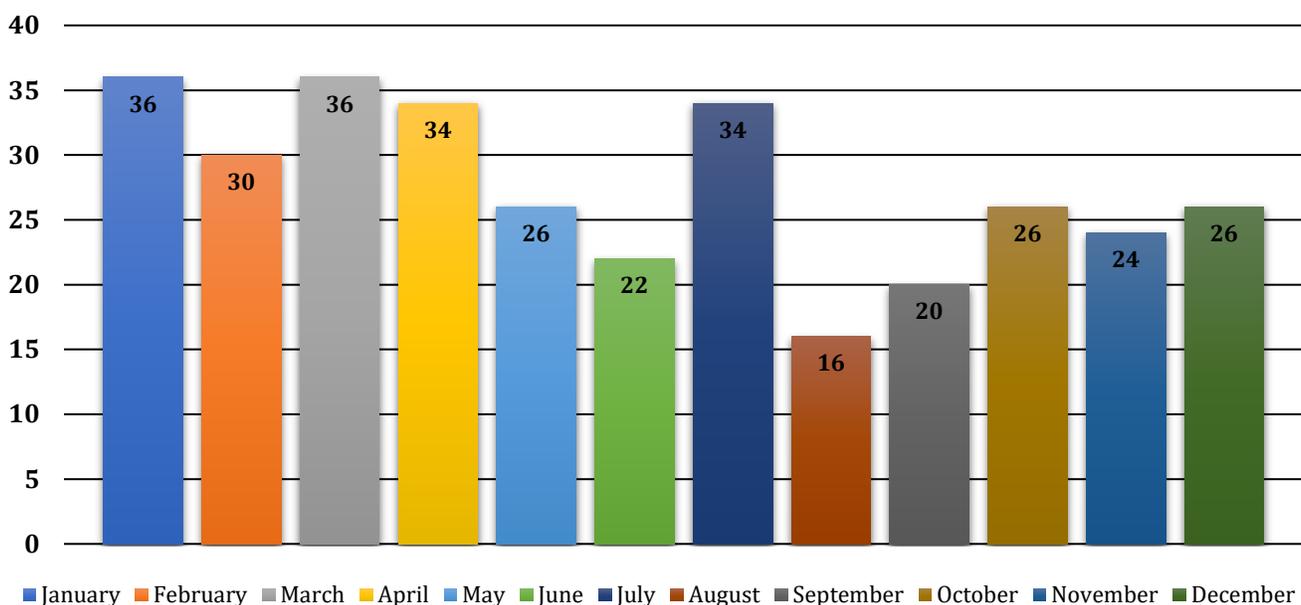


schooling. Consequently, 63% of the children whose results were monitored in 2019 showed an **average of a 1.2% improvement in their marks.**

4.2 Tutoring and Activities at Centre Amane

Centre Amane provides tutoring for all its beneficiaries during the first hour of each of the morning and afternoon services. The second hour is time set aside for games and activities either in the centre's gym, new roof space, or local places in Taroudant. In 2019, 41 children regularly attended the centre. *Table 7 Average Hours at Centre* provides an overview of the average number of hours children spent at the centre each month. On average, children would spend 28 hours at the centre each month. The decrease in August and September was due to 19 kids attending a summer camp over the school holidays. In total, children each spent an average of 238 hours at the centre across the year.

Table 7. Average Hours at Centre



4. SCHOOL SUPPORT AND ACTIVITIES



4.3 Extra-Curricular Activities

I get to see how participation in extra-curricular activities improves children's education and boosts their self-confidence and self-esteem.

Mohammed Rida Lagroubi (Extra-Curricular Officer)

Integration into extra-curricular activities has been a key service of Centre Amane since its inception in 2010. In 2019, the centre grew its ability to provide extracurricular opportunities through new partnerships with sports instructors and coaches. Centre Amane had 16 children registered across 4 sports associations in 2019 (see *Table 8 Sports Registrations*).

Table 8. Sports Registrations

Full contact self defence	7
Judo	3
Karate	4
Football	2

4.4 Case Study: More Than Grades

Background

Case Y was referred to Centre Amane by a parents association at a local school. Ali, is 11-year-old boy who no longer attended school and the other parents were concerned for his safety. Ali's case was referred to the centre and upon evaluation it was found that his family consisted of his mother Fatima, 18-year-old sister Amira, and 8-year-old brother Ibrahim. It was also discovered that Ali regularly slept on the street.

Intervention

The first task of Centre Amane was to encourage Ali to return home. Social workers would regularly accompany him home when they found him on the street or when his mother Fatima would call the

4. SCHOOL SUPPORT AND ACTIVITIES



centre to find him. While Ali initially formed a trusting bond with social workers, they witnessed a change in his behaviour as he became more erratic and prone to lashing out.

Upon conducting home visits and closely monitoring Case Y, social workers discovered that Fatima was a single mother who worked long hours on a farm all day. She found it hard to care for her three children and left them unsupervised in the day while she worked. The responsibility to care for Ali and Ibrahim often fell upon the duty of their older sister Amira. Without support and ability to manage such a responsibility, Amira would regularly physically discipline Ali. Social workers realised the cause of Ali's aggression and fear of returning home, and while they believed they were returning Ali to a place *they* thought he would be safe; ***he did not feel safe.***

Ali's school refused to allow to him return to school explaining that his behavioural problems distracted other children. Also, Ali did not want to return to school because he was bullied by children who knew of his history of sexual abuse by a family friend. However, Centre Amane managed to work with the school director and Ali to enable him to return to school.

Unfortunately, after a short period of time Ali started running away from school and home again. His absence from home was confirmed when the centre received a call from an Emergency Residential Centre explaining that they had found Ali sleeping on the street. Centre Amane worked with the Emergency Centre agreeing that it was in Ali's best interests to stay in their care and receive the supervision he required.

4. SCHOOL SUPPORT AND ACTIVITIES



Case Y highlights the ways the centre's school support service isn't limited to monitoring grades, questionnaires, or tutoring, but entails drawing on a range of services to support young people in myriad of difficult circumstances. The hurdles faced by the team in relation to Case Y illustrate that cases are not always easy or have an expected solution. It was our relationships with the school, reputation with the parent's association, and determination of our social workers which enabled Centre Amane to ensure Ali was off the street. Centre Amane is supporting Ali and his family to provide him with a safe space in the future through alternative care options with the goal of reunification.

4.5 Staff Insight

Written by Malika El Alaoui (Education Officer)

I see the positive effect of my work as the education officer in the ways the child's overall happiness and investment in education improves. It makes me truly love my work as I am able to directly see the positive impact I am having on a child's life. This occurs when:

- I help a child to complete their homework or help them with their revision before exams by encouraging self-reliance and independence.
- I see the joyous faces of children when they see me make my visit to their schools. They are proud of their achievements and are excited for me to enquire about them and hear of their improvements.
- I share in their happiness when supervising them during activities at the centre and take them to local attractions in Taroudant.

4. SCHOOL SUPPORT AND ACTIVITIES



When I get to see the happiness in children at these times, I forget that they are children experiencing difficult situations and rather am amazed in the ways their self-confidence is renewed and their faces blooming again. My work not only has an impact on the children but has an impact on me. For me, it's more than just work that has to be done.

5. HEALTH

Monitoring the general health of all the beneficiaries is a major task of Centre Amane. Social workers connect and often accompany beneficiaries to medical practitioners. To help achieve this, Centre Amane has maintained and strengthened its relationship with 7 doctors in Taroudant. This is an increase from the 4 medical professionals associated with Centre Amane 2018. A psychiatrist at the local hospital, a pharmacist, and independent general practitioner agreed to partner with the centre in 2019.

5.1 Medical Actions and Costs

There has been a marked increase in medical actions and costs at Center Amane over the last three years. *Table 9 Progression of Medical Actions and Costs* charts this increase.

Table 9. Progression of Medical Actions and Costs

Year	Medical Actions	Costs (MAD)
2017	42	3,885
2018	91	7,788
2019	109	11,400

It is important to note in 2017 there was not a designated health monitoring officer and therefore many cases went unreported and unsupported. Furthermore, the increase in medical actions between 2018 and 2019 was due to several specialised cases that required targeted support. Examples of medical actions in 2019 included:

- Siblings aged 8 and 12 who were diagnosed and treated for Tuberculosis.
- Two cases of sexual abuse which required specialised psychiatric care at the hospital, as well as, the associated sexual abuse identification tests and treatment costs.

5. HEALTH



- Skin diseases for five children at the centre required specialised medication.
- Two independent suicide attempts – an adult woman and a 16-year-old child⁶ – requiring specialised hospital and psychiatric care.

Table 10 Medical Actions and Costs in 2019 illustrates the varying types and costs of medical support provided in 2019. Information provided by the health monitoring officer and records on health services kept by the centre describe the increase in health actions/costs in February and December were a consequence of the colder weather. While it's common for many homes to not have any heating or insulation, children also do not have adequate warm winter clothing to protect themselves. This inexorably results in many cases of coughs and colds. While common with children in any socio-economic situation, these incidents become exacerbated with the added difficulty of economic hardship and limited access to medical services.

Table 10. Medical Actions and Costs in 2019

Month	Medical	Dental	Total	Costs (MAD)
January	9	0	9	734
February	14	0	14	1,368.30
March	11	0	11	837.60
April	7	0	7	829.10
May	8	2	10	835.30
June	2	0	2	121.10
July	9	0	9	1,058.40
August	6	0	6	776.65
September	4	0	4	570.80
October	12	1	13	1,305.10
November	5	1	6	894.70
December	16	2	18	2,069.10
Total	103	6	109	11,400.15

⁶ See case study below

5. HEALTH



The first stage in the health support service offered by Centre Aman entails ensuring beneficiaries are insured through the free national government health insurer RAMED. In 2019, 21 of the families at Centre Amane were insured, a 24% increase from the 17 insured in 2018. This is a significant achievement for Centre Amane in 2019, as when beneficiaries are insured they are able to receive medical assistance for free or heavily subsidized. The costs incurred by Centre Amane are for those beneficiaries who are not insured.

A key recommendation of the Evaluation of 2018 was to find pharmacies or medical professionals willing to donate medications. While Centre Amane successfully created an informal partnership with a pharmacist, this relationship only resulted in the ability to purchase heavily subsidised medication. However, the centre was fortunate to receive a small donation of paracetamol, a much needed fully stocked first aid kit, and stomach medication in 2019.

5.2 Case Study: Providing Medical Support by Building Trust

Centre Amane had two separate cases of attempted suicide by its beneficiaries in 2019. One was a woman and another a 16-year-old girl. Although Centre Amane was able to build an informal relationship with the hospital psychiatrist in 2019, this case study illustrates the pressing need to develop a partnership with a child psychologist.

Background

Case Z consisted of Zeina, a 16-year-old girl and her adopted mother, Amira. Amira refused to reveal Zeina's biological mother. Amira and Zeina lived in one room of a shared house with 8 people and

5. HEALTH



one shared bathroom. Zeina had trouble with school and was regularly fighting with her adopted mother.

Centre Amane worked with Amira to gain her trust and accept the social workers support in providing Zeina with care. One day, Amira called her social worker and asked for help, as Zeina was very angry. When the social workers arrived, Zeina shared that she had taken an entire packet of prescription medication explaining she would rather die than not know who her mum was. The Centre workers rushed her to the hospital where she was placed in intensive care.

The social workers and hospital psychiatrist developed a care-plan for Zeina and Amira. As Zeina did not have health insurance, Centre Amane paid for the psychiatric support, medications, and all associated medical costs. Centre Amane also organised, on recommendation of the psychiatrist, to place Zeina in emergency foster care upon her discharge from the hospital. During the time Zeina was in foster care she was able to receive the medical support she needed. The social workers were also able to work with Amira to support her in finding ways to provide Zeina with care before she returned home. In 2020, with the support of Amira, we hope to reunite Zeina with her biological mother.

5. HEALTH



Core Insights

- While we were able to work with the hospital psychiatrist, having a specialised child psychologist integrated into the centre would be highly beneficial for the beneficiaries **and** for the social workers of the centre.
- Many medical costs were incurred by Centre Amane due to Zeina not having health insurance; reiterating the importance of the first stage in health support and focusing on insurance registration.
- The health service is more than just providing financial support, it's about providing the social support needed to enable effective medical treatment – i.e. without the trust (*social work*) built between the social worker and Amira, the social workers would never have been called to the home, and without the trust built between the social worker and Zeina, Zeina would not have expressed that she had taken the drugs.

6. I.D. REGISTRATION

The lack of an official identity card – I.D. Registration – affects almost every aspect of the lives of unregistered Moroccan children. It condemns them to a lifetime of secondary citizenship unable to access social services entitled to them by birth, such as education, social and health services, official employment, and the ability to travel overseas.

6.1 I.D. Registration in 2019

Since the inception of the Birth Registration project in 2012, Centre Amane has helped 325 people receive birth registration. In 2019, Centre Amane worked with 109 cases, a 54% increase from the 71 cases worked with in 2018. Firstly, the director and the ID Registration officer attribute this increase to the ways Centre Amane has developed its relationship with key child protection actors in Taroudant who refer cases to the centre. Secondly, the increase has also been due to the Centre Amane's reputation in the local community as a provider of a birth registration service. This significant increase also illustrates the impact of the awareness raising workshops conducted by FAPE and MCT to highlight the importance of birth registration in the local community.

Table 11. I.D. Registration shows the progression of ID Cases in 2019. "In progress" and "in court" relates to cases that are yet to be judged. "Judged" relates to cases that have had a final successful judgement in court. Blocked cases refers to any case that the centre can no longer work with. "Orientated" counts the cases that were referred to other associations or stakeholders. Lastly, cases counted as "NA" did not have a clear final reason reported. In the monitoring and evaluating audit it was found that NA meant a myriad of various conclusions to a case, from losing contact with a

6. I.D. REGISTRATION



case to the parents of a child not wanting to proceed with the registration process. In 2020, we have redeveloped and updated the I.D registration tracking document to reflect the ways the work has evolved and enabled Centre Amane to keep track of all the information relating to each case.

Table 11. I.D. Registration

In progress	43
In court	11
Judged	22
Blocked	1
Orientated	10
NA	22

6.2 Case Study: Reuniting a Mother and Son

Background

Mohammed was a 12-year-old boy who had not seen his biological mother since the age of 6. He lived with his grandparents and was not registered at birth. As a result, he could not access medical care in times of emergency and was at risk of not being able to enter high school in the coming year. He had been a beneficiary of Centre Amane since 2014.

Intervention

The team at Centre Amane was able to find Mohammed's mother who lived in a city almost 300km away. The social worker explained the situation to Mohammed's mother and encouraged her to start birth registration proceedings with the local courts. Centre Amane was able to successfully register Mohammed, and consequently enrol him in high school. Moreover, the centre also organised for Muhammad's mother to travel to Taroudant and reunite her with her son for the first time in 6 years. Since then, the centre has facilitated weekly video calls between Mohammed and

6. I.D. REGISTRATION



his mother. Although the 10-year case is now closed, the centre is still helping to organise future excursion for the mother and son in 2020.

6.3 Staff Insight

Written by Hamid Id Belaid

I.D. registration is one of the essential rights in the UN convention on the rights of the child. Many rights and advantages result from I.D. registration such as studying, medication, and civic participation. Morocco is not an exception; therefore many bills have been issued which guarantee the right of having national identity registration. But, many obstacles appear when we discover complicated cases which can't be solved following regular conventions: e.g. there is an allotted time a child must be registered, and many families and singles mothers do not register their kids in the determined time.

Many cases are in difficult circumstance (e.g. social issues, divorce, childbirth out of wedlock) and I need to follow many avenues to accomplish my objective of enabling children to receive "Civil Status". My role at Centre Amane entails supporting cases by helping them in gathering necessary documents and following their files in collaboration with governmental officials and court employees. ID registration is a source of hope for cases in difficult situations, and I feel privileged to be able to contribute to the creation and fulfilment of that hope.

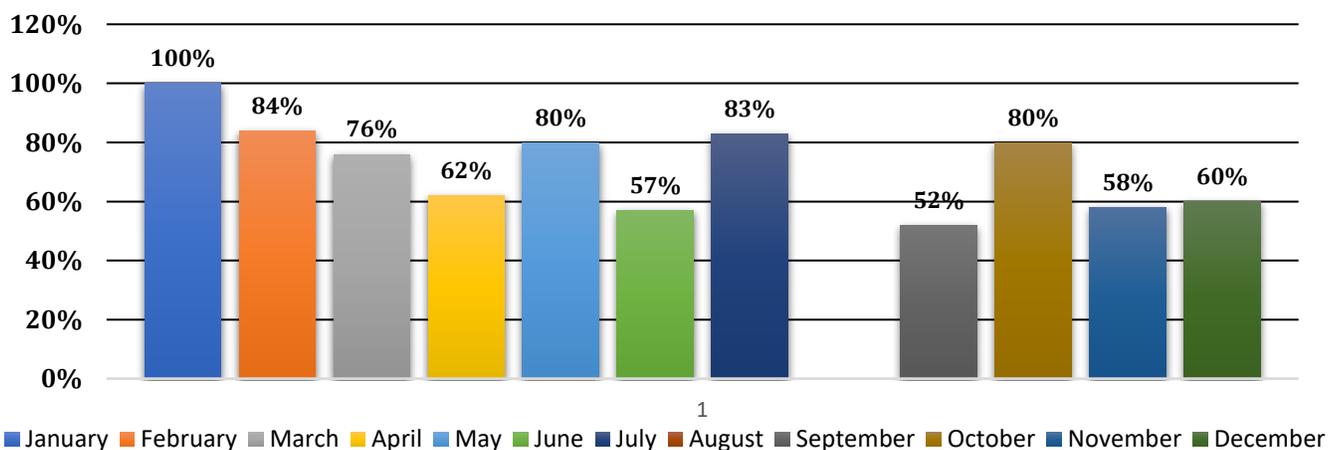
7. WOMEN'S PROJECT

The women's group is part of the centres services which consists of weekly meetings with mothers who are beneficiaries of the centre. Topics of discussion include parental responsibilities, disciplining children, health and hygiene, contraception, and being active in children's schooling. The positive impact attending and being part of the women's group has been evident in many of the social work successes of 2019.

7.1 The Women's Project in 2019

25 women were registered to attend the women's group in 2019. The women's group meets each week and on average there was a 72% attendance rate across the year, slightly up from the average of 69% recorded in 2018. *Table 12 Attendance at women's groups* shows the different levels of attendance across the months in 2019. There were no women's groups in August due to summer holidays. Issues regarding attendance and some of the younger women not having the confidence to fully take part identified in the evaluation of 2018 remained difficult obstacles in 2019.

Table 12. Attendance at Women's Group



7. WOMEN'S PROJECT



A questionnaire is completed by the women's project officer for the women's group. In 2019, 15 questionnaires were completed with women who are both beneficiaries of the centre and part of the women's group. This questionnaire seeks to understand the experiences and needs of the women and to track their progress. Some key findings include:

- 87% of the women were illiterate
- 47% were single mothers
- Fruit and meat were not regularly included into family meals
- 67% are employed
- Only 1 woman in the group said she helped her children with their school-work
- 63% of women regularly left their children unsupervised
- 47% physically discipline their children

7.2 Staff Insight

Written by Fatima Ait Bella (Women's Project Coordinator)

Since I started working with the Amane Foundation as a social worker three and a half years ago, I was always proud of my position and enjoyed the experience of working with many different cases. In my role with the women's project, I have always made it my task to help women overcome very difficult situations in their lives, the lives of their children, know their rights and obligations, and know the services offered by the state and access to these services. I have been able to see women improve their self-confidence, autonomy and responsibility as mothers caring for their children, and their capacity to be involved in their children's lives.

7. WOMEN'S PROJECT



There has been many different cases at the centre in 2019. Some women were sex workers or regularly begged or forced their children to beg and as a result were heavily stigmatised in the community. Some women were also at risk of abandoning their children to the local residential centre. Many of the women were survivors of or currently experience physical and sexual abuse and had attempted suicide. As a consequence, they had lost hope in life and lost sight of their goals. Some women had started consuming hashish and alcohol to cope and being able to have honest conversations about these topics without any judgement was extremely helpful in producing empathy for others and for one's own self.

It was so beautiful to be able to support these women to renew their confidence in themselves and in their children. It was wonderful to be part of the new lives these women choose to invest in and support them to be empowered in their decisions regarding their personal lives, employment, parental responsibilities, and domestic situations.

8. PARTNERSHIPS

Formal and informal partnerships are an important resource for Centre Amane. Forming relationship with key child protection actors is vital in being able to coordinate across sectors and institutions. Without a formalised child protection system in Morocco, partnerships are a way Centre Amane can ensure children do not get lost between the many different child protection actors in Taroudant.

8.1 Moroccan Partners

Centre Amane worked with 46 Moroccan partners in 2019. Partners included:

25 Moroccan Associations: all within the broad description of child protection and women's support services. Centre Amane was able to create a link between these associations and our contacts in government when there were important to cases in need of a range support.

13 Government Representatives: government ministries and departments, courts, legal representatives, police, politicians (local mayors and local/national legislators), and corrections facilities.

8 Media: newspapers, digital and television media, press union.

8. PARTNERSHIPS



8.2 International Partners

Centre Amane worked with four international partners in 2019, including:

Association Ensemble avec les enfants: members of this French association visited the centre and performed games and activities with the child. They also generously donated money to pay for the children to have an excursion to the beach and to the local swimming pool.

La Maison Anglaise: is a British garden ecolodge that provides accommodation for English retirees in Taroudant and facilitate activities and donations with their guests.

Core Youth Service: an Irish youth service who travelled to Taroudant and performed many activities with the children. They also included a bicycle mechanic and his trainees who demonstrated the ways to build and maintain bicycles in a workshop for children from the Centre. The group also generously donated 16 bikes for the children at the Centre.

Just Ask: an Irish youth group who consisted of a builder, and his apprentice. They partnered with local Moroccan volunteers who worked to improve the roof of the centre; adding an awning to allow children to play on the roof, handmade games and activities for children to use, added selective hand painted artwork for the children, and renovated the kitchen to allow cooking and barbeques on the roof (*Figure 2. Centre Amane's New Roof Space*).

8. PARTNERSHIPS

Figure 2. Centre Amane's New Roof Space



8.3 Case Study: Partners in Intervention

Background

Samar is 11 year old girl who was a survivor of sexual abuse. She had recounted her story to our social worker who immediately contacted authorities and supported Samar and her family with the legal proceedings. Unfortunately, the perpetrator only received a 2 year sentence which was further lowered to 1 year on appeal. Samar's family was distraught, angry, and frustrated with this decision and decided to speak to the press after the case was leaked from the court. An online journalist published an over-sensationalised video of Samar's mother and published her name on YouTube.

Intervention

Centre Amane was fortunate to be notified of the YouTube video within a few hours of its release by members of the public. Despite the lack of appropriate laws governing digital content, Centre Amane drew upon its existing relationships within the legal sphere – judges, prosecutors, lawyers – and within the press – the National Press Union – to force the journalist to take it down.

Coordinating With Child Protection Actors

Centre Amane's swift action to remove the video illustrates the importance and effectiveness of drawing on a range actors and stakeholders in child protection. Additionally, several other intersectoral partnerships assisted with the case:

Health Sector: when Samar first revealed her experiences of abuse, Centre Amane contacted a doctor who is partnered with the centre. Samar was able to receive the appropriate medical attention, including an STI screen, sexual abuse tests and treatment, and psychiatric support.

8. PARTNERSHIPS



Courts: The local prosecutor works closely with Centre Amane and this relationship ensured the first charges were processed and the case was heard before a judge. A lawyer to represent Samar was also organised.

Police: Centre Amane's relationship with the local police department enabled Samar and her mother to be accompanied by a social worker to provide her support and sit in on the formal legal statement

School: Samar was a very dedicated student and wanted to remain in school. Through working closely with her school Centre Amane ensured Samar was able to stay up-to-date with her schoolwork and avoid repeating the year while she went through her recovery.

Sports Associations: Samar was enrolled with a local association that teaches full contact Karate. Her instructor, social worker, and mother have expressed how after a few weeks of attending Karate, Samar's self-confidence improved dramatically.

9. OUTREACH

9.1 Headcount Project

Moroccan Children's Trust (MCT) conducted a headcount of street-connected children in Taroudant in 2014.⁷ As a consequence of the headcount findings, the Centre developed an outreach program which entails its social workers patrolling zones in the city identified to be frequented by street-connected children. However, the effectiveness of this outreach program has been seriously hampered due to the methodological shortfalls of the previous study. Firstly, Perry's (2014, p. 22) study was a purely observational study. It relied on each researchers (observer's) own subjective interpretation of how street-connected children dressed, behaved, and where and how they occupied space; identified by the current staff and management of Centre Amane to perpetuate and reaffirm outdated stereotypes of the "visibility" of a child's "street connection". Secondly, Perry (2014, pp. 23-26) also highlighted a key limitation of his study was that he did not draw on the wealth of local experience and knowledge (local social workers) in the design of the study from the outset, resulting in changes to the methodology mid-way through the count and social worker "buy-in" not achieved. The drawbacks of the previous study have led to its recommendations being unreliable and unrealistic. For example, in the zones where social workers of Centre Amane were recommended to patrol required that they ride through suburbs on motorbikes at night; an arguably flawed "outreach" method to connect with marginalised children.

⁷ See Jacob Perry's (2014) study: [A quantitative head count of children at risk of street-related behaviors and dangers in Taroudannt, Morocco](#)

9. OUTREACH



In response, over a period of four months and consisting of over 20 meetings with three inter-dependant sources, a headcount project was developed which aimed to map out the prevalence and effects of street-connectiveness for children living in Taroudant. The three groups consist of;

- Three social workers who perform outreach activities for Centre Amane and work with street-connected children on a daily basis.
- Three members of Centre Amane's management team with decades of experience in designing and implementing projects in Taroudant and Souss-Massa.
- Three-person committee of internationally experienced child protection workers affiliated with MCT.

The main issues identified in the above process was attracting children to the study and ensuring informed consent is attained at all stages. Firstly, in response to the difficulty in attracting children, a respondent-driven sampling method was adopted. This is where a portion of a population is chosen as seeds in the study and given coupons to give to their peers, who in turn are recruited into the project, and provided with the same coupons. Secondly, in response to ensuring information consent, an informed assent form was developed, and all researchers were heavily trained in its delivery. Additionally, all questionnaires were completed on the centre's premises, and all children were given a brochure outlining the centre's services to give to the parents or guardians to attend the centre. The effectiveness of the latter, the brochure, was apparent when several mothers of the children came to the centre with the brochure wanting to know more about the centre and its services.

9.2 Summary of Findings

As a consequence of the shortage of staff, the project was only able to be performed in a rotating fashion over four weeks, with only one staff member at a time, for four hours on each of the re-prescribed days – Wednesday, Thursday, and Friday. No staff members were available in the last week of the headcount, though the project was fortunate to have two former beneficiaries of the centre volunteer to conduct interviews. The effectiveness of having two people on hand to conduct interviews with multiple children simultaneously was demonstrated by one-third of participants interviewed in the last week. While this still led to children attending the centre and completing a questionnaire, only reaching 45 children resulted in the project not having the capacity of a traditional respondent-driven sample to extend the results to understand the general population. Nonetheless, the children that did attend were connected to the children at the centre. Therefore, the project was successful in allowing us to gain a valuable insight into the social network and social environment of the children at the centre. Furthermore, it's reaffirmed the importance of the services at the centre and helped with its original imperative which was to inform the outreach program.

Key findings from the headcount project include:

- **49% of children under 10 years of age attended the study by themselves**, affirming our original hypothesis of young children being unsupervised on the street, leading to their greater risk of harm and exploitation.
- **Many children attended with foot injuries or infections due to lack of footwear and hygiene.** Furthermore, **73% of the children** who attended **did not have access to a**

9. OUTREACH



shower at home and relied on the public hammam. The majority of children who go to the hammam were only able to shower once a week. While our staff were able to treat these wounds on site, the children returned to us for more treatments. Their need for medical attention and their hygiene practices affirmed need for our shower facilities we provide at the centre to our beneficiaries.

- **When asked who they felt closest to, 90% of participants ranked their mother as their first choice.** Close maternal relationships affirm how mothers remain an important stakeholder in influencing the livelihood and health of their children. Furthermore, the finding affirms the importance of continuing supporting mothers through our women's project.
- While only **11% of the children reported that they slept out of their home** in the last week, **26% thought they were at risk of sleeping on the street in the future.**
- When asked what they wanted from an NGO, **all children said they wanted school tutoring and clothes.** This affirms the school support service the centre provides and the push for increasing clothes donations.
- **64% expressed that drugs were easy to access.** However, it's strongly recommended that this figure not be overly-sensationalised, as the overwhelming majority of drugs mentioned were cigarettes or hashish and children in the minority world also have regular to access to similar drugs without being subject to the over-paternalism routinely directed at children in the majority world.

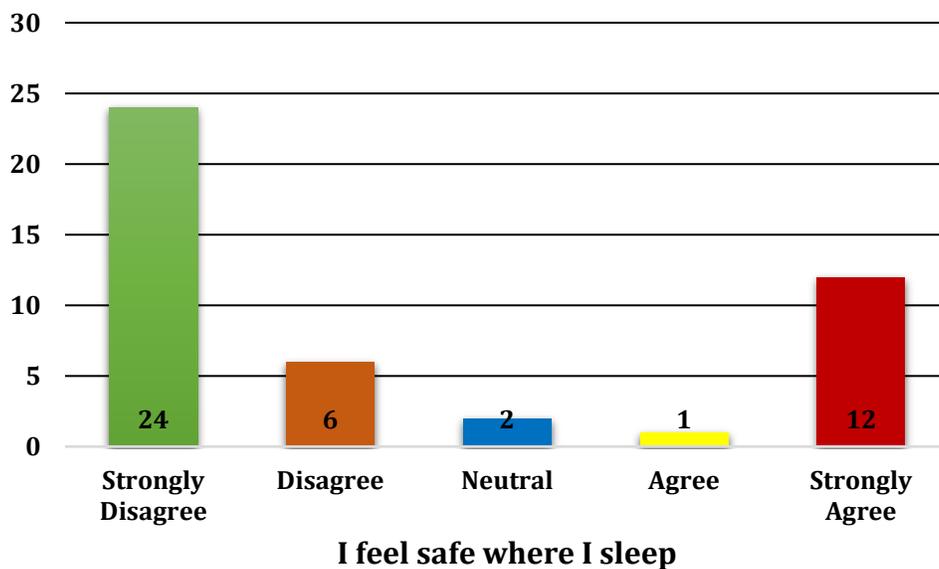
A prevalent theme in the study was children's perceptions of safety and how they responded to avoid or cope with violence. *Table 13 How safe do children feel where they sleep* provides the

9. OUTREACH



response children provided when asked if they felt safe where they sleep, 52% said they did not. Of the 52%, 12% ranked their sleeping conditions as unsafe and 40% ranked very unsafe. The majority of children who reported unsafe sleeping conditions listed their reason as fear of abuse. In general, children who felt unsafe at home spent significant time in the streets. However, when children did sleep on the street, they choose precarious places such as roof tops and rubbish dumps to avoid similar violent confrontations with other adults.

Table 13. How Safe Do Children Feel Where They Sleep



The headcount project has exemplified the power of participatory action research. Firstly, by design each participant was directly involved in the study's success. Secondly, a pamphlet was given to each participant to give to their parents and caregivers detailing our centre's services. Therefore, while the study's aim was to inform the outreach service, it also actively engaged in outreach. The headcount project enabled us to gain valuable insight into the social network and environment of the children at the centre. Furthermore, it has reaffirmed the importance of Centre Amane's services and helped with its original imperative to inform the outreach programme.

10. RECCOMENDATIONS

Coming up with the recommendations for 2019 was not a simple process. Similar to the monitoring and evaluating process and headcount project design, frontline staff, management, and board members of FAPE and MCT were included into the process. As a consequence, the everyday nature of the work of the centre was able to be commented on by frontline workers, the ways in which that work could be implemented was able to be envisaged by management, and the wealth of knowledge, expertise, and experience of the board members of FAPE and MCT were able to advise on the feasibility of the recommendations. Significantly, each staff member was asked to provide their input on all the centres services and management, and the final recommendations found in *Table 14* below were able to be reached through agreement with all parties.

Table 14. Recommendations of 2019

1. ADMINISTRATION	
1.1	Staff have embraced the initiative of conducting their weekly meetings outside the office space. Though, they strongly recommend that these meetings be conducted in a better venue. Some recommended venues include Mahr, Riad Nema, Palace Oumansour.
1.2	To swap offices between administrative staff and social work team. There are 4 social workers working in a small room at the back of the apartment and the director and finance officer working in a larger room – double the size – at the entrance to the office. This results in all walk-ins who require a report entering the first office and distracting the director and finance officer who are not equipped to facilitate initial reports. Additionally, the confined space of the smaller room results in social workers being confined to small desks, with limited space for other resources – files, cupboards of equipment, computers etc.
1.3	Another space at the back of the office which was used for storage but is now empty and unused has been proposed as a good space for listening sessions, as currently social workers either use the shared office or a large meeting room – both do not offer privacy.
1.4	Accounts officer stressed the need to digitise all accounting and administration documents, as well as, all official documents for beneficiaries.
1.5	All staff, social workers and administrative staff stressed the importance of them receiving more training across not just social work, but also IT and finance/accounting.
1.6	Staff commented that they would like to see and be part of greater links between the different projects of FAPE/MCT through teams training together when possible and better system for staff to work across projects.
1.7	While staff agreed with the need for a more contained rosters which better demarcates who is on-call and real days offs, they stressed the difficulty in passing on work and sharing information for cases that may require emergency support - meaning they must always be 'on-call'.

10. RECCOMENDATIONS



1.8	All staff should have a work google account with a corresponding Gmail and all files relating to the personal information of beneficiaries should be on one account.
2. REPORTING	
2.1	Time to be set-aside in team meetings at the questionnaire times for the school support and extra-curricular activities – as these questionnaires occur at the same times twice a year it should not be difficult to schedule these into the meetings schedule – this will also help ensure that the work performed in these services can help inform into the ‘social work’ and will be built into the updated evaluation structure.
2.2	Staff have asked for more flexible recording times
2.3	An institutionalised way of following up orientated cases in signalment document to know if cases that are oriented do receive support.
3. SOCIAL SERVICES	
3.1	A few sentences in the Enquette Principle are handwritten and prescriptive score given at the first stage of evaluation. It is recommended to incorporate the information from the Enquette Principle into each cases evaluation and a yearly family assessment to allow a clear logical progression of each beneficiaries journey to be mapped out and followed throughout all the services from their first point of contact to closing a case.
3.2	To find a way of integrating fathers into case work
3.3	Mentoring programs for younger children (ex-beneficiaries)
3.4	Morning sharing sessions need to have a better structure including: - Streamline and better organise morning sharing sessions and ensure it is recorded as an update to the plan - Each worker should take turns transcribing the minutes of each meeting
3.5	Social workers should come prepared to Monday social work meetings with a brief on their case for meetings to ensure that each person is familiar with each case for social worker meetings
3.6	Closing long-term cases should remain a priority
4. EDUCATION	
4.1	Children require better access/educated to updated electronic equipment in order to be able to learn how to be computer literate and better access information
4.2	Children should be divided into two groups by age in order to better support them academically, but also to allow older children to ‘play’. We have 16-year-olds being forced to play collectively with 7-year-olds. Individualised games that do not need much supervision would be helpful.
4.3	A way to support parents being more involved in their childrens schooling (maybe social workers can accompany parents at the start of each school semester)
4.4	Education officer finds it hard to access some schools due to directors and teachers being defensive about an outsider entering their institutions and therefore more formal partnerships in education are required
5. EXTRA-CURRICULAR ACTIVITIES	
5.1	This service is could be renamed and reenvisaged to be called "social integration" as that is its main mission
5.2	New partnerships need to be made with a range of different activities: theatre/music, drawing, cooking, houses of youth, red cross, youth of atlas.
6. HEALTH	
6.1	Two people should be trained by a pharmacist to be able to provide medications to beneficiaries from the centres current stock and only those two social workers should be the ones to give beneficiaries medications.
6.2	Partnerships with doctors are required to be institutionalised/formalised
6.3	Basic First Aid Training for all staff.

10. RECCOMENDATIONS



6.4	Health monitoring sheet should clearly demarcate between information relating to case work and administrative needs AND should be updated twice year to understand which families need/are-receiving this service.
6.5	Health insurance for all beneficiaries should be one of the first things aimed for in the Enquette Principle and consistently followed up.
7. ID	
7.1	Archived cases require a comprehensive review
7.2	Create new and strengthen existing contact with other associations who provide this same service in Souss-Massa
8. WOMEN'S PROJECT	
8.1	Work done here should be integrated into the formal plan for the whole family and the information from focus groups shared with the team
9. PARTNERSHIPS	
9.1	A child psychologist willing to work with children and families AND to provide support to social workers is a high priority for 2020.
9.2	Relationships with National Mutual Aid and Police in order to support the cases that they come across is a great initiative for 2020.
10. OUTREACH	
10.1	SOP's to be developed for conducting outreach and the extent of our contact with people when conducting outreach
10.2	Social workers with high visibility vests and first aid kits should do walking patrols (with brochures in hand) in a different spot where those children within our social network gather. 1 day a week and a night patrols only in the souk 1 night a week: <ul style="list-style-type: none"> - Week 1 - Drib Malem Mohammed - Week 2 - Bab Khamis - Week 3 - Big Mosque - Week 4 - Billiard Halls & PC Gaming Spaces
10.3	Social workers require a map of the city