

24 March 2000

SIERRA LEONE: EMERGENCY ASSISTANCE TO THE SIERRA LEONE RED CROSS

appeal no. 14/99

situation report no. 4 (Final report)

period covered: 31 May- 31 December 1999

Program objectives were met and in many instances exceeded and the re-establishment of SLRCS branches and activities was successfully implemented. The restructuring of the SLRCS was a major achievement, combined with the upgrading of their financial reporting capability and human resources, ensuring that the SLRCS is now well positioned to facilitate the process of rehabilitation and post conflict recovery. As a result, the National Society is in the process of reinforcing its positive reputation as an effective humanitarian organisation with a country-wide reach and a favourable history of serving the community.

The context

Since the return of the ICRC and the International Federation to Freetown in May, 1999, humanitarian assistance programmes and support to the Sierra Leone Red Cross Society (SLRCS) have been re-established. The ICRC is the lead agency, focusing on emergency health and relief, while the Federation is focusing on providing capacity building and programme support. The Federation launched an initial 3-month, CHF 753,000 appeal on May 31, 1999, followed by a revised CHF 1,222,000 appeal on October 13, 1999. The budget for the revised appeal has been fully covered.

Implementation of the planned programme was hampered in 1999 by a lack of access to key areas of the country due to security constraints. The SLRCS, the Federation delegation, and the planned activities also underwent major restructuring in order to reduce overhead costs. The activities planned under this appeal will now be continued and implemented under the Federation's 2000 Appeal for Sierra Leone (01.04/2000). The focus will be on support to the programme activities and the re-establishment of the outstanding provincial clinics and branches, areas which have been accelerated in early 2000 due to the positive improvement in the security situation. The outstanding balance will also be transferred to the 2000 Appeal.

Objectives

The main aim of Emergency Appeal 14/99 was to support the re-establishment of the SLRCS, to re-activate their programmes, and to reopen three provincial branches.

Achievements

The following objectives have been met: intended number of patients treated, health education undertaken, Traditional Birth Attendants (TBAs) trained, and First Aiders reactivated. Due to security constraints, only 3,684 tons of the planned 4,500 tons of garbage was collected, and only 6 of the planned 10 clinics were refurbished and reopened. The Demobilisation, Disarmament and Reintegration Programme (DDRP) of the ex-combatants progressed slower than anticipated, preventing the SLRCS from opening their branches and clinics in rebel controlled areas. It is hoped that with the positive move in the DDRP in early 2000, the targets and objectives set will be achieved or exceeded within the first 3 months of 2000.

Cholera outbreak •

An outbreak of cholera was contained in December, 1999 as a result of the co-ordinated action of several organisations, including the SLRCS. The chlorination of 1,146 wells in Bo, Kenema, Western Area, Mattru and Bonthe contributed considerably to this operation. The Health Education program and the SLRCS weekly radio program played an important role in disseminating health messages.

First Aid Volunteer training •

Six First Aid volunteers assisted more than 1,000 patients at the Connaught Outpatient ward in June, July and August, and nine volunteers during this period were assigned to the two temporary SLRCS IDP camp clinics. First Aid training and refresher courses were conducted for 85 SLRCS volunteers and 476 NGO staff, peer educators, or community volunteers in Freetown, Bo, Kenema and Western Area. Three simulation exercises were organised each involving 25 volunteers.

AIDS/HIV Prevention •

AIDS/HIV awareness courses and symposia were conducted for sea farers, commercial sex workers, at schools and in the communities. Peer educators carried out activities on World AIDS Day in collaboration with the Ministry of Health and the Ministry of Sanitation. More than 30,000 condoms were distributed.

Mother Care •

Three safe motherhood training courses were organised for 120 TBAs in the Bo, Kenema and Western areas. Safe delivery kits were distributed to the trained TBAs.

Blood •

Close to 2,000 units of blood were collected from the blood centre at Connaught Hospital, from the newly established collection centre at the Maternity and Children's Hospital, and via the mobile collection unit. Over 1,800 units were issued (whole and to paediatrics units). Screening for Hepatitis B and C, syphilis, and AIDS/HIV was carried out for all the blood units collected.

Clinic Support •

Over 97,000 patients were treated at the SLRCS clinics, and health education classes were conducted for 48,291 women. The temporary clinic at the Stadium IDP camp was closed down during the period, as the camp was emptied. By the end of December, 1999, the programme supported 6 clinics. Plans are underway to open a temporary clinic at a new IDP camp in Bo, and to reopen the SLRCS clinics in Makeni and Magburake.

Institutional Support to SLRCS / Reactivating Provincial Branches •

The SLRCS branches of Bo, Kenema and Moyamba were reactivated, refurbished and renovated, and the Red Cross groups in Bonthe and Mattru Jong were provided support to resume their activities. A significant restructuring of the SLRCS was carried out, reducing the core staff supported by the Federation to 29 and the Programme staff to 61.

Transportation, office equipment, and communications support was provided in the form of 3 used vehicles, 4 new motorbikes, 5 computers, 3 HF radios, and one photocopier which was supplied to the SLRCS for their regular activities.

In general, the re-establishment of part of the SLRCS branch network and the restructuring of the SLRCS were critical steps in the process of promoting a viable Society with the long-term potential of achieving self sustain ability.

The re-establishment of the clinic network in the rural areas was also an important step in fulfilling a desperate need for basic health care in Sierra Leone.

Constraints

While the major constraint was the slow progress of the Demobilisation and Disarmament program (which reduced the areas of operation to the Government controlled western and southern regions while preventing the reactivation of programs in rebel held areas to the North and East), the lack of a financial/administrative delegate also posed serious problem in implementing and monitoring projects. The delay in introducing the new CODA financial system also caused operational delays and constraints.

Conclusion

The arrival and expansion of the UN Security forces constitutes a positive step forward, resulting in previously inaccessible northern parts of the country being made accessible for humanitarian aid, particularly with the SLRCS re-establishing its clinic in Makeni in February and considering opening branches in Port Loko and Magburake.

Despite the positive steps, caution is still prudent and strong continued support from the international community necessary.

Final Financial Report and Contributions

See Annex 1 for details.

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