

# Appeal 2003-2004



International Federation  
of Red Cross and Red Crescent Societies

## SIERRA LEONE

Appeal no. 01.28/2003

*Click on programme title or figures to go to the text or budget*

	2003 (In CHF)	2004 <sup>2</sup> (In CHF)
1. Health and Care	1,259,251	1,235,168
2. Disaster Management	257,957	209,071
3. Humanitarian Values	1,373,059	1,255,191
4. Organizational Development	514,963	509,539
5. International Representation	39,385	0
<b>Total</b>	<b>3,444,614<sup>1</sup></b>	<b>3,209,669</b>

### Introduction

Sierra Leone has the highest maternal mortality rate in the world (1,800/100,000), one of the highest under-five mortality rates (286/1,000) and infant mortality (170/1000), immunisation coverage has declined to 43% and HIV/AIDS prevalence according to the preliminary results of a WHO survey conducted in April 2002 now stands at 4.9% with the Freetown area reaching 6.1%. Unemployment and poverty also remain a major problem with only 20% of the economically active population being gainfully employed and 85% of the population currently living in extreme poverty. Sierra Leone still remains last of the 173 countries listed in the UN 2002 Human Development Index. This is due to the devastation caused by the 10-year conflict with more than half of the entire population displaced and economically impoverished.

Sierra Leone has a very strong and credible national society and the Red Cross and Red Crescent Movement intends to further reinforce the National Society's reputation as the lead humanitarian organisation in Sierra Leone through assisting its health care, humanitarian, disaster preparedness and organisational development programmes.

Within Health and Care, the strategy will focus on improving the health status and well being of the most vulnerable. This will be achieved using the SLRCS network of volunteers, members and community participation in Primary Health Care, support to Traditional Birth Attendants, First Aid training, HIV/AIDS and Health education.

Faced with the high demand for humanitarian assistance in the crucial stage between conflict and peace, the Humanitarian Values strategy will focus on opposing discrimination towards people who have been involved in or affected by the recently ended conflict and promoting a culture of non-violence. This will be achieved through three projects: Job Aid for War Amputees (JAWA), Child Advocacy and Rehabilitation (CAR) and Community Animation and Peace Support (CAPS).

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<sup>1</sup> USD 2,363,533 or EUR 2,341,987.

<sup>2</sup> These are preliminary budget figures for 2004, and are subject to revision.

World-wide, the Red Cross and Red Crescent Movement is seen as one of the major agencies in Disaster Management. To ensure this in Sierra Leone, the Disaster Management strategy will focus on enhancing local capacity to provide timely and effective response to disaster victims.

## National Context

The disarmament process was completed mid-January 2002 and an official announcement on the end of the 10-year conflict was declared March 2002. A successful parliamentary and presidential election were held on 14 May 2002, with the incumbent President getting 70% of the votes. The election was carried out in an atmosphere of peace and tranquility, with election observers from all parts of the world assisting. No major discrepancies were reported and the result has been accepted both internationally and locally by all contesting parties.

By end July 2002, most IDP camps have closed down as IDPs returned to their home areas, and many in time for the planting season. The number of registered IDPs reduced from 250,000 to 20,000. A major return of Sierra Leonean refugees from neighbouring countries is also ongoing with assistance from UNHCR and partners, among them the Disaster Management team of SLRCS.

To ensure a well-consolidated peace, there is a need for continued commitment from both national and international actors, assisting in the transformation from emergency relief to recovery, while simultaneously ensuring the introduction of sustainable development.

## Human Development Indicators at a Glance

	Sierra Leone	Sub-Saharan Africa	World
Life expectancy at birth (years)	38.9	48.7	66.9
Adult literacy rate (% age 15 and above), 2000	36	61.5	~
Adult literacy rate (female as % of male), 2000	~	77	~
Combined primary, secondary and tertiary gross enrolment ratio (%), 1999	27	42	65
GDP per capita (PPP\$), 2000	490	1,690	7,446
People living with HIV/AIDS, adults (% age 15-49), 2001	7	9	1.2
Refugees (thousands), in/out, 2000	7 / 401	~	~

Source: UNDP HDR 2002

## National Society Priorities

The Sierra Leone Red Cross Society ( SLRCS ) programmes and priorities are based on the fourth and fifth Pan Africa Conference - Kampala and Ouagadougou Declaration, ARCHI 2010, Strategy 2010 and the workshop paper 'Overall Strategy for SLRCS 2002-2005' prepared in March 2001.

The SLRCS considers itself in a unique position to positively influence the reconstruction, resettlement and rehabilitation of the victims of the conflict in order to actively support the ongoing transformation from conflict to a peaceful civilised society. To facilitate this change, the National Society is undergoing a challenging restructuring process that will ensure a viable transformation from emergency assistance to a development one.

## At a Glance

	YEAR	COMMENT
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Statutes	2000	
National Disaster Plan		Sensitising partners and Government to start
National Development Plan	2002-2005	Overall Strategy for SLRCS
CAS	1999	First generation, second under way
Self Assessment	2001	SWOT analysis done
Elections	2000	Scheduled again in 2004
Yearly audit	2001	

The National Society has become one of the major players in advocacy and humanitarian values programming, with three successful projects: one targeting amputees (JAWA), one for children affected by war (CAR) and one for war ravaged communities (CAPS).

The SLRCS intends to limit its priorities to the following ongoing programming:

- Disaster Management.
- Community-Based Health Programme (CBHP).
- HIV/AIDS.
- Humanitarian Values (JAWA, CAR and CAPS).
- Organisational Development.
- Blood Bank (supported by Swiss Red Cross).
- Relief (supported by the ICRC).
- Communication and Tracing (supported by ICRC).

### Red Cross and Red Crescent Priorities

International Federation: The SLRCS, with assistance from the Federation, was able to establish partnerships with a number of donors and their support enabled the National Society to carry out the projects it had identified in the 2002 Appeal. Out of a total 2002 Appeal budget of CHF 3.9 million, donors provided 96% of the required funding. This generous level of support resulted in the delivery of quality programming and services that assisted the most vulnerable throughout Sierra Leone. The National Society receives support from several Participating National Societies - including the British, Canadian, Danish, Finnish, Netherlands, Norwegian, Spanish, Swedish, Swiss Red Cross societies - as well as from the US State Department Bureau of Population, Refugees and Migration.

ICRC: As lead agency in country, the ICRC is building the National Society's capacity in health, relief and conflict preparedness, and tracing.

Bilateral: The Swiss Red Cross supports the National Society's blood bank operation.

### Primary support from the Movement in 2002

Partner	Health	Relief	Disaster Management	Humanitarian Values	Organisational Development	Other
<b>Federation*</b>	<b>xx</b>		<b>xx</b>	<b>xx</b>	<b>xx</b>	<b>xx</b>
<b>ICRC</b>	<b>xx</b>	<b>xx</b>	<b>xx</b>		<b>xx</b>	<b>xx</b>
<b>Swiss RC</b>						<b>xx</b>

\*Federation supported by: British RC, Canadian RC, Danish RC, Finnish RC, ICRC, Netherlands RC, Norwegian RC, Spanish RC, Swedish RC, Swiss RC and PRM (American Govt)

Further development of the current programming will remain the priority for the SLRCS during 2003 with a greater emphasis on organisational development and capacity building within the National Society including achieving national coverage. It is anticipated that a similar level of donor financial and technical support will be required for 2003.

In light of the recently ended 10-year conflict, the ICRC plans significant reduction of its activities within agriculture, relief and health - areas where the government is expected to assume

responsibility. Consultations within the Red Cross and Red Crescent Movement including regular tripartite meetings will continue to ensure the current level of excellent cooperation is maintained.

The SLRCS will begin work on a formal five-year Strategic Plan in the last quarter of 2002 to be completed in 2003. A Cooperation Agreement Strategy (CAS) will then be developed and completed during 2003. Both documents will be developed with the participation and input of existing and potential partners.

### **Priority Programmes for Secretariat Assistance**

The Community-Based Health Programme (CBHP) part of Health and Care has been a traditional area of intervention for the SLRCS, but this has been down-scaled in the 2003 Appeal due to government health facilities slowly being reactivated. Continued assistance is still foreseen especially at the community level, as needs are great. This is best illustrated by the very high infant, child and maternal mortality rates. The SLRCS plans to continue with its nine basic clinics with more emphasis on mother/child and health education.

The preliminary result of the zero prevalence survey on HIV/AIDS published in April 2002, shows a national HIV prevalence of 4.9%, but it is more revealing that more than 50% of the sexually active rural population had never heard of HIV/AIDS. The strategy for preventing HIV/AIDS in the 2003 Appeal has therefore been to scale up and expand the capacity of the SLRCS branches and Red Cross groups, enabling them to carry out more HIV/AIDS information campaigns with emphasis on the rural communities, using drama groups, peer educators and local radio stations.

Training within Disaster Management is increased in the 2003 appeal and provisions are made for active assistance to returnees coming from neighbouring countries. The SLRCS capability to respond will also be enhanced through branch storage level of non-food items provided by the ICRC in 2002 as well as clear operational procedures.

With the 10-year conflict ended, the SLRCS is undergoing a transformation from an emergency operating organisation to a development organisation, a transition that demands enhanced capacities in programme management and narrative and financial reporting. A decrease in the external funding within the next couple of years is also expected, which might necessitate a reduction in staff. This exercise, if embarked on at an early stage, can be smooth and effective. The 2003 plans therefore to put emphasis on a restructuring of the SLRCS with special emphasis on human resources and financial capacity and development combined with reaching complete national coverage in all 13 provinces. Plans will also be formulated for a reduced Federation presence with a possible phase-out of the delegation within 2-4 years.

The support to the Humanitarian Values Programmes both technical and financial will continue. These projects promote the Fundamental Principles and humanitarian values, especially action to reduce discrimination, and represent a new and challenging field for the SLRCS. Not only have these projects enhanced the SLRCS's reputation with the government and the general public both within Sierra Leone as well as outside, they also represent an essential part of ensuring a durable and lasting peace, by assisting some of the main victims of the conflict - war affected children, amputees and war ravaged communities.

## **1. Health and Care W [<Click here to return to the title page>](#)**

### **Background and achievements/lessons to date**

The main health problems are malaria, malnutrition, acute respiratory tract infections, HIV/AIDS, childhood diseases, waterborne diseases, reproductive health and mental illness particular war-related trauma and disability.

The 10-year conflict - characterised by rape, sex slavery, population movement and increased commercial sex - combined with traditional practices such as tribal incisions, 'female circumcision' (FGM), early marriages, polygamy and gender inequalities were expected to have contributed to a dramatic growth in the HIV/AIDS prevalence. The first zero HIV/AIDS prevalence survey released in April 2002 showed a national HIV prevalence of 4.9% with alarming information that 46% of females between 15-49 have not even heard of AIDS (56% in rural areas). This clearly indicates the need for an enhanced information campaign especially in rural communities, where the SLRCS network of youth and adult peer educators, together with the SLRCS trained and equipped drama groups, play a vital role.

In view of this and as a follow-up on ARCHI 2010 in close cooperation with the Ministry of Health and Sanitation, the SLRCS with its network of volunteers works in 55 communities and 10 branches within Primary Health Care focusing on prevention and control.

During the 18-month period from January 2001 to June 2002, some highlights of activities carried out by Health and Care (CBHP and HIV/AIDS) include:

- The nine branch health clinics rendered service to 194,506 patients, mostly women and children (95,522 were under-fives, 26,685 antenatal, 1,994 postnatal). Immunisations against polio were given to 40,508 children, against the six vaccine-preventable diseases to 34,119 children and against tetanus to 15,199 women of child bearing age. A total of 53,048 under-fives were covered by regular growth monitoring and 253,830 beneficiaries were given health talks.
- At the community level, 410 Traditional Birth Attendants (TBAs) were trained and equipped, with 22 communities constructing TBA houses for deliveries. Community-Based First Aid (CBFA) training and First Aid materials were given to 440 volunteers to enable them respond to emergencies in their own communities. Training on cholera preparedness were given to 360 volunteers including the supply of cholera kits for home management of diarrhoea. Mothers' clubs were trained in 56 communities with 721 members and the mothers' club leaders trained in safe motherhood, health and clean sanitation, nutrition and backyard gardening.
- The SLRCS activities are aimed at intensifying public awareness, prevention and control of STDs and HIV/AIDS, reducing stigma and discrimination and enhancing home care by communities. By the end of 2002, a total of 600 youth peer and 200 adult peer educators were trained and disseminating the HIV/AIDS messages on a monthly basis. With additional four drama groups equipped and trained in 2002, a total of eight drama groups performed regular HIV/AIDS skits reaching over 30,000, while radio and television programmes are estimated to have an audience of over 50,000.

Difficulties encountered during the year include:

- Access to rural communities due to damaged infrastructure and lack of vehicles.
- Limited volunteer motivation especially among youth, hindering community participation.

Lessons learned:

- Participatory Rural Appraisal ensures community participation and ownership.
- Restoration of Government health facilities necessitate re-evaluation of CBHP clinic support.

### **Overall Goal**

The health status and well being of the most vulnerable are improved.

### **Programme Objective**

The morbidity and mortality rate of under-fives and women of child bearing age has been reduced and average life expectancy increased while the HIV/AIDS prevalence rate has stabilised.

### **Expected Results**

#### **CBHP**

1. The morbidity and mortality rates of under-fives and women of child bearing age have been reduced in the rural areas covered by SLRCS programmes (health education, reproductive health, basic health service and community-based first aid training).
  - Health education on topics such as clean environment, maternal and child health care, protection of water sources, food hygiene and healthy diet, has reached 300,000 beneficiaries through health talks at the clinics, community meetings, drama performance and radio and street campaigns.
  - Community-Based First Aid training has been given to 440 new and 200 existing volunteers. Fifty first aid kits have been distributed to branches.
  - Cholera Preparedness training and kits are supplied to 300 community volunteers.
  - The nine SLRCS clinics have treated 120,000 patients, mostly women and children.
  - 320 new and 300 existing Traditional Birth Attendants (TBAs) have received training and TBA kits. Thirty (30) community have constructed TBA houses.
  - Health committees have been formed and water and sanitation volunteers trained in 55 communities and their wells chlorinated. In addition, 25 traditional wells have been rehabilitated.
  - A successful Lassa fever, meningitis and measles campaign has been carried out sensitising 60,000 beneficiaries in prevention, good sanitation and control of the Lassa fever vectors.
  - 110 mothers club leaders have been trained and backyard gardening started in 55 communities.

#### HIV/AIDS

2. The capacity and activity of SLRCS to create awareness on STDs and HIV/AIDS have been increased with more volunteer groups actively advocating on HIV/AIDS prevention and against discrimination through drama, peer education, distribution of condoms and media messages.
  - Drama groups have been established in four branches, bringing the total number of active drama groups to 12. Twice monthly performances are conducted by each drama group reaching more than 50,000 beneficiaries with messages on HIV/AIDS, positive behaviour changes and use of condoms.
  - Each of the eleven branches have trained 40 youth and 40 adult peer educators who regularly work with school classes and communities on HIV/AIDS information and prevention, and an increase in the HIV/AIDS awareness among the targeted population is seen.
  - 100 community leaders, social heads, religious leaders and health personnel and 100 link teachers, have gone through HIV/AIDS information seminars, now actively advocating for positive behaviour changes. Harmful traditional practices are reduced and communities taking on home-based care of AIDS victims and advocating against the stigma and discrimination surrounding HIV/AIDS.
  - 300 commercial sex workers have completed a three-day course in HIV/AIDS prevention and actively promote safe practices in their environment including distribution of condoms.
  - SLRCS regularly airs HIV/AIDS messages, discussions, jingles and quiz competitions on local and national radio stations as well as on national TV.
  - SLRCS is seen as an active partner in the National AIDS Control Programme Task Force of the Ministry of Health and the Sierra Leone HIV and AIDS Project (SHARP).

## **2. Disaster Management W [<Click here to return to the title page>](#)**

### **Background and achievements/lessons to date**

No parts of Sierra Leone escaped the devastation and death caused by the 10-year conflict, with more than half the population displaced. Tens of thousands lost their lives; many were maimed, raped or abused leaving profound physical and psychological scars on the population, which will take a long time to heal. Property, infrastructure and economic activities were destroyed or heavily disrupted leaving the economy in disarray and in dire need of outside assistance. During the conflict, relief was

handled by the SLRCS in partnership with the ICRC. The Disaster Management team concentrated on disaster preparedness and intervention as needed.

During the last year, Disaster Management Team activities included:

- Establishment of an election task force to prepare for a possible humanitarian challenge during the May 2002 election period. Contingency plans were prepared and thirty-seven Action Teams established and trained countrywide. The teams were supplied with first aid materials, stretchers, blankets, Red Cross aprons/flags and resources, such as: VHF radio handsets, vehicles and fuel. These Action Teams were available on a standby basis during the election period and although they were not needed as emergency first aiders - the election was carried out peacefully - they did provide drinking water and treatment of minor injuries to voters waiting in long queues.
- SLRCS Action Teams continued to provide assistance including food and water to the returning refugees arriving in Freetown harbour. This operation was expanded to the land border at Kambia, when this was opened for repatriation. This work was carried out in coordination with UNHCR, IOM, NGOs and government agencies with a total of 66,184 returning refugees assisted between 15 September and 1 June 2002.
- The eight Western Area branch Action Teams continued to man their first aid post on weekends and public holidays at Lumley Beach (main beach of Freetown) on a rotation basis.
- Nurses at the two main hospitals in Freetown, went on a one-month strike in February 2002, resulting in patients being left without any care. SLRCS Action Teams in agreement with both the government and the striking nurses, took on the task of providing emergency assistance to accident victims as well as assisting in referrals to other available facilities.

Difficulties encountered during the year include:

- Low retention rate of volunteers due to movement in and out of the country as well as resettlement.
- Lack of a National Disaster Management Plan and almost no existing legislation on disaster management.
- Lack of logistics resources and communication network for mobilising the Action Teams.

Lessons learned:

- The need to work more closely with the relevant authorities to trigger the process of developing a National Disaster Management Plan, with emphasis on disaster prevention, mitigation and preparedness to address not only man-made disasters but also natural ones such as floods, fires, landslides, storms and epidemics.
- The need to develop a system of transferring volunteers between branches when they move.

### **Overall Goal**

The effect of disasters in Sierra Leone are mitigated through the intervention of Sierra Leone Red Cross Society.

### **Programme Objective**

The capacity of SLRCS to provide timely and effective response to disaster victims has been strengthened.

### **Expected Result**

SLRCS has played a major role in any occurring disasters.

- Skills in Disaster Management of SLRCS staff and 20 action teams have been upgraded through training using the new developed and field tested disaster management curriculum.
- Storage facilities have been identified or constructed at headquarters and at branch level. Fifty non-food-item sets are available at branch level for immediate emergency intervention to disaster exceeding the local capacity.
- Guidelines have been issued for release of emergency stocks.

- The disaster management database is operational containing vital information on potential suppliers, available stocks and logistic possibilities.
- All branches have radio communication sets linking them to the SLRCS headquarters.
- In preparation for a National Disaster Management plan, VCAs have been conducted at six branches and Disaster Management plans prepared using the VCA findings. The government has established the forum to develop a National Disaster Management Plan with SLRCS being one of the major actors.
- 52,000 Sierra Leonean returnees and Liberian refugees have been assisted on their arrival.
- Lumley Beach First Aid Post has been effective in rendering services to the affected individuals.

### **3. Humanitarian Values W** [\*<Click here to return to the title page>\*](#)

#### **Background and achievements/lessons to date**

The war was particularly brutal to certain groups. Abduction of children to serve as fighters, sex slaves and labourers for the fighting forces was extensive. Rape, mutilation, amputations and wanton destruction of communities were commonplace. As a result, thousands of children were forcibly separated from their families and communities, robbed of a childhood and educated into the strategies and violence of war. Several thousand adults and children found themselves as amputees. Communities were left completely destroyed, divided and suspicious of each other.

The projects of Child Advocacy and Rehabilitation (CAR), Job Aid for War Amputees (JAWA), and Community Animation and Peace Support (CAPS), were initiatives developed by SLRCS to help children, amputees, and beleaguered communities to address, cope and overcome the aftermath of the war. Since the inception of these projects in 2000, their achievements have been many:

- 344 Amputees have been assisted: 62 placed in jobs, 88 trained mostly in tailoring, gara tie-dyeing and soap making, and 194 received micro credit to start up businesses for themselves.
- 104 children completed the CAR project in Waterloo in 2001. Fifteen of the 10- to 12-year-olds integrated into formal school, completed and passed their exams, and have started the next school year. (For most of these children it was the first time they were going to school). All 84 graduates have continued their skills, either as an apprentice in a group enterprise or on the job.
- A new group of 150 children have enrolled in Waterloo CAR project.
- A new CAR centre has been built in Kambia and 150 children have enrolled.
- The construction of a third centre in Port Loko has started.
- In June the initial 48 CAPS communities were replaced with 48 new communities.
  - 870 people, 54% women, have benefited from adult literacy.
  - 1,698 have received micro credit.
  - 144 farming and gardening groups comprising of 4,033 individuals (63% women) have benefited from the seed and agricultural tools inputs.
  - 36 drama groups produced 319 performances on conflict and peace building themes.
  - 126 work groups comprising of 5,000 individuals within the 48 communities cleared, planted and harvested overgrown fields, built homes and community structures, made roads and football fields.
  - 424 youth participated in skills training in carpentry and furniture building, bread baking, tailoring, gara tie-dyeing, and soap making.

#### Lessons learned:

- The repayment of micro credit loans in JAWA and CAPS have taken longer than expected.
- Training of the Community Peace Consolidation Committees (CPCC) must begin upon entry so that participants can gradually assume greater responsibility for their organisation and facilitation roles in peace building and conflict transformation in their communities.
- Sensitisation on HIV and STDs prevention and family planning needs to be strengthened in CAR.

SLRCS has built on these lessons by:

- Increasing its sensitisation by improving its selection practises and monitoring micro credit candidates and beneficiaries.
- The roles, terms of reference, and training of CPCC has begun within the first two months that the Animators have entered the communities.
- The Sexual and Reproductive Health syllabus has been reviewed, and sessions have taken place with the child beneficiaries, their partners and family members.

### **Overall Goal**

A culture of non-violence and sustainable development is promoted in communities.

### **Programme Objective**

SLRCS enhances the economic and social status of war-affected children, amputees and vulnerable communities, increasing the ongoing peace building process.

### **Expected results**

#### JAWA

1. The self-reliance capacities of 146 war amputees have been enhanced through skills training, job placement or micro-credit enterprises. Psycho-social support has assisted their integration into mainstream activities. Advocacy and media campaigns to targeted groups have increased their acceptance into and support from their communities.
  - Skills training and micro-credit loans have been started in two new locations.
  - 40 amputees have been trained in tailoring.
  - 10 amputees have been trained in gara tie-dyeing and soap making.
  - 10 beneficiaries have been placed in jobs.
  - 80 beneficiaries have received micro-credit loans to begin their enterprise.
  - Amputees have obtained knowledge and skills to identify and reduce post-traumatic stress symptoms.
  - Street begging has been reduced by 60% among the project amputees.
  - Community leaders have introduced and helped mobilised support for JAWA amputees.

#### CAPS

2. The Community Peace Consolidation Committees, leaders and members of 48 war-torn communities have integrated conflict transformation and peace building practises into their family and community lives. Processes to reconcile and heal individual and collective trauma have been developed and scheduled on a regular basis. Ex-combatants and returnees have been accepted and integrated into communal activities. Sustainable living standards have improved. Awareness on social issues has increased and good governance is strengthened. The SLRCS profile and understanding of Red Cross mandate has increased in all 48 communities. SLRCS has attained expertise and recognition for the positive results of CAPS.
  - The Community Peace Consolidation Committees (CPCC) have been trained to address and resolve conflict through non-violent means and collaborative peace building process in their communities.
  - Each community has constructed peace huts as a place to resolve conflict and further peace building.
  - Festivals and tournaments have been organised within and between communities.
  - Each community has developed avenues for community members to safely share, forgive and be forgiven, and express their feelings related to their war experiences and its impact.
  - Each of the communities have achieved rebuilding at least 70% of their homes.
  - Each of the communities have been actively engaged in health and hygiene activities that reduce disease and accidents, and increase health and well-being for all.
  - The sexually active population have been thoroughly sensitised on family planning options and sexual disease prevention.

- 60% of the vulnerable population in CAPS communities have developed a means to a sustainable livelihood.
- All men, women and youth have participated in at least one sensitisation session on the Convention of the Rights of the Child, Universal Declaration of Human Rights, International Humanitarian Law, and sexual violence.
- 50% of the CAPS communities have formed Red Cross groups.
- A baseline survey and final evaluation have been conducted and reports written on progress and shared with Movement partners.

### CAR

3. 450 children have been enrolled into the CAR projects in Waterloo, Kambia and Port Loko. The children have begun the process of healing their trauma and integration into mainstream activities. Child and human rights advocacy and sensitisation have been well promoted to the families and members of the children's home communities so that support, guidance and acceptance of these children have increased. Through education and skills training, children have improved their health and hygiene status, general well being, and self reliance capacities. Select home communities of the CAR children have received support to enhance their community life. The SLRCS staff teams have gained expertise in all aspects of programming, monitoring, evaluating and reporting for the CAR project.

- 100% of the CAR children have obtained knowledge to identify and reduce their post traumatic symptoms.
- At least 80% of the CAR parents or guardians have increased their support to the CAR children.
- The CAR staff, community groups and leaders have developed an open and collaborative relationship that has assisted in problem solving, sensitising, and advocating on issues affecting war-affected children.
- Illiterate CAR children have learned to read, write and count.
- Monitoring of the 300 graduates has continued.
- At least 80% of the 10- to 13-year-olds have entered and succeeded in formal school.
- The CAR children have reported a reduction of non-acceptance behaviour towards them in their respective communities.
- The home communities of the CAR youth have increased their knowledge on HIV and STDs prevention, sexual violence, human and child rights, trauma care, and conflict transformation.
- 90% of children trained in skills have graduated and continued with their trade.
- Mothers of CAR children have increased their knowledge on mother and child health and care, reliable family planning practises, nutrition and disease prevention practises.
- CAR staff members have achieved knowledge and skill competency in trauma counselling, case management, teaching and facilitation methodologies, facilitation of conflict transformation and peace building in communities.
- The National Society has formulated standards, codes of conduct and policies related to the work with war-affected children and counselling in particular.

## **4. Organisational Development W [<Click here to return to the title page>](#)**

### **Background and achievements/lessons to date**

The SLRCS focus on Organisational Development reduced significantly during the conflict period as the National Society supported the war victims primarily through relief operations. With the election now concluded and the results accepted, it is increasingly evident that stability and progress will be achievable in Sierra Leone. SLRCS recognises that a major change from a relief focused operation to one of development, capacity building and self-sustainability is now essential; and the transition began in 2002. A five-year strategic plan and Cooperation Agreement Strategy (CAS) will be completed in 2003 and all partners will be involved in this process.

Despite the setbacks of the war, many OD-related initiatives were achieved during the last year and some of the highlights are identified below.

- Branches that became dormant were reactivated in Port Loko, Kambia, Bombali, Kono and Tonkolili. Red Cross groups were reactivated in Daru, Segbwema, Kambia, Mambolo, Rokpur and Kabala raising the membership strength of the National Society by 1,430. New groups were formed in Samalane, Talia, Hangha, Mobai, Tonkolili and Koinadugu which resulted in a membership increase of 1,130.
- A new branch was opened in Bonthe district to increase territorial coverage to 10 districts. It is anticipated that a new branch will also be opened in Kabala before the end of 2002 and this will then leave only two more districts (Pujehun and Kailahun) to be opened to reach full national coverage.
- A significant number of buildings were completed or renovated including Bombarli, Magburaka, and Kambia branch offices. Eight out of ten branches now operate out of SLRCS-owned buildings. By year end, this will increase to ten out of eleven with Kabala. Also of a new office in Moyamba will replace the present building on temporary loan from the Government.
- Successful workshops were conducted on management skills training for senior staff and planning for the 2003 Appeal involving all Field Officers.

Some difficulties encountered during the year included:

- In the early part of the year, some parts of the country remained inaccessible.
- An image problem was evident as the National Society was associated with assisting the rebels. This has been corrected to a large degree, although work is still required in this area.
- The SLRCS volunteer and membership base was displaced due to the conflict.
- Income generation activities to provide SLRCS with its own source of funds were severely limited.

Lessons learned:

- The need for ongoing sensitisation of the public about the Red Cross and Red Crescent Movement and its Principles.
- Income generation must receive a very high priority if the National Society is to reduce its current dependency on external funding.
- SLRCS must improve on prioritising and taking on only those projects that are within its capacity to deliver.
- The current paid membership base is far too low and an opportunity exists to significantly increase this number and realise steady income for the National Society.

SLRCS has built on these lessons by:

- Ensuring sensitisation campaigns continue to be carried out throughout the country.
- Ensuring that the fund-raising capacity and establishment of partnerships receives a high priority.
- Assessing and adjusting the organisational structure and staffing establishment on an ongoing basis to ensure that it remains appropriate and financially sustainable based on the programmes and workload.
- Undertaking a National Recruitment/Retention Campaign to improve paid membership and volunteer strength.

### **Overall Goal**

The Red Cross and Red Crescent Movement intends to further reinforce the National Society's reputation as the lead humanitarian organisation in Sierra Leone.

### **Programme Objective**

The capacity of the National Society to deliver cost-effective and efficient programmes that support the most vulnerable population is increased.

**Expected Result**

Human resources skills and financial capacity and development at both branch and headquarters level has improved and national coverage is achieved.

- The leadership, managerial and financial reporting skills of branch and headquarters staff are upgraded.
- The financial resources of SLRCS are strengthened through improved income-generating skills.
- The paid membership base has been increased by 2,200 and volunteer strength and skills have been increased.
- Two new branches have been established and operational in Pujehun and Kailahun districts.
- A five-year strategic plan and a CAS document has been put in place.

**5. International Representation W** [<Click here to return to the title page>](#)**Background and achievements/lessons to date**

Effective advocacy campaigns have been launched in connection with the Federation-supported SLRCS Humanitarian Values programme assisting vulnerable groups such as amputees, war-affected children and war-ravaged rural communities. Through local media coverage, the plight of these groups have been highlighted and, as an example of success, the advocacy resulted in the offer from the private sector of 62 permanent jobs to amputees. The advocacy campaigns also led the government of Sierra Leone and the public to recognise SLRCS and the Federation as one of the leading humanitarian organisations, to the extent that in 2000, the government granted the Federation status as an International Organisation with a Status Agreement similar to the UN.

Significant international media coverage has also been achieved, not only improving the image of SLRCS and the Federation, but also that of the Participating National Societies by profiling their involvement and their support.

Highlights of achievements in 2001-2:

- A four-page feature article in *Sunday Times Magazine* on CAR (18 May 2002)
- Television sequence in Finland (August 2001)
- Articles in Denmark in *Jyllands posten*, *Politiken* and *Berlingske Tidende* (main newspapers).
- Radio programme in Denmark on JAWA.
- Media coverage in Canada in connection with General Romeo Dallaires' (the Canadian Government's special advisor on War-Affected Children) visit to CAR.
- Articles in Netherlands, Swedish and Norwegian newspapers.
- Various articles on the Internet.
- Launching of the 2002 World Disaster Report in Freetown.

Difficulties encountered:

- Limited time and resources available to facilitate media visits.
- Lack of staff to participate in the numerous general and sector coordination meetings.

Lesson learned:

- Need for more photos of operations including digital images.
- More training in computer utilisation for SLRCS information staff.

**Overall Goal**

Federation representation and lobbying at regional and international levels promote the Federation, its membership, its values and its programming.

**Programme Objective**

Red Cross and Red Crescent Movement activities and successes in Sierra Leone are profiled internationally and locally.

**Expected Result**

Media coverage, locally and internationally, for the Red Cross and Red Crescent Movement's programmes has been ensured and the Federation has been represented at UN/NGO coordination meetings in country.

- Federation/SLRCS projects have been featured, at minimum, in four international media articles.
- World Disaster Report 2003 was successfully launched.
- SLRCS/Federation have attended all major UN/NGO coordination meetings.

*<Budget below - [Click here to return to the title page](#)>*

# BUDGET 2003

## PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.28/2003

Name: Sierra Leone

PROGRAMME:	Organisational Development	Health & Care	Disaster Management	Humanitarian Values	Federation Coordination	International Representation	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	20,000	46,154	0	78,000	0	0	144,154
Clothing & textiles	0	0	0	16,569	0	0	16,569
Food	0	0	52,000	64,119	0	0	116,119
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	0	17,588	0	0	0	0	17,588
Medical & first aid	0	173,179	4,231	2,100	0	0	179,510
Teaching materials	0	12,060	4,000	252,542	0	0	268,602
Utensils & tools	0	14,615	0	46,154	0	0	60,769
Other relief supplies	3,529	8,467	1,770	17,683	0	0	31,449
<b>SUPPLIES</b>	<b>23,529</b>	<b>272,063</b>	<b>62,001</b>	<b>477,167</b>	<b>0</b>	<b>0</b>	<b>834,760</b>
Land & Buildings	0	0	0	0	0	0	0
Vehicles	8,000	0	0	285	0	0	8,285
Computers & telecom	0	3,000	8,000	7,538	0	0	18,538
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	100	0	100	0	0	200
<b>CAPITAL EXPENSES</b>	<b>8,000</b>	<b>3,100</b>	<b>8,000</b>	<b>7,923</b>	<b>0</b>	<b>0</b>	<b>27,023</b>
Warehouse & Distribution	0	5,461	0	0	0	0	5,461
Transport & Vehicules	65,677	86,973	12,731	97,590	0	0	262,971
<b>TRANSPORT &amp; STORAGE</b>	<b>65,677</b>	<b>92,434</b>	<b>12,731</b>	<b>97,590</b>	<b>0</b>	<b>0</b>	<b>268,432</b>
Programme Support	33,473	81,851	16,767	89,249	0	2,560	223,899
<b>PROGRAMME SUPPORT</b>	<b>33,473</b>	<b>81,851</b>	<b>16,767</b>	<b>89,249</b>	<b>0</b>	<b>2,560</b>	<b>223,899</b>
Personnel-delegates	184,780	76,957	55,917	120,879	0	0	438,533
Personnel-national staff	117,262	336,991	43,676	331,883	0	0	829,812
Consultants	0	0	0	0	0	0	0
<b>PERSONNEL</b>	<b>302,042</b>	<b>413,948</b>	<b>99,593</b>	<b>452,762</b>	<b>0</b>	<b>0</b>	<b>1,268,345</b>
W/shops & Training	29,440	240,253	30,788	101,553	0	0	402,034
<b>WORKSHOPS &amp; TRAINING</b>	<b>29,440</b>	<b>240,253</b>	<b>30,788</b>	<b>101,553</b>	<b>0</b>	<b>0</b>	<b>402,034</b>
Travel & related expenses	11,524	15,800	10,040	23,684	0	19,325	80,373
Information	562	55,971	2,178	14,166	0	17,500	90,377
Other General costs	40,716	83,831	15,859	108,965	0	0	249,371
<b>GENERAL EXPENSES</b>	<b>52,802</b>	<b>155,602</b>	<b>28,077</b>	<b>146,815</b>	<b>0</b>	<b>36,825</b>	<b>420,121</b>
<b>TOTAL BUDGET:</b>	<b>514,963</b>	<b>1,259,251</b>	<b>257,957</b>	<b>1,373,059</b>	<b>0</b>	<b>39,385</b>	<b>3,444,614</b>