# Projecte Tabassaye Presentation Dossier



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### What is it?



PROJECTE TABASSAYE is a healthcare Association that, under the motto of CURE, LOVE and EMPOWER, has as its principal objective the promotion of the health, economic and educational development of the people living in the Commune of Dabo, in the Kolda region of upper Casamance, in Senegal.

The Association consists of three legally independent parts; In June 2017 we created the Association's Catalan and Swiss branches, and as of January 2108 the Tabassaye Manding branch, in Senegal, was established. The three Association's coordinate their efforts in order to achieve the Projecte's objectives.

With this goal in mind a local group in Senegal consisting of six people has been created to work "on the ground". Meanwhile we are looking for partners in Europe that can help us obtain the economic resources that the Projecte need.

### How it all started: "We were simply going to a wedding!"

In February 2017, Denis and Griselda Fornes, brother and sister, he resident in Barcelona and she in Switzerland, travelled to Senegal as wedding guests of their friend of many years Bacary Kondjira, a young Mandinka who had been resident in the Catalan town of Mataro.

When the siblings arrived in Tabassaye, the groom's native village, they were welcomed with great affection but they also quickly perceived that the situation that the community lived under was very tenuous. The village has enough resources to subsist, but it is a bare minimum. Nevertheless, the population lives quietly and is happy: if everyone is in good health and if they have enough to eat they are thankful and move on with their lives. But what happens if someone has an accident or falls ill? It is in these circumstances that problems really begin.



Problems that for us are not serious, but in Senegal the situation can become very grave, perhaps even leading to death, from the lack of medical help and proper hygiene. These shortcomings quickly became evident. On the first night of the wedding celebration Denis and Griselda encountered a man whose hand had been infected for several days because of a lack of medical resources. On the following day they met Ibrahima Diallo, a 14-year old boy whose legs were covered with infected ulcers, a chronic condition that had lasted for more than four years, as he was unable to see a doctor for lack of economic resources. Denis and Griselda decided to take these two people to the nearest clinic, located about four kilometres away. They walked the trail with the two patients and paid for the costs of the visits and of the necessary treatments to cure them.

The grapevine quickly spread the news that the European guests were taking the ill to the doctor and a snowball effect developed: everyday dozens of sick villagers appeared before their cabin, people who needed medical attention. Many of these people had suffered for years from ailments, that treated in a timely manner, would have been easily cured.

Faced with this healthcare emergency, the Denis and Griselda saw very clearly the situation: they could not turn their backs on the reality of the challenge, they had to take it on. Aware that they alone would not get very far, they decided to establish an entity, an Association, that could meet this challenge and work in solidarity with the people of Tabassaye. And thus, in the spring of 2017, PROJECTE TABASSAYE was born.

## Setting the scene

### Senegal

Senegal is a republic in West Africa that had been a French colony until 1960. Currently, Senegal is one of the most politically stable states in Africa, with a consolidated democratic system.

The nation has a land area of some 197,000 km2 (about six times the area of Catalonia) and a population of approximately 14,200,000 people (double that of Catalonia), of which 48% live in cities, principally within the Dakar metropolitan area.

The national unemployment rate is very high (more than 48%) and 54% of the population lives below the poverty line. Although the human development index has been constantly improving over several years (it has gone from 0.325 to 0.410 in the last 10 years, with 1 being the index of countries such as Norway and Canada), growth has been slow and is hardly noticed in rural areas. A situation where there is a lack of economic opportunities for personal development has

driven—and it still does—many Senegalese to leave their country, creating what is known as "the diaspora". However, it has been calculated that the remittances sent by migrants back to Senegal amount to approximately 10% of the nation's GDP. Although the Government fails to recognise the role of the Senegalese diaspora in the country's development, it is evident that it has an important one.

The Casamance area of Senegal, after more than twenty years of armed struggle, still suffers from a significant lack of investment on the part of various governments. This has resulted in a region, despite having important potential, that is one of Senegal's most backward for its lack of infrastructure, facilities and other services. Generally, there is no electricity, or, if there is, it does not function around the clock, there are no water or sewage systems in place, hospital conditions are disastrous, there are practically no paved roads, etc.



## Setting the scene

## Senegal's development plans

Some years ago the Senegalese Government instituted a general development plan, known as the Plan Sénégal Emergant (PSE), that has as its objective the long-term (2030) development of all of the country. It consists of a series of structural measures to improve the business climate, strengthen human capital, improve the financial state of the economy, etc. The Government also set in motion an investment plan to prioritise sectors with high potential for job creation (agriculture, mining, infrastructure, housing, tourism, energy, logistics and industry). With these measures in place much foreign investment has been attracted, which has co-financed many large projects (construction of highways and new railway lines, mining operations, building of new power plants, etc.).

Meanwhile, in 2013 the Government published the so-called **Acte III del la decentralisation**, that has led to a new territorial reorganisation of the Senegalese State. This reform is meant to give more power to local collectives and to create synergies between them and the state authorities. Another of the objectives of Acte III is to promote the implementation of the PSE, especially with regard to the creation of territorial development policies in order to make communities more competitive. In this sense, the development policies of the Senegalese Government are currently centred on three basic pillars: a sustainable economy, human capital (therefore, it is important to invest in education and health) and democratic governance.

# Tabassaye Manding and Sintiang Maoudo, villages of the Dabo Commune

The village of Tabassaye Manding is where our project began, and it is located in the Dabo Commune, in Senegal's Kolda region. Currently there are approximately 572 inhabitants in the village, of which approximately 65% are less than 18 years old. The principal economic activity is based on agriculture (mainly concentrated during the months of the rainy season with the cultivation of rice, corn, cotton, millet and peanuts), small-scale livestock farming and small totally artisanal manufacturing industries. For some time now, small seasonal family gardens have also been cultivated under the management of the village women.

In the village there are various water wells, of which only one is closed for obtaining potable water. There is no electricity nor a sewage system in place. The villagers move about on foot and the only means of transport are a few bicycles and some donkeys pulling carts. Commercial exchanges are mostly made in the town of Dabo through which the highway passes, about four kilometres distant from the village.

There is a primary school attended by most of the village's children between the ages of six and 12.

When we first arrived in the village there was a worrying healthcare situation, with many neglected and chronic cases due to a lack of medical assistance, caused by scarce economic resources as well as entrenched cultural habits.

Sintiang Maoudo is a small neighbouring community of 85 people very close to Tabassaye. The community's children attend the school in Tabassaye and the villagers share the same manner of living and also their shortcomings. The community of Sintiang Maoudo joined and became part of Projecte Tabassaye in March of 2019.



# The projecte's values and objectives

## General description of the Projecte

Our actions are directed at improving the living conditions of the inhabitants of the 11 villages of the Dabo Commune, starting with Tabassaye Manding and Sintiang Maodo, based on the villagers' own priorities. We have focused our efforts on ensuring access to healthcare and education and promoting economic development. Of these three areas we are paying especial attention to healthcare due to questions of urgency and immediacy.

We are also responding to those who are in need of medical attention, principally children and youths, from other areas of the country and whom we have encountered in our travels. To these people we can provide medical aid using our contacts and the Projecte's support structure in Senegal. This branch of our project is called BARUMA, which in the Mandinka language means "column" or "pillar".

We are aware that we have just begun along this path, that we have much to learn and that we will make mistakes along the way. However, there is a will and spirit amongst us that makes us believe in the opportunities that are open before us, and we are prepared to explore them. Among the objectives of the Projecte is to also promote the democratisation of power and guarantee the food safety of the population. These are two areas that are very much in line with Senegal's governmental development plans.



#### **Values**

The values that must frame the management of our Association are as follows:

#### **Objectives**

The objectives of our Association have been debated and agreed upon in meetings with the people of Tabassaye Manding and Sintiang Maoudo, the first communities where we started working. We consider it important that the same inhabitants take responsibility for moving these initiatives forward. As regards to the European part of our Association, our responsibility above all is to provide the necessary support (via economic collaboration, counselling and support) and find the economic resources to make the Projecte viable.

In general outline, and over the long term, the objectives that we would like to achieve are as follows:

- Provide permanent access to the healthcare system for all of the inhabitants. Accompany patients during the healing process and ensure that it is possible.
- 2 Promote prevention and awareness initiatives in the field of healthcare, and to improve the quality and variety of the food supply.
- 3 Collaborate in the improvement of school facilities and access to education for all of the population and at all stages.
- Promote equality of rights, especially for infants and women, and promote equal opportunities, especially for youth and women.

- Solidarity between peoples.
- The willingness to serve.
- The vocation of mutual learning and cultural interchange.
- **The democratisation** of management and decision making.
- Our commitment is to ensure a management that is transparent, sustainable and efficient while promoting the villager's self-autonomy.

- Help and contribute in attaining economic self-sufficiency and in sustainable development for all inhabitants of the Dabo Commune, starting with Tabassaye Manding promoting, within the community, concrete initiatives addressed to different groups (women, youth, entrepreneurs, etc.).- Encourage and promote mutual understanding and cultural interchange.
- The image that we have in mind in 10 years in the future is that of a group of small rural Senegalese villages, where necessary and basic healthcare is provided, where various economically viable and sustainable projects are underway, that are respectful both of the environment and the local culture, where youth have the opportunity to progress and lead dignified lives, and where it is not necessary to emigrate in order to achieve such lives. We would like to see villages that are alive and that have futures, that we would be happy to visit with our friends in order to share experiences but also places that do not need us in order to move forward.

## Strategy and actions within senegal:

## healthcare, education and economic development

#### Healthcare, the priority area.

Although we have marked out some very broad objectives, we have started our efforts in the field of **healthcare**, as that is the area with the most urgent and pressing needs. Due to the lack of economic resources as well as a lack of adequate cultural habits, we found ourselves in a critical healthcare situation, with many people who had serious and/or chronic illnesses, but which within a normal healthcare circuit would have been relatively easily dealt with. We think that it is a good strategy to guarantee access to healthcare for everyone before working more intensely on other objectives.

As part of the strategy of achieving this principal objective, in 2018 we began enrolling and registering the population—first that of Tabassaye Manding and subsequently that of Sintiang Maodo—with the Dabo Healthcare Plan. After two years, we have found insuring the population is a strategy that has yielded multiple benefits, including the followina:

 It allows the population quick access to doctors and the clinic, and therefore it is possible to detect and take measures during the first stages of any number of medical conditions, so that many problems are resolved before they become too grave.

- It has helped the population to become accustomed to the idea of seeking medical aid, and that has established a habit that had not previously existed.
- It allows us (as an association) to save on economic resources, both because many illnesses or conditions are quickly resolved (and theoretically there is no need for subsequent and more expensive treatments when the cases become more serious) as well as by the insurance plan assuming a significant part of the costs of tests and hospitalisation in those cases that are serious.

However, in the implementation of this strategy, which we consider efficient and would like to extent to the other districts, we have encountered a significant limitation, which especially affects the treatment of especially seriously ill patients:

• We found that the facilities and equipment of the Dabo Healthcare Plan are in lamentable condition, and that there is a significant lack of infrastructure, medical equipment, specialists and qualified personnel. The lack of economic resources impedes the resolution of these centres' problems, and creates a vicious circle that is difficult to resolve.

- This has discouraged some of the people who have been insured and resulted in many of them leaving the insurance plan because they often find that either the medication or the specialists that they need for their condition are not available or simply because the establishments cannot respond with a minimum of efficiency due to a lack of resources.
- The need to evacuate to other regions those patients that cannot be attended to in these centres—due to a local lack of specialists or diagnostic devices—obliges us to cover significant extra expenses that, if we extended the insurance coverage to other populations, would be unsustainable.

That is why, at this time, we are considering a change in priorities in our strategy for achieving our objectives: until conditions have improved in these centres, it makes no sense expanding the numbers of the insured members. We realise that before continuing with the project of providing insurance coverage for all of the villages, it is very important to improve the conditions of the medical centres (the Dabo health clinic, the Kolda medical centre and the Kolda regional hospital), not only for our direct beneficiaries, but also for all the users in the region. In addition, improving the medical centres is a good strategy for strengthening the Healthcare Insurance Plan in the medium term.

However, an objective for 2020 is to expand the healthcare plan to cover the 245 of a small neighbouring village, to which we have already committed ourselves.

With regard to our BARUMA initiative, the current strategy for the development



of this branch of our Projecte and which is also healthcare related, involves both the consolidation of La Maison Guérison's operations (the healing house established in Kolda and that we have recently expanded) and our patient support plans: we want to accompany people we help to cure. We feel that it is also our responsibility to respond to their futures and to improve their chances of living a dignified life. For this reason, in cases of people who have already recovered and been discharged, we help young people with their training and even—in situations of severe poverty—help them directly with financial support.

# Strategy and actions within senegal:

## healthcare, education and economic development

#### **Education**

Education is another pillar of our Association's activities. We propose to collaborate in the improvement of school facilities and in access to education for the whole of the population and at all stages. We have also started working in this area for the village of Tabassaye Manding.

In 2017, when we first arrived, the village had an elementary school on the outskirts where approximately 120 children between the ages of 6 and 12 years of age—the obligatory ages for education—were schooled mostly from Tabassaye Manding, but also from some other nearby villages since not all have schools. The two school buildings, each with two classrooms, were in lamentable states of maintenance (to the point that one of the classrooms was unusable) without light and electricity, with basic toilet facilities outside (essentially a hole in the ground surrounded by a cane fence) and a large bare-earth playground where the children played. The precariousness of the school's facilities and equipment had a negative effect on the

academic results (overcrowded classrooms, lack of desks and other furniture, inability to study in the evening due to a lack of lighting, lack of teaching materials, etc.).

The students who, once they completed their elementary studies at 12 years of age, wanted to attend secondary school ("college") had to travel to Dabo, some four kilometres away. There are very few students, once they have finished secondary school, who continue on to higher studies. In most cases, this is not because of a lack of interest but due to a lack of economic means. All those who do go on must go to the cities and, usually, do not return to their villages.

The rate of illiteracy among adults is very high, and especially among women. Although we have not conducted a specific survey in this matter, it is understand that illiteracy rates are in the realm of official statistics: some 73% of adult women against about 56% of men are illiterate.

We know and understand that access to education and knowledge is a fundamental right and an essential necessity for the social,



cultural and economic development of any society. Although we do not consider it our task to question the educational model of the Senegalese state, we do intend to take part in both improving the educational infrastructure and promoting parallel educational programmes, in the service to the inhabitants of the villages that we work in.

That is why, despite that work in the healthcare sector is a priority in terms of actions and resources allocated, we have also started to work on the education sector. Thus, after various meetings aimed at analysing the situation with the villagers as well as the headmaster and the teachers of the school, in 2019 we carried out an extensive refurbishment programme of the buildings that comprise the Tabassaye Manding elementary school.

#### The objectives that we have set for the coming years are as follows:

- Organise and enable adult literacy classes, especially for women, and provide adequate teaching materials.
- Organise and enable courses and workshops to raise awareness on matters of hygene, healthcare and nutrition directed at

children in the school, delivered by the same teachers, and provide adequate teaching materials.

- Promote and encourage, through scholarships and support plans, those boys and girls who wish to pursue higher level studies.
- Promote awareness among girls of the benefits of education so that they do not drop out of school too early, an occurrence that unfortunately is very common.
- Continue with the renovation and improvement of the school buildings, in accordance with the needs of the teachers and the student's families (construction of proper toilet facilities complete with wash basins, construction of a third building with additional classrooms in order to increase the number of students and lower teacher/student ratios, construction of a wall around the school property, including play area and buildings, improvements in furniture and supplying teaching materials, etc.).

As with the healthcare plans, although the plans relative to that area were initiated in Tabassaye Manding, the intention is to subsequently extend the efforts in the education sector to other villages of the Dabo Commune.

# Strategy and actions within senegal: healthcare, education and

healthcare, education and economic development

#### **Economic development**

It is evident that the situation of vulnerability experienced by the communities that we work in is due mainly to economic fragility, either as a structural condition of the state that the inhabitants live in, as well as on a personal/familial level. For the villages of the Dabo Commune, as with other rural areas of Senegal, the relationship with the labour market is absolutely circumstantial and there exist no fixed structures either in services or industry, And neither is there, in the majority of villages, a commercial structure. Concepts such as regular working hours, mechanisation or serialisation of tasks, risk reduction norms, etc., have no application in rural areas of Senegal. Generally family income is very meagre and, therefore, the capacity to respond to an fiscal emergency is almost nil.

### The main economic activities of Tabassaye Manding, which can be extrapolated to the other villages in the area, are:

• Seasonal agriculture, which occupies men and women. Cultivation, restricted to the rainy season, consists mainly of rice and peanuts, and to a lesser degree hibiscus, corn and cotton. Mangoes and cashews are also grown, harvested during the appropriate season. The greater part of the harvest is sold to a wholesale distributor. A smaller portion is kept for personal use, thus saving the trouble of having to package and conveniently conserve the crop. However, to keep pace with household consumption it later becomes necessary to purchase food at the store, especially imported rice.

Outside of the rainy season, when the principal task is "wholesale" cultivation, some of the women tend small family gardens with the objective of improving the variety and quality of the food consumed at home. If there is a surplus from the garden, it is sold at the market to complement family income.

• Small-scale livestock tending. Every family has a few sheep and some chickens, grown for meat. The wealthier families will also have cows but they are very expensive. Most of the meat from these animals is for sale, the villagers only consuming meat occasionally and at festivals (eating meat is a great luxury.) They also raise donkeys, which are used to pull small carts carrying loads.



- Small-scale manufacturing activities. These are tasks undertaken by the men, who may dedicate a few hours every day to them. The majority of these activities are based on minimal transformations of raw materials collected nearby: cutting firewood, the manufacture of "carenten" (vessels made from bamboo fibres), the making of charcoal, etc. All of these activities are carried out in a very rudimentary manner, often using inefficient tools and methods.
- Small-scale artisanal and professional workers. Other minority activities and carried out by men are small trades, such as the person who makes and repairs tools, or the tailor, or the builders and foremen, who usually work outside of the village. And those people who have managed to complete levels of study higher than usual have emigrated to the cities.

Among our goals, thus, is to strengthen the local economy allowing the community to empower itself and become more self-sufficient, until it can guarantee itself a security and stability that will make our presence—as a cooperative entity—unnecessary.

We consider this economic development as key to providing equal opportunities and rights, with an emphasis on the condition of women (seeking their own autonomy and the exercise of their rights) and with young people (offering them opportunities to progress and lead dignified lives).

This accompaniment can be achieved by providing marketing advice and technical and economic support to sustainable projects that are respectful of the local culture and traditions. With this in mind we are exploring the two following avenues:

- A- Assisting with micro-credit projects proposed by the local population, offering advice, counselling and followup but leaving management of the projects in the hands of the locals.
- B- Associating ourselves as an entity with a local group/collective (creating a cooperative or similar association), where the management, decision making, the work and benefits are shared.

In this regard, the start of first collective project is planned for 2020 with the creation of large communal garden in Tabassye Manding, which will be managed by a local women's association. This is a project that has been in the planning stages over several years, and required the purchase of a plot of land by the women's association, the construction of a new well and fence around the perimeter, the training of the women in basic permaculture and agronomy, the purchase of tools and seeds, and the organisation of production and sales jobs. This project aims to improve the diversity, and therefore quality, of family nutrition, and to produce sufficient surplus so that, once sold, the women can become economically autonomous.

### There are other projects on the table, waiting to be scheduled and finalised. These projects include;

- Creation of a communal herd of cows
- Creation of a chicken farm
- Intensive seasonal cultivation of watermelons
- Installation of a rice mill

## Strategy and actions within senegal:

#### **Achieved objectives**

#### 2017

- We established the Catalan and Swiss Associations
- We created a local two-person team that, with the collaboration of local doctors, who helped to cure the illnesses of dozens of people in Tabassaye and other neighbouring localities. These efforts were accomplished either on the ground by accompanying patients to the dispensary in Dabo and as well by facilitating access to necessary medications.
- We evacuated the most serious cases to the Regional Hospital in Kolda, the capital of the department, located 72 kilometres away. These patients were lodged in a humble two-room house, that we had prepared in the Sikilo neighbourhood of Kolda. This little house was the embryo for La Maison de Guérison (healing house). While the treatment was underway, we also took care of the food and expenses of the patients.
- We also accompanied five patients from Tabassaye to Velingara so that they could be operated on by Dr. Carlos Bardají of the NGO Hope & Progress.







#### 2018

- The Senegalese Association was established in the village of Tabassaye Manding.
- We enrolled the 564 inhabitants of Tabassaye in the Dabo Medical Insurance Plan. This plan covers 80% of the most treatments, tests and medications offered by the referenced medical centres of the Kolda region and a discount of 50% in the medications acquired from the pharmacy. This step has helped to optimise economic resources and allows the villagers to participate and take responsibility for their own healthcare, since they have to assume a certain percentage of the medical costs not covered by the insurance plan.
- We initiated the so-called "support plans", which consist of financial assistance given to those young people that we have helped with small bursaries toward their training.
- We designed the Case de Santè (a small dispensary) in the village of Tabassaye, and started with its construction.
- We made it possible to train local two people (a man and a woman) as ATS (Assistant Healthcare Technicians) personnel, with the intention that they work in the Case de Santé.
- We expanded the work team in Senegal to four persons.
- We rented and adapted a new four-room hospice (La Maison de Guérison), in the

Sare Moussa neighbourhood of Kolda, at a distance of some 800 metres from the Regional Hospital.

- We established contact and collaborated with the local medical and administrative authorities and with other NGOs that work in the region: Bantandicori Association, Yakar Àfrica, Alegria sin Fronteras.
- We continued to accompany patients who were to be operated on by Dr. Bardají of Hope & Progress.



## Strategy and actions within senegal:

#### **Objectius assolits**

#### 2019

- We furnished Tabassaye's Case de Santé (furniture, basic medical equipment, solar panels and electrical installation, although the water hookup remains to be done). The facility was officially opened, supplied with a preliminary supply of medications and in June started operations with the two people that were trained as Assistant Healthcare Technicians. Additionally, an agreement was signed with the authorities for the maintenance of the facility.
- We have **rented and conditioned a new hospice with ten rooms** in the Fass Diahe neighbourhood of Kolda, some 150 metres distant from the Regional Hospital (we found that the Sare Moussa hospice flooded during the rainy season). This has expanded our ability to house patients.
- We began **renovating one of the buildings of the Tabassaye Manding school**, including painting, replacing doors and windows, repairing wall and roofs, tiling floors, repairing blackboards, repairing furniture, the installation of solar panels and electrical lighting.

- One of the renovated classrooms in the school (which had been until then in a ruined condition) was converted to a classroom for pre-school children. Furniture adapted to the children was purchased and classes started in November 2019.
- We enabled the possibility of normalising the État Civil (the civil register status) of some 115 persons in Tabassaye Manding and Sintiang Maodo who had not been previously registered. This action greatly improves a person's civil rights (having an EC allows one to vote, obtain access to scholarships or higher studies, purchase real estate, etc.).
- We continued the healthcare insurance of the inhabitants of Tabassaye Manding and, as of July 1st **expanded the plan to include** the people of the small village of Shintiang Maudo, Tabassaye Manding's neighbour.
- We continued and expanded with the "sustainability plans", financial assistance to those young people who had been former patients.
- We have continued to take **especial care of various complicated healthcare cases**, under the BARUMA project, the majority of which have been housed at La Maison de Guérison in Kolda.



- We established communications and contacts with other NGOs in the region, and are beginning to collaborate with them: A7, AIDA, Arquitectura sin Fronteras, Alianza, Peace and Dignity.
- We continued to accompany patients that are to be operated on by Dr. Bardají of Hope & Progress and with Sra. Ita Llaurado of the Les Meduses NGO.
- We continued to follow and support the recovery processes started at the Case de Santé in Tabassaye Manding as well as those at the new Maison Guérison in Kolda.

#### **Activities in Europe**

One of the important objectives of the Association is to promote mutual understanding and intercultural solidarity between the peoples of Senegal, Catalonia and Switzerland. With this in mind we have undertaken various actions from the creation of this Association to promote the Projecte, and create intercultural connection spaces (presentations of the Projecte, solidarity events, competitions, entity fairs, etc.).

In fact, many of the European activities have a dual function, in addition to promoting mutual knowledge and cultural solidarity they allow us to raise funds for the support of the various projects in Senegal. This is the other important function of the European Associations.

One of the actions that we consider to have been most successful in regard to this objective, and want to repeat annually, is the solidarity dinner that we organized in February 2019 in Premia de Dalt. The event featured a concert, workshops and Sengalese and Catalan food. It ended with a wonderful festival of African rhythms. We would like to organise similar events in the neighbouring towns where Projecte Tabassaye has its strongest links within Catalonia (Vilassar de Dalt, Cabrils, Premià de Mar, Vilassar de Mar, etc). In 2020 we are planning a similar event in Vilassar de Mar.

We are also planning a "making contact" expedition for our European members who would like to participate (limited places) and come in contact with the reality of rural Senegal, in order to naturally understand and experience its culture without any imposed exoticisms.

# How projecte tabassaye functions

From necessity the three Associations work on a joint basis. In addition, in order to develop the activities in Senegal, there is currently a well consolidated management team in place that has been created in response to specific needs as they emerge.

#### Organisation and work structure in Senegal

The working flow chart of the Senegalese operations resulted from the need to resolve healthcare deficiencies, which was the initial motive for us undertaking this Projecte. Currently in Senegal there are up to seven people working for the Association there. **The operating scheme that has been established and is now well consolidated is the following:** 

- There are two people responsible for the Projecte in the village of Tabassaye, theses people—a man and a woman—were trained as ATS personnel at the Dabo clinic or dispensary. They are now working in Tabassaye's Case de Santé and their responsibilities include:
  - Identifying those patients that need medical attention and providing them with first aid, attempting if possible to deal with their problems within the village itself.
  - If this is not possible, coordinate the transfer of the patient, or patients, to the dispensary in Dabo, and if necessary escorting them there.
  - Monitor and follow-up on the patients in the village as well as the medications and treatments that they need.
  - Plan and coordinate with the school teachers prevention and awareness programs and the associated workshops.
  - Manage the Poste de Santé, taking responsibility for its maintenance and keeping it stocked with pharmacologic supplies, always under the care of someone responsible.



AMADOU MANE is one of the people responsible for the accompaniment and follow-up of all the patients from Tabassaye who come to Kolda to visit the Regional Hospital.









The more seriously ill patients, who cannot be properly attended to in the Case de Santé in Tabassaye itself, will have to be transferred to Dabo, where they will be treated directly at the dispensary and the small treatment clinic. We have a very close relationship with the nurse in charge of the Dabo facility. The same nurse trained the two ATS personnel in Tabassaye.

If the illness is too complicated or serious to be treated at Dabo or requires more sophisticated diagnostic tests, the patient will be evacuated to the Regional Hospital in Kolda.

- Working in Kolda is another member of the team who accompanies patients on their way to the city's general hospital, and assists the patients during the medical process. In the event that a patient must remain in Kolda for a prolonged treatment, they are housed in the Healing House, which is also the responsibility of this person. In Kolda we tend to patients both from Tabassaye and the surrounding area (via the dispensary in Dabo) as well as other cases that we find in our travels through the region or that derive from other associations (project BARUMA).
- Given that the Kolda hospital, unfortunately, has significant deficiencies in both specialists and medical equipment, this occasionally requires that patients be evacuated to Ziganchor, the capital of Lower Casamance some 200 kilometres away. We have there another collaborator, a nurse in the general hospital, who on as-need-to basis can accompany the patients who have been sent there.
- The general coordinator of Project
  Tabassaye in Senegal coordinates the
  whole process, administers the economic
  resources and monitors it so that all parties
  are functioning properly. The coordinator is
  in contact with the European Associations
  with frequent reports.
- Also working at the Case Guerison (hospice), on half-days, is woman who looks after the kitchen and serves as quartermaster, and a man who looks after the cleaning and the maintenance.

## El funcionament

### Coordination and management, work teams

There are important differences in the functions, manner of organising work and even in the Projecte's positioning vis-a-vis the different branches of the Association. The Catalan and Swiss branches of the Association have as their principal task the search for resources in order to carry forward the various projects. They also provide advice and support in the start-ups of the projects, and collaborate in their viability. The Senegalese branch is responsible for monitoring

on the ground the proper functioning of the Association and its initiatives, determine what are its needs and to present proposals related to the progress objectives that have been agreed on, and to evaluate and debate. In the event of an initiative being approved, the Senegalese branch will communicate and implement the proposals, take responsibility of moving them forward on a day to day basis, in coordination with the European part.

Generally decisions are make jointly, nut currently pivot around the Catalan branch of the Association:

- LAt the beginning of the Projecte the main strategic lines and objectives were proposed from the European side, especially from the Catalan branch (whose contact with the Senegalese part is more intense and quotidian), and
- were subsequently discussed, modified and consented to in agreement with the Senegalese branch.
- Strategies on how to undertake possible concrete projects, viability studies, determine priorities and possible sources of financing are established jointly by the Swiss and Catalan branches.

#### **Strategic alliances**

There are currently a good number of European associations and NGOs working in Senegal, and more specifically in the region of Upper Cassamance. Many of these entities are headquartered in Catalonia. Following various trips that we have made to Senegal, sometimes on an informal basis, we have come into contact with some of these associations, and with a few we have already established links, receiving from them advice and other contacts. We have also come to know and are in contact with Senegalese associations and entities that work especially in the healthcare field.

#### Of special significance is our collaboration with the following:

Dr. Carlos Bardají and his team travel a couple of times a year to La Casamence to operate on children and adults with all kinds of malformations, tumors and other diseases. They arrive, clean and prepare the space that will and start operating on 10, 12, 14 people a day.

- The Cooperative Association for the Development of Bantandicori, under its president Toni Ridorsa.
- Alegria Sin Fronteras, under the guidance of its president, Gloria Eguaras.
- **Hope&Progress,** lead by director Dr. Carlos Bardagí and his team.
- **Yakaar Africa,** under the direction of its president Jose Maria Pinero.
- AIDA (Spanish acronym for help, interchange and development), under Pedro Guerrero its delegate in Senegal and Estefania Vilardebó, as its project coordinator. AIDA
- > The military hospital in Dakar.
- > The Dabo Health Committee.
- > Kolda Region Health Insurance Plan.



We also have close ties with **Arquitectura Sin Fronteras**, **Alianza**, **A7**, **Paz y Dignidad**, **among others**.

We consider that expanding and deepening these relationships is a good way of weaving a network of support and collaboration, one that can be very beneficial for all involved parties. Thus, we continue working to this end.

## Communications: | Communication | Communicati

One of Projecte Tabassye's key objectives is its promotion here at home, that is in Europe, of our understanding of a very different non-European culture and its reality as a means of expressing solidarity and achieving cultural enrichment. We believe that the task of promoting our work and the every day reality of the Senegalese population is also the means for finding new associates and collaborators, which are essential in achieving our objectives. Thus, one of the strategies that has just been set up, but is very important, that of communications





The principal objectives of promotion and dissemination.

Promoting who we are and what we do is essential. Obviously the communications strategy and the efforts that are dedicated to it are key to guaranteeing the success of Projecte Tabassye. This will allow it to achieve its full potential within a time frame that advances at a satisfactory pace, and that can provide results in the short and medium terms.

The main tasks of the communications commission are maintaining and upgrading our Web Page, energise our social networks, design and provide content for various dissemination materials. Currently, a trimesterly bulletin is published which presents news relating to the Projecte, and is sent to all members via e-mail.





### The objectives for 2020 are:

- Develop an effective Communication Plan for the Projecte, that serves as a basis for any future campaigns.
- Renovate our Web Page to make it more practical and easier to navigate, while updating it periodically and uploading much information that is not currently on the site.
- Translate all of the Web Page content so that it is available in Catalan, French and German so that members in Senegal, Switzerland and Catalonia can access it.
- 4 Attend and be represented at the Festes Majors (town festivals), fairs and other popular events held in the Catalan towns of Vilassar de Dalt, Cabrils. Premia de Mar, Permia de Dalt, Mataro and other municipalities of the Maresme county (the area with most of our members reside) in order to promote Projecte Tabassye.









## the budget and finances

Taking into account the "youthfulness" of the project, it is evident that we cannot provide a long-term budgetary history. During the first months of the Association's functioning, that is to say, from February 2017, the necessary financial resources to carry out all of the work that had been done to date in Tabassaye Manding—which has been significant!—have been largely covered by the personal contributions of the Projecte's two founders.



## Operation of the Association in Catalonia and Switzerland: fund raising

The primary objective of both the Catalan and Swiss Associations is raising funds that will permit undertaking the various projects that we have underway in Senegal. For the Association's Catalan branch, the most effective means of achieving stable economic resources is by the enrolment of members: the monthly contribution of a set amount (the most usual is 10 €) allows us to know exactly how much is available to us each month and to keep moving forward our work in Senegal. Currently, we have more than 130 members and our objective for 2020 is to reach 200 members. This does not prevent us from undertaking other types of specific fundraising

campaigns that are directed at specific projects.

We have also solicited small contributions from the municipal authorities in our home towns and where most of the Association's members live (Premià de Dalt, Cabrils, Vilassar de Dalt, Vilassar de Mar and Premià de Mar).

The Swiss branch, due to the nature of its supporters, obtains many of its financial resources through specific donations and campaigns. In contrast to the Catalan branch, the possibility of enrolling members in Switzerland is almost nil.



## the budget and finances

#### Summary of budgets for 2017, 2018 and 2019

See the attached document

## Activities and estimated budget for 2020

As of the Projecte's third year of operation we consolidated its functioning and established a stable group of people working in Senegal, and given that the volume of coordination and management work is such that it is not possible to accomplish it with 100% volunteer efforts. As of January 2020 the Catalan headquarters will have a part-time employee.

For the current year the forecasts for income as well as expenses reflect this functioning, as well as the specific projects planned for 2020.



### The proposed fund raising promotion events and activities planned for Catalonia in 2020 include the following:

- Solidarity campaign with commercial entities (throughout the year)
- Management of a pub and bar during the two Festa Majors held in Vilassar de Dalt (April and August)
- Participation in a Solidarity Fair in Premia de Dalt
- Presentation of Projecte Tabassye in Vilassar de Mar at a solidarity dinner (May)
- Contest held in conjunction with the magazine Sapien in Vilassar de Dalt (summer)
- Presentation of Project Tabassye in Premia de Mar (autumn)
- Solidarity Christmas-time "Panera" (basket of various holiday food and drink items) to be raffled off (November and December)

In addition, it is planned to give greater importance to efforts for the promotion and dissemination of the Projecte, especially through Social Media and with the support and collaboration of Panxing, a communications and publicity firm based in Vilassar de Dalt.

With respect to the Porjecte's activities in Senegal, it has been decided to continue enrolment of the inhabitants of Tabassye Manding and Sintiang Maodo in the Healthcare Insurance Plan, to continue with the support plans for young people in training, with the BARUMA healthcare project and with the operation of Maison Guerison in Kolda.

#### And, as special projects for 2020 the following are proposed:

- Renovate the recovery room in the Kolda Regional Hospital. It is a much needed project and not very difficult to accomplish. (spring)
- Start-up of the communal garden by the women of Tabassye Manding. Purchase of the plot of land to be cultivated, build a perimeter fence and the construction of a water well. In collaboration with the women's group, study and design a "business plan", a comprehensive development plan. Sign an agreement for the construction of the well with the NGO Bantandicori. (summer)
- Increase the number of people covered by the healthcare insurance plan, with the incorporation of the 245 inhabitants of the neighbouring village of Sare Guiro, starting from July 1st, 2020.
- First phase of the renovation of the Case de Sante in Dabo. This project, which is very important, is set to start at the end of 2020, but it has been agreed that it will go ahead at the rate that the necessary resources are obtained, and considering additional income. (autumn)

### In accordance with the approved activities for 2020, the following is the expected and approved budget:

#### **Budget 2020**

#### forecast expenses

#### Fixed overhead expenses

TOTAL FORECAST EXPENSES 2020	107.800,00 €
	50.650,00€
RENOVATION DABO CLINIC (first phase)	42.100,00 €
HEALTHCARE INSURANCE SARE GUIRO (six months)	700.00 €
COMMUNAL GARDEN (first phase)	7.000,00 €
<b>Specific porjects</b> RENOVATION RECOVERY ROOM, KOLDA REGIONAL HOSPITAL	850,00 €
	57.150,00 €
Unexpected expenses	3.500,00 €
Operation of Healing House in Kolda	11.500,00 €
Healthcare insurance plan for the population, annual fee (Senegal)	3.600,00€
Sustainability plans (Senegal)	3.500,00 €
Various medical expenses (Senegal)	15.500,00 €
Utilities and management	1.850,00 €
Publicity and communications expenses	3.200,00€
Staffing expenses (1 part-time in Catalonia)	7.000,00 €
Staffing expenses (6 people in Senegal)	7.500,00 €

#### **Forecast income**

**TOTAL FORECAST INCOME 2020** 

#### **Usual income**

16.000,00€
3.600,00€
22.700,00 €
5.000,00 €
11.500,00 €
22.000,00 €
80.800,00 €
10.000,00 €
17.000,00 €
27.000,00 €

107.800,00 €

#### would like to thank all the member shops that support us



VILASSAR DE DALT



VILASSAR DE DALT



VILASSAR DE DALT VILASSAR DE MAR CABRILS



CABRILS



VILASSAR DE DALT



CABRILS



VILASSAR DE DALT



CABRILS



VILASSAR DE DALT



VILASSAR DE DALT





CATALUNYA



BARCELONA



SABADELL



VILASSAR DE DALT



CABRILS



VILASSAR DE DALT

CABRILS



PREMIÀ DE MAR



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#### Amb el suport:



AJUNTAMENT DE CABRILS



AJUNTAMENT DE PREMIÀ DE DALT



AJUNTAMENT DE VILASSAR DE MAR



AJUNTAMENT DE VILASSAR DE DALT



Amb la col·laboració:

AJUNTAMENT



#### Patrocinadors:



