Introduction

Guinea shares a border with six countries: Senegal and Guinea Bissau to the north, Liberia and Sierra Leone to the south, and Mali and Ivory Coast to the east. The country is positioned 162 of 174 countries listed on the human development index (HDR 2000).

With a population growth estimated at 3.1 percent per year, the population is 8 million, life expectancy is 54 years and the illiteracy rate is 65 percent. Gross national product (GNP) was estimated at USD 482 (CHF 781) per capita in 2000, and approximately 40 percent of the population lives in poverty even though the country is one of the more favoured African countries for its volume and diversity of natural resources. However, these assets are little exploited. Though richly endowed with fertile land and enjoying regular rainfall, Guinea’s agricultural sector is underdeveloped. A partial explanation for this is that 25 percent of the population lives in Conakry, the capital, and another 25 percent lives in the district of N’Zérékoré, resulting in an uneven distribution of the population. Add to this the movement of tens of thousands of Guineans due to the fighting on the borders with Liberia and Sierra Leone, as well as the severe flooding this year in the Kankan prefecture, which resulted in the loss of all crops.

Guinea’s social indicators, among the lowest in the region, reflect its low level of human development. Among these indicators are elevated demographic growth, inequality in the distribution of the national revenue, slow but continuous degradation of the environment, and difficulty in valuing and properly utilizing the nation’s human resources. Education and, more specifically, basic education and professional training are part of the challenges and major constraints in development of the country.

1 These are preliminary figures for 2003, and are subject to revision in the course of 2002.
The incidence of HIV/AIDS in the country is increasing at a worrisome rate. From eight cases of AIDS reported in 1987, the number of cases has grown each year. By the end of 2000, the number of cases was 8,477; each successive year brings an increase in the number of cases. Even more alarming is the average age of AIDS victims and the ratio of women to men. The average age for reported AIDS cases went from 39 years in 1989 to 26 years in 1998. According to a 1996 government study, a lack of immediate and concerted action will lead to the prevalence of HIV/AIDS increasing from 1.03 percent in 1996 and six percent in 2000 to eight percent in 2005.

Conflict at the borders with Sierra Leone and Liberia has not only led to the continuous displacement of local and refugee populations, but also to an increased presence of armed groups.

Based on this situation, the government indefinitely postponed the legislative elections previously scheduled for 26 November 2000.

**National context**

At the outbreak of the crises in Liberia in 1989 and in Sierra Leone in 1991, hundreds of thousands of people were obliged to flee their country of origin to seek refuge in Guinea and the Ivory Coast. UNHCR figures indicate that, at one point, there were up to 650,000 refugees in Guinea. Today the Guinée Forestière region is host to approximately 150,000 Sierra Leonean and Liberian refugees of which 90,000 are actually living in refugee camps. The remaining 60,000 are located in towns and villages throughout the area. A repatriation programme for Liberian refugees began in early 2000 but was halted due to increased insecurity in the country. A mere 5,000 Liberians were able to return to their country before renewed fighting broke out.

In September 2000, rebels from Sierra Leone attacked both Forécariah and the Gueckédou districts including Macenta and the Languette. A UNHCR field delegate was among the casualties. As a result of the attacks, these areas were declared red zones and humanitarian assistance was cut off. In February 2001, rebels again attacked Gueckédou and the Languette, forcing tens of thousands of refugees and Guineans to flee the area. Gueckédou became virtually desolate, and 40,000 refugees fled the Nyadou camp within a few short hours. The continued insecurity in the Gueckédou district as well as the security threats against Kissidougou resulted in government authorities demanding the relocation of the refugees in Languette, Massakoundou, Forécariah, and those located on the route between Kissidougou and Faranah.

UNHCR began to transfer refugees, but it is estimated that fewer than 50 percent agreed to be transferred. Many are still found in Languette, Forécariah and villages and towns throughout Guinée Forestière. Still thousands of others are thought to have taken the route through RUF territory on their way back to their homes in Sierra Leone. Those that agreed to be relocated in the camps are located in three camps in the Albadaria district and one camp in the Dabola district. In the Albadaria district, Telikoro camp houses 13,000, Kountaya has 27,000, and Boréah has 13,500, while in the Dabola district, Semekounia houses 8,000.

In N’Zérékoré, there are an estimated 60,000 Liberian refugees, 13,500 of whom are living in the Kouankan refugee camp while the remainder are living in various towns and villages. Since the renewed fighting in their country, new refugees continue to arrive daily. Government authorities said the Liberian refugees, as with the Sierra Leonean refugees, should be transferred to refugee camps. This transfer of refugees began 6 August 2001 to the new camp in Kola. The camp has a capacity of 6,000, and a third camp is planned to be opened around the end of 2001.

The vulnerable populations in Guinea are not limited to the refugees from Sierra Leone and Liberia. In addition to the tens of thousands of Guineans displaced by the fighting on the borders, there is a large and mostly unidentified local population living in abject poverty with little or no access to health care and social assistance. The Guinean Red Cross, supported by the Federation, has recently begun to address this issue, but it is only a small beginning. Over 100 women have been trained as traditional birth attendants (TBAs), and a recent evaluation of the project in the villages targeted has indicated an overall success of the programme. In some towns and villages, efforts to identify the most vulnerable and provide support are ongoing. The
Federation will continue to support the Guinean Red Cross in this area in an accelerated fashion in order to ensure as much coverage as possible.

National Society priorities
Since 1990, the programme of assistance to the Sierra Leonean and Liberian refugees has polarized the attention and efforts of the national society. Thanks to the technical, financial and logistical assistance of the Federation and ICRC, the Guinean Red Cross (GRC) has more than 600 trained volunteers in the areas of international humanitarian law dissemination, response to disasters, public health and social assistance. But these resources are almost entirely in the zones where the displaced and refugee populations are found. For this reason, the strategic approach for Appeal 2002-2003 will be to include a focus on the development of local capacities in the Red Cross branches outside the zones hosting refugees and displaced people. All of the GRC programmes for 2002-2003 are based on Strategy 2010, ARCHI 2010 and the Ouagadougou Declaration and must promote the participation of the beneficiaries, reinforce the partnership with the Federation, ICRC and supporting national societies in order to improve the living conditions of the vulnerable population in the country, and build a better future by mobilizing the power of humanity.

The priorities identified by the national society are as follows:
• Training Red Cross volunteers as dissemination officers, youth leaders, response team members, TBAs, community-based first aid (CBFA) practitioners, community leaders, social welfare counsellors, project managers, branch management and governance members, programme coordinators and national society committee members.
• Implementing projects for the mobilization of resources and income generation.
• Conducting vulnerability and capacity assessments (VCAs) in zones identified as high risk for disasters based on past events.
• Projects for the prevention of HIV/AIDS and other communicable diseases as well as the promotion of blood donor recruitment.
• Improving the follow-up and evaluation system by reinforcing national society structures and management systems.
• Organizing regular statutory meetings in order to harmonize the programmes of the national society with the goal of meeting its humanitarian objectives.
• Focusing on food security, including village food stores, donation of seeds to the most vulnerable groups, and information sessions on more rational use of the harvest.

Priority programmes for Federation assistance
In order to assist the national society in meeting its priorities, the Federation delegation and the GRC have agreed to the following priority programmes for assistance:
• Disaster response Provide training and support to local Red Cross volunteers in primary health care, social assistance and leadership skills so they may help reduce the vulnerability of the refugee population in Guinea by giving them the means to assume responsibility for themselves and by strengthening their individual and collective capacities. Although this training and support may also be seen as a component of disaster preparedness or health, a response to any disaster, minor or major, natural or man-made, can only be effective when carried out by well-trained volunteers. There are clear overlaps in all three of these Federation priority programmes.
• Disaster preparedness The Federation will assist the GRC in initially carrying out VCAs in high-risk areas identified by local authorities and the GRC based on past history. VCAs will eventually be carried out in all 33 prefectures over the two-year period. The nation-wide VCA will clearly identify high-risk areas and will be instrumental in assisting local populations to cope. The 2002 programme will include training in identification of beneficiaries, setting up reception areas, distribution of food and non-food items, provision of basic health care, and identification and support to the most vulnerable.
• Health and care The Federation will assist the national society in developing and implementing an HIV/AIDS programme targeted at both the refugee and the local population. Training will be provided to Red Cross branch volunteers throughout the country in HIV/AIDS education as well as prevention of other common communicable diseases.
• **Humanitarian values** The Federation will support the programmes of the youth groups and the local committees of the GRC aimed at informing the local populations on humanitarian values and their impact on peace and harmony.

• **Organizational development** The Federation will provide leadership and management training to Red Cross management and governance at the local and national level. The Federation will assist in the identification and implementation of human resource and financial management systems.

• **Coordination and management** This programme ensures a flexible, efficient functioning of the delegation so as to provide effective, concrete support to the development of the GRC capacities with a view to fulfilling its humanitarian mission involving vulnerable persons.
1. Disaster response

Background and achievements/lessons to date
In June 1999, the Guinean Red Cross, with the support of the Federation, put in place a socio-community programme, aimed at improving the living situation of the most vulnerable among the refugee population as well as the Guinean population. This occurred in the six districts of Guinée Forestière and in Basse Guinée. The activities carried out under this programme consist of the identification and registration of the most vulnerable, the education and sensitization of community life, social assistance and orientation. A parallel sensitization and prevention programme on community health was implemented for all refugees. Additionally, the GRC and the Federation provided a crucial coordination function for agencies working in the refugee zones in health, social services and refugee management.

These socio-community programmes are actually supported by 35 counsellors of the Guinean Red Cross (GRC) and by 35 refugees who have participated in a general training session in the area of social and community health. They participated in specialized training according to their specialized functions. In January 2000, the GRC assumed responsibility for a health post in Guinée Forestière, as well as a programme for the support of hospitalized refugees in Kissidougou, including a transition house for refugee patients, three meals per day for transition house occupants and hospitalized refugees and their care givers, and the monitoring and payment of bills. In 2001, the programme expanded to two additional reference hospitals in Dabola and N’Zérékoré and respective transition houses. During 2002 and 2003, an additional 120 volunteers will be trained in the area of social work and in the management of small income-generating projects.

During 2001, the Red Cross provided health and social services for a refugee population of approximately 120,000, which includes vulnerable refugees not living in the camps, and implemented camp management activities in Boréah and Kountaya with a total refugee population of 40,500. Beginning in 2002, the Federation will continue to support the GRC in its camp management and social support activities in Boréah and in the newly extended camp of Kountaya, which will include Telikoro, for a combined refugee population of 54,000. Social support activities will continue in the refugee camps of Kouankan and Kola as well as the third camp still to be opened in the N’Zérékoré district that has an estimated refugee population of 35,000. However, the health activities will be limited to the camps of Kountaya, Kola, and a third camp to be opened (in the N’Zérékoré district). The support of the refugees hospitalized in Dabola and Kissidougou will become the responsibility of the humanitarian organizations providing health care in the Kissidougou and Dabola district camps as will operation of the transition houses.

This programme is oriented toward health, social activities and camp management based on the added value they bring to the development of individual and collective capacities among the refugee population and to the added value they bring to the development of the activities of the national society through training and mobilization of volunteers, reinforcement of material resources and the implementation of management procedures. The programme thus established permits the Guinean Red Cross to develop and maintain a strong collaboration with the ministries of health and social services through health education, prevention of epidemics, vaccination campaigns and blood donor recruitment.

Goal To ensure the availability of trained and qualified personnel and useful equipment so that required humanitarian assistance is provided in an effective way. To reduce vulnerability and reinforce individual and collective capacities of the refugee and local populations in the zones receiving refugees by giving them the means to take care of themselves and to reinforce their individual and collective capacities so that they become less dependent on aid and are able to access dignified living conditions. This will be done by providing financial and technical assistance to individuals, families and groups (women, handicapped, elderly and other groups) to implement income-generating micro-projects and by providing regular information sessions on good health practices and disease prevention to local and refugee populations.

Objectives and activities
Objective 1 Identify social needs among the most vulnerable in the camps and surrounding communities and, through knowledge sharing and technical support, encourage behaviour change in order to help others help themselves.

Activities to reach this objective are:
- Organize home visits by Red Cross volunteers in order to locate and identify the most vulnerable and learn their needs. Information collected will be used to plan Red Cross activities and will be shared with other partners in an effort to find adequate solutions.
- Organize 120 workshops to educate and sensitize participants in the areas of literacy for young girls, family violence and fundamental rights of individuals.
- Create areas for sport and leisure activities as well as learning workshops for children aged four to 17 in four refugee camps (Kountaya, Boréah, Kola and Kouankan) and in the two zones that received refugees in their communities (Albadaria and N’Zérékoré).
- Support the start-up of micro-projects and education initiatives for refugee groups to reinforce the capacities of individuals and families in the community such that they take charge of their own needs.
- Establish committees for women in each camp in order to promote and encourage special activities, including income-generating activities.

Objective 2 Provide assistance to the most vulnerable among the refugee and local population based on immediate needs. This assistance will cover approximately 23,000 refugees and Guineans considered most vulnerable between 2002-2003. The extremely vulnerable individuals are mainly found among the elderly, chronically ill, physically handicapped, amputees, and single-parent families with no identifiable source of income or support from family or the community at large.

Activities to reach this objective are:
- In the camps, individual identification and evaluation of potential beneficiaries is accomplished through home visits conducted by counsellors who are assisted by trained refugee volunteers. A standard form is filled out for all identified cases and submitted to the activities coordinator. This identification will continue over the next two years in all camps given the dynamic character of the activity and the need for ongoing evaluation. This activity will be conducted in conjunction with the first activity under Objective 1 above.
- In the camps, the identified beneficiaries are accompanied by trained refugee volunteers and work with counsellors to find specific and lasting solutions aimed at reducing vulnerability. Based on the possible solutions offered, these individuals and their families will be orientated toward appropriate services. Regardless of the proposed assistance, the counsellors and refugee volunteers will continue to follow these individuals and their families until their level of vulnerability is reduced, permitting them to lead as independent a life as possible.
- Distribute non-food items (mats, blankets, soap and clothing) to 23,000 refugees and identify beneficiaries among the host population.
- Provide the necessary materials (cloth for shrouds and, in some cases, coffins) to the refugee camps for the burial of bodies abandoned in hospitals.
- Support 25 cooperatives run by refugees in the camps.

Objective 3 Ensure health care is available for a refugee population of 35,000.

Activities to reach this objective are:
- Provide meals and lodging to refugee patients and their caregivers in coordination with socio-community programming.
- Purchase medicines, prescribed by the doctors and not available at the hospitals, for refugee patients.
- Provide transport for patients and their caregivers to and from the hospitals.
- Provide transportation to patients who have to be evacuated to special hospitals for additional treatment.
- Provide follow-up for hospitalized patients.
- Ensure follow-up care and treatment for mental health care patients.
- Verify and pay hospital bills for refugees.
- Support the GRC in the operation and management of three nursing posts.
- Ensure the implementation of a routine vaccination programme for children and pregnant women.
• Distribute 20,000 hygiene kits for women from age 12 to age 55 and 6,000 baby kits in the four camps.
• Provide prenatal and family planning counseling.
• Provide information about the nature of HIV/AIDS, how it is spread and how it can be avoided
• Assist in the development of peer education regarding the transmission of HIV in identified peer groups, including youth, commercial sex workers, nursing mothers.
• Promote the use of condoms and distribute condoms to the refugee population in all camps.
• Develop and implement a programme on prevention of communicable diseases within the refugee population.
• Organize hygiene and sanitation campaigns in the camps and at water sources.
• Ensure a nutritional survey.

**Objective 4** Coordinate, monitor and support the activities and services provided by all partners (UNHCR, WFP, MSF, IRC) in the Kountaya/Telikoro and Boréah camps such that:
- All refugees have equal access to assistance based on WHO and SPHERE project standards.
- All refugees are greeted, registered and provided initial support with priority given to the most vulnerable.
- An effective and efficient system is put in place for the distribution of food and non-food items.
- Skills and competencies in camp management are progressively transferred to the national society.

Activities to reach these objectives are:
• Define and promote the need for a coordination mechanism for all camp activities in order to avoid duplication of efforts.
• Ensure monitoring and quality control of the different services provided to beneficiaries and involve beneficiary representatives in the process.
• With the partners, ensure a minimum SPHERE standard of hygiene and sanitation in the camps.
• Ensure that access to preventative and curative health care is available to all refugees in the two camps.
• Organize training sessions for 150 Red Cross volunteers in reception activities, registration of refugees, activities related to plot allocation, and organization and management refugee housing installation.
• Transfer camp management skills and knowledge from Federation delegates to GRC counterparts over the two-year period as part of a Federation exit strategy in this area.
• Organize a 10-day training for 150 identified refugee resource people in CBFA that includes community hygiene, information, education and communication in community health, emergency first aid, and promotion of humanitarian values.
• Promote basic health messages through the distribution of 1,500 t-shirts.
• Take advantage of GRC and Federation co-ordination to promote the integration of HIV education in all facets of refugee support programming.

**Expected results**
• By the end of 2002, special needs of the most vulnerable in the camps will have been taken into consideration when planning Red Cross activities and shared with other partners in an effort to make sure their needs are addressed.
• By the end of 2003, 80 percent of the adult refugee population in the camps will have participated in awareness sessions on literacy for young girls, family violence, and fundamental rights of individuals.
• Five activity centres for children up to age 17 will be established in 2002. By the end of 2002, 300 young people will have learned a trade, and by the end of 2003 this number will double to 600.
• All refugee camps will have committees established to support activities for women. By the end of 2002, each of these camp committees will have started one income-generating activity. By the end of 2003, each committee will have launched a minimum of two income-generating activities.
• All refugees identified as vulnerable will possess a beneficiary card, issued by the Red Cross social team, by June 2002. The newly identified vulnerable after that date will receive a card immediately upon being identified.
• A minimum of 23,000 extremely vulnerable beneficiaries will be identified and evaluated, and vulnerability statistics by category will be established.
• By the end of 2003, approximately 50 percent of the vulnerable cases, which is approximately 11,500 persons, will be engaged in some kind of income-generating project.
• Non-food items (mats, blankets, soap and clothing) will be distributed and used by 23,000 people identified as vulnerable.
• Assistance for the burial of a family member will go to refugee families following a death.
• By the end of 2003, 25 cooperatives will be operational and producing positive results for the refugees.
• During the two-year period, all refugees hospitalized or staying in the transition houses and their caregivers will have three hot meals a day for the duration of their stay.
• The mortality rate in the camps will not exceed 0.06 per 10,000 people, and the number of deaths will not exceed five per 10,000 per month.
• The three health posts will have provided a minimum of 36,500 first-contact consultations and 2,160 prenatal consultations per year in the district of N’Zérékoré.
• By the end of 2003, 20,000 hygiene kits for women and 6,000 baby kits will have been distributed and used.
• Epidemiological surveillance in the camps will have been integrated in the national health system and orientated toward efforts to reduce the incidence of infectious diseases.
• By the end of 2003, the cases of infectious diseases in the camps carrying out hygiene and sanitation campaigns will have been reduced by 30 percent.
• Increased awareness of HIV and its transmission and prevention.
• There will exist a good cooperative environment between the components of the Red Cross movement and an effective coordination of all activities in the camps.
• Weekly coordination meetings will have been held in each camp and all information shared among all partners to ensure a solid operation.
• The exit strategy of the Federation will be carried out in steps and with the knowledge of the beneficiaries.
• 150 volunteers will have acquired the knowledge and experience to carry out all activities related to the arrival of refugees, whether in small numbers or a large influx, including reception activities, registration of refugees, activities related to plot allocation, and organization and management of installation of refugee housing.
• All refugees arriving in the camps during the two-year period will be met, registered, housed and included in all assistance programmes.
• 18,000 refugee families will have benefited from support necessary for the construction or repair of their houses.
• 54,000 refugees will have easy access to potable water and will have been provided with containers for water.
• 150 refugee resource people will have been trained in CBFA including community hygiene, information, education and communication in community health, emergency first aid, and promotion of humanitarian values.
• 104 information sessions on the importance of a clean and healthy environment will have been carried out with the result of refugees’ establishing a clean and healthy environment.
• 1,500 t-shirts will be distributed to the refugees as a means of promoting basic health messages.
• The social services department of the two Red Cross branches in the operation area will be active and will work in coordination with the national structures.
• By the end of 2003, the national society, through the six local Red Cross branches, will be able to carry out the social assistance activities without the presence of a delegate.
• All agencies working with the GRC and the Federation incorporate HIV education in their activities.

Indicators
• By the end of 2003, 80 percent of the adult refugee population in the camps will have participated in awareness sessions on literacy for young girls, family violence, and fundamental rights of individuals.
• The activity centres for children’s groups are frequented by 80 percent of the children and reduce the number of behaviour problems in the camps among this group.
• The women’s association established in each of the four camps where Red Cross is providing social assistance are active in supporting good health practices and minimal hygiene standards. Eight income-generating projects are created and operational with a 50-percent success rate allowing the women’s committees to operate independently by the end of 2003.
• 23,000 beneficiary cards will be distributed to vulnerable individuals identified by Red Cross resulting in the availability of additional services for this group, such as three-wheel bicycles for the handicapped allowing them freedom of movement and more independence in the camp, food supplement for pregnant
mothers and babies suffering from malnutrition leading to better health, and construction of houses for the elderly and chronically ill encouraging independence.

- Thirty-five socio-community counsellors are trained, and their activities result in social assistance being available for all identified vulnerable refugees based on evaluated need. A positive and stable environment in the camps will thus be indicated in monthly reports.
- Services provided to the beneficiaries result in improved physical and social health.
- All bereaved families receive assistance with burial costs.
- As indicated by the monthly reports, the 25 cooperatives receive support and encouragement by the national society and Federation personnel in the camps.
- Meals are provided three times a day to refugee patients and their caregivers in the transition houses and in the hospitals as indicated by the monthly reports.
- Mortality and morbidity statistics are reduced over a two-year period, as indicated by the epidemiological reports, due to more emphasis on community health.
- A sufficient number of health personnel are available in health centres and nutritional centres to ensure timely assistance.
- Referred cases are handled quickly and efficiently and transferred under good conditions.
- A reduction is realized in the number of cases of childhood diseases and the mortality rate of babies among both the refugee population and the local population through vaccination and sensitization programmes on the prevention of diseases.
- 6,000 baby kits are distributed and their use explained to mothers, resulting in healthier child care practices.
- 20,000 hygiene kits are distributed to the women in the four camps, and their use is explained resulting in improved personal hygiene.
- Surveys indicate an increased awareness of HIV and professed changes in personal behaviour.
- A reduction is realized in the incidence of sexually transmitted diseases among the refugee and local population, as reported at the health posts, transition houses and hospitals.
- Monthly sanitation campaigns are organized in the camps with refugee participation resulting in improved sanitation in the camps.
- Weekly coordination meetings are held with the partners in the camps resulting in a better understanding of roles and responsibilities, removing overlaps, and ensuring overall better assistance to the refugees.
- Refugees are encouraged to build houses with materials provided, and the large hangars are emptied resulting in families having some privacy and, as important, reducing the risk of epidemics as a result of large numbers of people living together.
- Monthly clean environment campaigns result in a healthier environment for refugees.
- Sufficient latrines and potable water is available for all refugees leading to better health.
- GRC volunteers understand the concept of camp management and are capable of applying the concepts in the actual situation.
- The number of agencies that have incorporated HIV awareness activities in their programming.

**Critical assumptions**

- The repatriation of the Liberian refugees remains on hold due to continued fighting in Liberia, and there is no new influx of refugees from, for example, the Ivory Coast.
- Access to the refugee population will not be jeopardized due to new attacks.
- Sufficient, although tight, funding will be available for all of the refugees in Guinea.

**Monitoring and evaluation**

- The Federation and the Guinean Red Cross team will coordinate all the activities through joint coordination meetings.
- A monthly activity and financial report will be provided at each responsibility level by field staff, programme supervisors, and coordinators. A consolidated report will be provided each month by the delegate responsible for the respective programmes.
- Monthly sectional meetings will be held to ensure better coordination and a follow-up for each group of activities.
- A weekly coordination meeting of all partners in the field is currently held and will continue to be held.
2. Disaster preparedness

**Background and achievements/lessons to date**

Created in 1984, following an earthquake in November 1983, the Guinean Red Cross (GRC) has been involved since its early days in the management of the consequences of disasters. This is thanks to the bank of volunteers and the continued presence of the Federation and ICRC. For more than ten years, the GRC, with support from the Federation and ICRC, has operated emergency relief programmes through which refugees and displaced persons have been able to access assistance in food distribution, health care and social assistance.

Unfortunately, this situation has meant that today almost all relief activities of the Guinean Red Cross are concentrated on providing assistance to refugees and internally displaced persons (IDPs). In effect, despite efforts undertaken to form emergency relief teams as well as to have the prefectoral Red Cross committees map the zones at risk of a major disaster:

- The GRC has not yet developed a policy nor programmes adequate for preparation for disaster.
- The GRC does not, as of yet, have an operational plan for the management of disasters specifying and clearly organizing the procedures and the resources, neither for the prevention of disasters nor for the response to disasters.
- The GRC is not actively involved in the implementation of the national plan for the management of disasters in Guinea.

To respond to this triple challenge, the national society developed, with the Federation, a plan of action for Appeal 2001-2002, which has the following strategic priorities:

- Develop the competencies and the organizational and operational capacities at headquarters and committee levels in order to improve functioning and image, as well as the management of their resources and the programmes of the GRC as they relate to disaster preparedness.
- Reinforce the links between the national society and the Guinean government in order to promote cooperation in the areas of transport, health, youth training, information, telecommunications, and preparation in response to disasters.
- Reinforce the capacities of vulnerable individuals so that they can care for themselves, provide social services to the most vulnerable groups, and promote the development of community health programmes.
- Reduce the vulnerability of refugees and internally displaced persons (IDPs) by covering their needs in food and non-food items and by providing assistance to the most vulnerable.

**Goal**

Assist the GRC in developing the capacity of the populations in the zones most at risk to respond to disasters and reduce their impact. Support the GRC in the search for appropriate local solutions in order to prepare and intervene effectively in future catastrophes.

**Objectives and activities**

**Objective 1**

Assist the Guinean Red Cross in identifying the zones at risk in the country by studying the vulnerabilities and the capacities of the local populations in order to better prevent and respond to catastrophes and to establish emergency intervention plans at the national and local levels with the participation of the authorities and the communities.

Activities to reach this objective are:

- Organize 12 training sessions on vulnerability and capacity assessments (VCAs) to reach a total of 306 volunteers from every district in the country and Conakry, the capital.
- Conduct VCAs in the 33 districts of the country and Conakry in coordination with the local authorities and the population.
- Identify the zones at risk in the 33 districts as well as the city of Conakry.
- Each of the prefectoral Red Cross committees situated in a zone at risk will organize working sessions with the local authorities and the population, including local associations, youth groups, and women’s
groups, in order to collect the necessary information for the preparation of intervention plans in the event of a catastrophe.

- A protocol of agreement will be signed with the Guinean government outlining Red Cross responsibility with regards to the preparation and response to disasters.
- Local partnerships will be developed with non-governmental and international institutions.
- Elaborate a national Red Cross intervention plan in case of catastrophes with the participation of public authorities.

**Objective 2** Develop the capacity of the population and the national society to respond to eventual emergency situations by putting the necessary measures in place to reduce the effect of disasters in coordination with socio-community and health programming.

Activities to reach this objective are:

- Train and provide refresher courses to 50 trainers in CBFA.
- Organize two camps for CBFA trainers for strategy development and the CBFA curriculum in coordination with the socio-community, health and dissemination programming.
- In the zones at risk, organize at least 100 training sessions on CBFA for 2,000 volunteers with the involvement of local authorities.
- Form two emergency relief teams by prefecture in the zones at risk.
- Edit and supply 400 CBFA volunteer manuals to the prefectural committees.
- Provide 50 CBFA trainer manuals to the CBFA trainers.
- Obtain and distribute 200 first aid kits and 150 stretchers for the 33 prefectural committees and the five committees in Conakry.
- Identify and plan, in coordination with socio-community and health programming, activities in which the volunteers and the local population play complimentary roles in everyday emergencies and reinforce local capacities.

**Objective 3** Develop the capacity of the local population to respond to disasters by reinforcing their awareness of local risks and vulnerabilities.

Activities to reach this objective are:

- Organize two information sessions with the local population on the preparation and prevention of catastrophes in at least 50 percent of the 308 rural development communities (sous-préfectures) in the country.
- Organize two disaster simulations with the communities in the zones at risk.
- In the zones at risk, produce and distribute 15,000 brochures on the prevention of epidemics and possible catastrophes in coordination with socio-community and health programming.

**Expected results**

- 306 Guinean Red Cross volunteers are trained in VCA and are active.
- One VCA is carried out in each of the prefectures of the country.
- The zones at risk are identified in the 33 prefectures of the country and in the city of Conakry.
- An emergency intervention plan exists in each zone at risk and is accepted by the ministry responsible.
- Two train-the-trainer sessions and 100 training sessions for volunteers are organized and result in 50 trainers and 2,000 newly trained volunteers active in CBFA.
- 400 CBFA volunteer manuals are edited and distributed to the prefectural Red Cross committees.
- Fifty CBFA training manuals are distributed to CBFA trainers.
- Emergency non-food supplies are stocked in at least five warehouses in Conakry and in the interior of the country.
- 200 first aid kits are given to the national society and distributed to the prefectural committees in the zones at risk.
- The GRC volunteers located in the zones at risk have identified and planned, with the local population, daily activities to reduce vulnerabilities.
- Information sessions are organized by each Red Cross prefectural committee in the zones at risk.
• Communities in zones at risk have gone through a disaster simulation each year and are better prepared at the end of the two-year period.
• 15,000 brochures are produced and distributed in the zones at risk.

Indicators
• Three trainers are trained and have carried out 12 training sessions to 306 VCA volunteers.
• 306 volunteers have been trained in VCA and have assisted in carrying out VCAs in their local communities through their local Red Cross committees.
• VCAs have been carried out in all 33 prefectures and in Conakry over the two-year period resulting in the identification of zones most at risk.
• All zones identified as at-risk have developed an emergency intervention plan.
• The emergency intervention plans have been developed in cooperation with the local Red Cross branch, local authorities and the local population. All roles are clearly defined and understood.
• Fifty volunteers trained and performed CBFA training.
• 2,000 volunteers, from the zones identified as at risk, trained in CBFA.
• Fifty CBFA training manuals and 400 CBFA volunteer manuals given to the Red Cross branches in the zones identified as at risk and used in training. The manuals remain available for future training.
• Emergency stocks of non-food items (blankets, soap, plastic sheeting, used clothing and mats) have been stored in Conakry and in four other warehouses. Total non-food items would initially be for 10,000 people. The exact number of non-food items cannot be determined until after the VCAs have been completed and the zones at risk clearly identified.
• 200 first aid kits and 150 stretchers have been made available to all Red Cross prefectoral committees; those in the at-risk zones receive the larger number.
• Community volunteers as well as Red Cross and local authorities have participated in activities to prepare for disasters.
• Information sessions on what to do in the event of a disaster were organized for the populations living in the zones at risk and were repeated at strategic times, for example during the rainy season for zones at risk of flooding.
• A yearly simulation exercise, involving the local population, local authorities and the Red Cross, is carried out in each of the zones at risk over the two-year period.
• 15,000 brochures on the prevention of epidemics and possible disasters are distributed in the zones at risk.

Critical assumptions
• The return to peace is confirmed and security prevails along the borders with Sierra Leone and Liberia.
• The local Red Cross committees and the regional coordinators are operational and have clear responsibilities.
• The decentralized structures of the national committee on disaster management are operational.

Monitoring and evaluation
• The Red Cross prefectoral committees will be responsible for the execution of activities and will establish monthly reports to be submitted to the technical coordinator to be named by the national society.
• The Red Cross prefectoral committees will be supported by the CBFA trainers and the volunteers trained in VCA.
• The regional coordinators will supervise the activities and provide technical support to the Red Cross prefectoral committees as well as to the VCA volunteers and CBFA trainers. They will provide reports to the executive secretary.
• The technical team, whose coordinator is named by the national society and the Federation delegate, will be responsible for support given to Red Cross prefectoral committees and for the general report to be done at the end of the year.
• An evaluation will be carried out by representatives of the GRC, the Federation and local authorities after each simulation exercise. Lessons will be incorporated into the plan. A detailed evaluation will be carried out after a disaster should one occur.
• At the end of each year, an evaluation of the whole disaster preparedness programme will be carried out by members of the emergency intervention committee, including representatives from GRC, the Federation and government authorities.
3. Health and care in the community

Background and achievements/lessons to date
Since December 1989, the year marking the beginning of internal conflict in Liberia, and followed by 1990’s internal conflict in Sierra Leone, the magnitude of the situation has exceeded the Guinean government’s strategic provisions for the promotion of good health in its communities. This increases the necessity for collaboration with all humanitarian and health institutions. Since 1990, the Guinean Red Cross and its 12,000 volunteers have been involved in programmes of assistance to refugees, IDPs, and the vulnerable. The major areas of intervention are health and community social assistance. Taking into account Strategy 2010, the Guinean Red Cross will target its health programme in the areas identified by ARCHI 2010. This action is also motivated by the numerous health problems encountered in the Guinean communities due to:

- Insufficient access to potable water (48 percent in urban areas have access to potable water and 27 percent in rural areas), and insufficient access to installations for the elimination of human waste (74.7 percent have access in urban areas and 2.5 percent in rural areas).
- A lack of understanding of the causes of illness.
- Little appreciation for hygiene and the environment.
- A lack of information on sexuality, methods of contraception, and the transmission of and prevention of certain diseases, such as HIV/AIDS.
- Health risks associated with ‘female circumcision,’ tattooing, and early-aged pregnancies.
- An increase in drug consumption, criminality and road accidents, especially in urban areas.
- Insufficient prenatal care and practices of traditional birth attendants.
- Self-medicating and use of traditional medicine.
- Poor nutrition.

The action plan for the health programme for Appeal 2002-2003 will be focused on HIV/AIDS, promotion of blood donations, communicable diseases, traditional birth attendants, and female circumcision.

Goal(s) To contribute to the improvement of health among the village and urban communities by:

- Finding alternatives to female circumcision and developing a network of traditional birth attendants.
- Reinforcing the volunteer network of community health workers for the fight against epidemics.
- Reinforcing local Red Cross youth groups.
- Promoting volunteer blood donation among youth.
- Increasing information sharing among youth on HIV/AIDS.

Objective 1 Encourage the elimination of the practice of female circumcision and redirect the practitioners of female circumcision to a new role of traditional birth attendants (TBAs).

Activities to reach this objective are:

- Gather data and information on similar experiences.
- Identify one zone where female circumcision is practised but where support for a pilot project in finding alternatives to the practice is evident.
- Identify and hold information sessions on the danger of female circumcision with two practitioners of the same in the pilot zone.
- Train and equip these two practitioners to become traditional birth attendants.
- Train and provide a GRC volunteer coach to be available to provide support to these two individuals.
- Organize meetings for these newly trained TBAs in order to provide a vehicle for the exchange of information with other TBAs.
- Assure follow-up and evaluation of the project.

Objective 2 Re-energize and expand the activities of the volunteer blood donor clubs in 11 prefectures and the city of Conakry where there are 12 clubs.
Activities to reach this objective are:
- Identify 11 prefectures and the city of Conakry as zones of intervention.
- Organize information sessions for youth both in and out of school.
- Identify and recruit 33 volunteer blood donors by zone.
- Inform the recruited youth on sexually transmitted diseases and HIV/AIDS.
- Develop an administration and management system for blood donors by creating volunteer blood donor clubs.
- Develop a partnership with national health structures.
- Organize activities for the exchange of experiences among the clubs.
- Organize activities to promote the recruitment of volunteer blood donors.

Objective 3 Reinforce CBFA activities in local committees with regards to epidemic surveillance and prevention, which will be coordinated within the disaster preparedness programme.

Activities to reach this objective are:
- Organize two camps for CBFA trainers for the development of strategy and the CBFA curriculum in coordination with socio-community, health and dissemination programming.
- In the zones at risk, organize at least 100 training sessions on CBFA for 2,000 volunteers with the involvement of local authorities.
- Edit and supply 400 CBFA volunteer manuals to district committees.
- Provide 50 CBFA trainer manuals to CBFA trainers.
- Obtain and distribute 200 first aid kits and 150 stretchers for the 33 prefectoral committees and the five committees in Conakry.
- Produce and distribute educational material on hygiene, sanitation, prevention of diseases, and family planning.


Activities to reach this objective are:
- Define the strategy.
- Develop the educational and training material.
- Identify and train the coaches.
- Identify and train the peer educators.
- Organize the education sessions
- Execute the follow-up and evaluation.
- Organize meetings for the peer educators to exchange experiences.
- Prepare the extension of the project.

Expected results
- Two female circumcision practitioners are identified and are trained as TBAs.
- Two delivery kits are distributed to the TBAs.
- Four meetings are organized at the national level for TBAs to exchange experiences.
- Thirty-three blood donors are recruited in 11 prefectures and in Conakry and remain active blood donors.
- All 33 blood donors in all 11 prefectures and Conakry are trained in the prevention of sexually transmitted diseases and HIV/AIDS.
- Twelve blood donor clubs have become operational and remain so.
- Two camps for CBFA trainers are organized, the CBFA curriculum is reviewed, and strategy is developed, leading to the training of volunteers in CBFA.
- 100 training sessions for volunteers are organized with the result that 2,000 newly trained volunteers are active in CBFA.
- Educational material on hygiene, sanitation, prevention of diseases and family planning is produced.
- 400 CBFA volunteer manuals are edited and distributed to the prefectoral Red Cross committees.
- Fifty CBFA training manuals are distributed to CBFA trainers.
• 200 first aid kits are given to the national society and distributed to the prefectoral committees in the zones at risk.
• The strategy for the pilot project of youth educating youth on the prevention of sexually transmitted diseases and HIV/AIDS is defined.
• Educational and training material is developed.
• Four coaches are trained and active.
• Thirty-five girls and 35 boys are active as peer educators.
• A minimum of 200 information sessions are organized by the peer educators.
• A minimum of 5,000 boys and girls are exposed to the education sessions.
• The trainers of the pilot project are identified and active.

Indicators
• Two former female circumcision practitioners are trained and practising TBAs, and they are no longer practising female circumcision.
• Thirty-three volunteer blood donors are active in each of the 11 prefectures and in the city of Conakry where blood donor clubs will have been reactivated.
• All the youth recruited are trained in the prevention of sexually transmitted diseases and HIV/AIDS.
• A system is put in place for the administration and management of volunteer blood donors.
• The volunteer blood donor clubs work in partnership with the reference hospitals.
• Two meetings for representatives of the blood donor clubs are held in order to exchange experiences.
• Activities for the recruitment of voluntary blood donors are organized.
• Two camps for CBFA trainers are organized, the CBFA curriculum is reviewed, and strategy is developed, leading to the implementation of training for volunteers in CBFA.
• 100 training sessions for volunteers are organized with the result that 2,000 newly trained volunteers are active in CBFA.
• Educational material on hygiene, sanitation, prevention of diseases and family planning, including 15,000 pamphlets and 1,000 posters, are produced and distributed in four refugee camps and 35 local villages following information sessions carried out by trained Red Cross volunteers.
• 400 CBFA volunteer manuals are edited and distributed to the prefectoral Red Cross committees.
• Fifty CBFA training manuals are distributed to CBFA trainers.
• 200 first aid kits and 150 stretchers are distributed to the prefectoral committees in the zones at risk.
• The strategy for the implementation of the pilot project on peer education in the prevention of sexually transmitted diseases and HIV/AIDS is defined.
• Educational and training material is developed and distributed to 5,000 girls and boys.
• Four coaches are trained and remain active, supporting the 35 girls and 35 boys as peer educators.
• Thirty-five girls and 35 boys are trained as peer educators and together meet with a total of 5,000 girls and boys to discuss sexually transmitted diseases and HIV/AIDS.
• 200 information sessions are held throughout the 33 prefectures and Conakry and are organized by the peer educators.
• 5,000 girls and boys are informed on the prevention of sexually transmitted diseases and HIV/AIDS.
• The evaluation of the pilot project is completed and the report made available.

Critical assumptions
• Practitioners of female circumcision will agree to stop practising and become trained as TBAs.
• The reluctance of volunteer blood donors can be overcome.

Monitoring and evaluation
• Registration of deliveries.
• A report on the number of female circumcisions.
• Evaluation by the national society.
• A report of activities on volunteer blood donor clubs.
• Statistics on use of donated blood from hospitals.
4. Fundamental Principles and humanitarian values

Background and achievements/lessons to date
The Guinean Red Cross Society has assisted refugees from Liberia and Sierra Leone. Since its very beginning, the GRC has had to sacrifice its development in order to cope with relief operations. This has resulted in the activities of the GRC being well known among the refugee population and has earned the respect of Guinean authorities. However, the local population has not always been supportive and, in some cases, have blamed the Red Cross for bringing the refugees to their areas, and inviting rebel attacks. Little or no assistance has been given to the local Red Cross committees to enable them to promote the Red Cross and the fundamental principles among the local population.

Goal
Contribute to the education of the population in the area of humanitarian values and the reinforcement of peace and harmony, and inform them of the Fundamental Principles and activities of the Guinean Red Cross.

Objective and activities

Objective 1
Raise the image of the Guinean Red Cross among the local population while promoting the fundamental principles and humanitarian values of the Red Cross and Red Crescent Movement.

Activities to reach this objective are:
- Volunteers will go door-to-door to promote the fundamental principles and humanitarian values in their communities.
- News items will be published and aired on the mission of the Red Cross and its activities.
- Conferences and public debates will be organized in the different communities.
- World Red Cross and Red Crescent Day will be celebrated.
- Members of the local committees will be trained in IEC (information, education and communication).
- Plans of action for disseminating the fundamental principles and humanitarian values in communities where there are prefectoral Red Cross committees and sous-prefectoral Red Cross committees will be developed.
- Different targets will be identified among the public based on their public, educational and humanitarian activities.
- Support will be provided to make the Red Cross youth department operational.
- Training documents will be developed for Red Cross youth in dissemination.
- Materials on the fundamental principles and humanitarian values will be produced and disseminated.
- Other youth groups outside of Red Cross will be identified for the purpose of dissemination.

Objective 2
Promote and encourage better understanding and acceptance between the refugee population and the local population.

Activities to reach this objective are:
- A theatre group will be established and composed of refugee children and adults as well as Guinean children and adults in each of the four camps and neighbouring villages.
- Theatre groups will perform in villages and camps promoting humanitarian values and tolerance.
- Football teams will be set up and equipped in the camps and villages and matches organized between the two groups.
- In coordination with disaster preparedness, special reforestation and cleanup campaigns will be organized and carried out by the two groups.
- Organize better programming initiative (BPI) training for trainers for all GRC senior program managers and Federation program delegates.
• Organize BPI training for field staff and program implementors so that they can incorporate the philosophy into field programs.

Expected results by end 2003
• The visibility of the Red Cross is enhanced.
• The population is better informed on the mission and activities of the Red Cross.
• The local committees have a better understanding of the fundamental principles and humanitarian values and are better able to apply them.
• The communities benefit from the actions of the Red Cross.
• The promotion of World Red Cross Day is assured.
• The local committees have acquired the skills for mass dissemination.
• Red Cross youth members have improved their knowledge of the International Movement of the Red Cross and Red Crescent.
• The number of Red Cross youth members has increased.
• Tension between the villagers and the refugees will be reduced.
• An understanding of each other’s culture is built.
• Village children demystify the presence of the refugees and vice-versa.
• Sporting competitions will have provided a venue to build mutual respect and reduce tensions between the two communities.
• Reforestation and cleanup projects will have promoted a positive and healthy image within the communities.
• GRC/Federation programs are implemented in such a way as to harmonize relations between refugees and the local community rather than inspiring mistrust, jealousy and competition.

Indicators
• In 2002, all 33 prefectoral Red Cross committees hold at least two information sessions on the Fundamental Principles and humanitarian values. One session is held for the Red Cross volunteers in the prefecture and the second is held for the general public.
• In 2003, all 33 prefectoral Red Cross committees support a minimum of three of their sous-prefectoral committees in holding one information session for volunteers and the general public.
• Twenty of the prefectoral committees and all five Conakry Red Cross committees carry out special projects in local communities.
• All 33 prefectoral Red Cross committees and the five Conakry Red Cross committees participate in World Red Cross Day and use the day to promote the seven Fundamental Principles and humanitarian values through public football matches, open debates and radio interviews.
• All 33 prefectoral Red Cross committees are trained by the end of 2002 and are active in mass dissemination.
• Youth groups in 10 of the prefectoral Red Cross committees participate in mass disseminations.
• Students in the schools in the above 10 prefectures participate in information sessions on the Fundamental Principles and humanitarian values led by Red Cross youth groups.
• Complaints by the villagers on the presence of the refugees are reduced.
• By the end of 2002, 10 villages in each of the areas of the four camps will have benefited from a reforestation and cleanup campaign.
• Monthly cleanup campaigns in the 40 villages will be carried out.
• Surveys indicate that refugees and local populations better understand each other and are working together to solve mutual problems.

Critical assumptions
• The return of peace is confirmed and security prevails along the borders with Sierra Leone and Liberia.
• Funds are available.
• The local committees and the regional coordinators are operational and given tools to carry out the work.

Monitoring and evaluation
• The prefectoral committees will be responsible for carrying out activities and will provide monthly activity reports to the national society development officer.
• The GRC development officer will be responsible for monitoring all activities and will provide the national society executive secretary with periodic reports.
5. Organizational development

Background and achievements/lessons to date
Thirteen new Red Cross committees as well as twelve other longer-established committees are affected by the refugee and internally displaced populations. However, these committees are not sufficiently well developed to effectively run programmes of assistance to the refugees and displaced populations. It is worthwhile pointing out that the “from-relief-to-development” approach of the 1990’s did not produce the expected results because institutional development was not always a component of the different programmes as it is now.

At the national level, the Guinean Red Cross (GRC) has little funds of its own and must depend on the support of the Federation and ICRC, with the Federation as a major player, to cover almost 100 percent of its costs.

In 1998, institutional development was introduced into the GRC’s agenda with the organization of a general assembly and two national boards, the renewal of some prefectoral committees and communal committees, the incorporation of technical staff in the different spheres of intervention and the incorporation of regional coordinators. These initiatives are ongoing and progress is being made. A general assembly is planned for November 2001, and a national board meeting was held in March 2001. In 2001, the president and his committee visited all of the prefectoral committees to make presentations on ‘good governance.’

The present organizational development programme must continue to serve as a basis to create and promote conditions for the development of the national society’s capacities. This programme therefore again complements the other programmes in Appeal 2002-2003 on its approach to building GRC capacities in line with Strategy 2010.

Goal Contribute to improving GRC’s organizational development, essential to the strengthening national society capacities to move toward characteristics that define a well-functioning national society.

Objectives and activities

Objective 1 Provide assistance to the national society in (self) assessment, planning, implementation, communication and knowledge sharing, and evaluation and re-assessment.

Activities to reach this objective are:

Focus on governance:
• A seminar on the separation of governance and management will be held for members of the national executive bureau.
• Four seminars, one per region, will be held on the separation of governance and management for the prefectoral presidents and their committees.
• Two work meetings will be held with GRC leaders on the application and respect of statutes and rules of procedure, both of which were under revision in 2001 and are to be approved at the general assembly to be held by the end of 2001.
• Inform the members of the central committee and the presidents of the prefectoral committees on the policies and strategies of the Federation, ICRC and the priorities defined in the Fifth Pan-African Conference.
• Support the organization of two sessions of the national council and two sessions of the office of the national council.
• Support the GRC in the renewal of committees.
• Support the GRC in conducting an institutional VCA.
Focus on programming:
• Organize programme planning workshops with all of the technical departments.
• Organize eight technical meetings of the coordinators and the directors at headquarters.
• Support the national society in the evaluation of its programmes.
• Support regional coordination functions.
• Evaluate the role of regional coordinators and programme technical assistants in order to identify ways to enhance roles.

Objective 2 Strengthen the GRC’s management capacities by developing human and material resources.

Activities to reach this objective are:
• Reinforce the management structure and technical departments at the central and local levels by providing team-leading and management training as well as assisting in the implementation of technical systems as appropriate for different departments.
• Put in place an operational organizational chart for headquarters and each local committee to conform to the principles of good governance.
• Reorganize the structure of the GRC’s technical staff to align with the need to integrate Federation staff in the national society’s structure (logistics, finance and administration, drivers, support staff).
• Assume financial responsibility for 16 GRC staff members: programme coordinator, technical programme assistants, accountant, logistics expert, development officer, secretary, drivers and maintenance personnel.
• Assume responsibility for one resource person in GRC governance.
• Organize a programme planning and management seminar for 30 technical programme heads.
• Update the GRC’s rules of procedure and procedures for managing material and financial resources.
• Set up a database, such as for members or receipts.
• Provide GRC headquarters with communication and data-processing equipment, office supplies, and furniture.
• Disseminate the GRC’s legal texts in two issues of the national society’s bulletin.
• Disseminate Strategy 2010 in the national society’s bulletin and in a national seminar for 38 local committee development officers.

Objective 3 Improve the GRC’s self-reliance by December 2003.

Activities to reach this objective are:
• Carry out a joint evaluation with the GRC on income-generating projects funded by the Federation in the last two years.
• Assist the national society in analysing its strengths and weaknesses in fund-raising and resource development.
• Support the national society in developing innovative and appropriate fund-raising and resource development plans and strategies, including tools and techniques.
• Support the national society in implementing resource development strategies.
• Support the national society in identifying training needs in resource development and in information and public relations skills for staff and volunteers. Draw up a training plan to meet identified needs.
• Assist the national society in its renewal of negotiations with the Guinean government in order to obtain regular annual budget allocations.

Expected results
• All elected members of the national society will have participated in the separation of governance and management seminars by the end of 2002.
• All GRC leaders will have participated in one of two sessions organized on the dissemination of the national society’s statutes and rules and procedures by June 2002, and the application of the same will be implemented by July 2002.
• A new two-year work plan for the national society, based on Strategy 2010, ARCHI 2010 and the Fifth Pan-African Conference has been developed, shared with all prefectoral Red Cross committees and implemented by the beginning of 2003.
• Strategy 2010 will have been disseminated to all 33 prefectural Red Cross committees by June 2002 through the vehicle of the national society newsletter and visits by members of the governing body.

• All elected members of the 33 prefectural Red Cross committees and their respective secretaries general will be familiar with the strategy and the extent to which the national society’s plan of action is in line with Strategy 2010.

• The national society’s organization chart will have been developed in line with good governance and management standards and circulated to all Red Cross departments and committees.

• The rules of procedures and the financial and administrative procedures will be applied in national society daily management by the end of 2002.

• A database of national society volunteers and members is developed by the end of 2002 and kept up-to-date.

• Communication and computer equipment is installed at the national level and in five prefectural Red Cross committees by the end of 2002.

• National society members pay their annual fees each year, and this becomes a sure source of revenue for the local branches as well as the national society.

• By the end of 2002, five local committee resource persons will have been trained in financial resource development, and by the end of 2003 the number will have doubled.

• Two income-generating projects will be identified and implemented by mid-June 2002 and by the end of 2003 will be showing a profit.

• The resource development committee is established and operational with a plan of action prepared by the end of 2002.

• The amount of subsidy the GRC receives from the state is agreed to and is another certain source of revenue by the end 2003.

Indicators
• All members of the national executive bureau and the presidents of the prefectural and communal committees will have participated in a seminar on the separation of governance and management.

• Two sessions for the national council and bureau will have been held.

• 100 percent of the members of the national executive bureau and the presidents of the prefectural and communal committees will be informed on the policies and strategies of the Federation, ICRC and the Fifth Pan-African Conference.

• The GRC will be trained in Strategy 2010.

• The GRC’s organizational chart will be in conformity with the principles of good governance and reflect the separation of governance and management at headquarters and in the local committees.

• The national society will have reorganized its staff structure, and some Federation staff will be integrated in the GRC structure.

• The technical staff in the local committees will have been trained in programme planning and management.

• The rules of procedure and financial and administrative regulations will have been updated and will be applied in daily management.

• There will be an updated databank on members.

• The GRC will have the communications, computer equipment, and office supplies necessary to function well.

• An income-generating project will be identified in 2002 and operational in 2003.

• A national society committee on resource mobilization will be constituted and functional; by 2003, ten percent of the activities of the national society will be self-funded.

• Relationships between the national society and its partners will be strengthened.

• An annual budget will be allocated by the Guinean government to the Guinean Red Cross to assist in its annual operational costs.

Critical Assumptions
• The commitment of the leaders to support their national society’s institutional development process.

• The commitment of the leaders to support and apply the concept of separation of governance and management.

Monitoring and evaluation
• The prefectoral committees will be responsible for carrying out activities and will provide monthly activity reports to the national society development officer.
• The GRC development officer will be responsible for monitoring all activities and will provide the national society executive secretary with periodic reports.
• The Federation in Conakry and Abidjan will follow up on the management of activities and financial management and will prepare monthly reports.
• The GRC leaders, with the support of the Federation head of delegation in Guinea, will make an annual evaluation.
6. Coordination and management

Background and achievements/lessons to date
Ever since conflict broke out in Liberia and Sierra Leone, Guinea has received hundreds of thousands of refugees. During 2001, there was continuous population movement in the Guinée Forestière and in the Basse Guinea areas as a result of repeated rebel attacks. Gueckédou, the location of the Federation sub-delegation, was the target of repeated attacks, and today it is desolate. The Federation delegates, staff and local Red Cross members were relocated in January 2001 to Kissidougou where the new sub-delegation was established.

The Federation sub-delegation in Kissidougou assists the national society in managing two camps with a refugee population of 40,500. One of these camps will be combined with a third camp in 2002, and the total population of the two camps will be 54,000. In addition, all social assistance activities and care of the most vulnerable is provided by Red Cross volunteers in all camps. The added volume of work and added responsibility has created the necessity to recruit more delegates to work with the national society in these areas.

The Federation also has an office in N’Zérékoré where it assists the national society in providing health and social services to the Liberian refugees located in two camps and in the town of N’Zérékoré and surrounding villages. Here also the government has asked that the refugees be moved away from the border areas and into camps. A second camp was opened on 6 August, and the transfers are continuing. This camp has a capacity of 6,000, and a third camp will be opened within the next two months.

Many of the objectives established last year were not met due to the continuing changing situation in Guinea, the evacuation of the sub-delegation from Guéckédou to Kissidougou and the increased responsibilities taken on by the Guinean Red Cross and supported by the Federation. However, job descriptions have been written and will soon be approved. Salary alignment with the national society staff has been made on paper, but in reality there are still some changes to be made, most of which are budget issues. Efforts to integrate Federation staff into the Guinean Red Cross have so far been unsuccessful but are continuing. During the latter part of 2000, the delegation premises were moved to new offices where the Guinean Red Cross is also now located. However, the delegation occupies one building and the Guinean Red Cross another. While on the same premises, the delegation and Guinean Red Cross are still separate. Efforts are underway to find a permanent home for the national society. A building has been identified that would provide sufficient space to allow the delegation and the GRC to join departments.

Goal
Provide leadership, ensuring flexible and efficient functioning of the delegation so as to provide effective, concrete support to the development of GRC capacities with a view to fulfilling its humanitarian mission with vulnerable persons.

Objectives and activities

Objective 1 Continue to adapt the structure of the delegation and act as leader so as to ensure rational, effective management of GRC assistance programmes in 2002 and 2003.

Activities to reach this objective are:
• Adapt the delegation’s organization chart to ensure compatibility with the national society’s organizational chart.
• Develop an exit strategy for the Federation delegation that is realistic and involves a gradual reduction of Federation delegates in Guinea.
• Continue to work closely with ICRC to ensure a coordinated approach in the development of the capacity of the national society.
• Continue to involve and inform the supporting national societies in the development plans of the national society and in the Federation delegation’s exit strategy.
• Involve the regional delegation in the GRC assistance programmes.

**Objective 2** Strengthen and promote the visibility of the GRC through effective operations and infrastructure needs, such as office, telecommunications and car pool.

Activities to reach this objective are:
• The GRC and Federation delegation will share the same premises, and the respective programmes will share the same office space.
• Strengthen the financial management of the GRC and Federation operations under the direct supervision of the finance delegate, who will provide precise and timely reporting.
• Strengthen management of the car pool and logistics under direct supervision of the logistics delegate, who will establish rules of conduct known to all and set up logistics procedures.
• Set up an effective information and communication system.
• Set up a useful filing system that includes developing an institutional memory.

**Objective 3** Pursue strengthening the delegation’s human resources so as to guarantee appropriate support that is beneficial to the GRC in the area of management.

Activities to reach this objective are:
• Implement revised job descriptions of delegation local staff.
• Complete the review of salary scales and align them with the GRC’s scale.
• Establish a GRC and Federation working group for the future integration of the Federation in the GRC.
• Revise and adapt Federation contracts in line with the strategy to integrate Federation staff in the GRC.
• Implement an employee appraisal process for delegation staff and GRC staff in agreement with the GRC.

**Expected results**
• A functional organizational chart exists for the delegation and the national society by March 2002, and the programmes are in harmony with those of the regional delegation.
• The GRC and Federation share premises and offices by the end of 2002.
• A list of logistics procedures for the national society are in place by September 2002, and national staff are trained in their use for implementation by December 2002.
• Precise and timely financial and logistics reports are prepared by the national society.
• The national society has access to the Internet by January 2002 and to e-mail by June 2002.
• The position descriptions, internal rules, work contracts and salary scales are harmonized by June 2002 and are implemented.

**Indicators**
• The Red Cross functional chart is finalized.
• The delegation has transferred part of programme management responsibilities to the GRC departments.
• The regional delegation supports and advises programme implementation.
• The Federation and the GRC share the same premises, and departments share the same offices.
• Financial management of GRC and Federation operations is precise and transparent, projecting a positive image of the national society and contributes to establishing new partnerships.
• The logistics rules and procedures are well known, applied and ensure effective operations.
• The communication system functions well, and the Federation and GRC have access to e-mail and Internet.
• Each delegation employee has a revised position description and contract taking into account the new strategy.
• The internal rules and salary scale for staff are aligned between the Federation and the GRC.
• A GRC and Federation working group ensures Federation staff is integrated into the GRC.

**Critical assumptions**
• Funding is secured for the execution of planned activities.
• A climate of stability ensures the implementation of activities.

**Monitoring and evaluation**
The Federation, via its head of delegation, the finance and administration delegate, the president, and the executive secretary of the GRC will be responsible for implementing and monitoring this programme. The monthly reports and situation reports ensure follow-up on different objectives.
## PROGRAMME BUDGETS - 2002

Delegation GUINEA

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<th>Disaster Prep</th>
<th>Health &amp; Care</th>
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