

Appeal 2001-2002

 International Federation
of Red Cross and Red Crescent Societies

SIERRA LEONE (Appeal 01.06/2001)

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

1. Disaster Preparedness	147,000
2. Health and Care	1, 577,000
3. Humanitarian Values	876,000
4. Institutional Development	289,000
5. Coordination and Management	380,000
Total	3,269,000



Introduction

National Context

The Sierra Leone conflict originated in 1990 when Liberian refugees crossed the border into Sierra Leone fleeing the war in Liberia. This resulted in the destabilization of the country with the establishment of the rebel organization, the Revolutionary United Front (RUF), and the escalation of a conflict characterized by guerilla tactics, increasing use of atrocities against the civilian population and the displacement of over a million people.

Following elections in February 1996, the military rulers handed over to a government under Tejan Kabbah which was, in turn, toppled by a military coup in May 1997. The military invited the RUF to join with them in running the country but ECOMOG troops restored the Tejan to power in February 1998. However, his government was unable to end the increasingly vicious war and large swathes of the country were unsafe and subject to rebel incursions.

In January 1999, rebel forces attacked Freetown and managed to occupy it for three weeks, resulting in a further 200,000 internally displaced persons (IDPs) and 5,000 civilians killed, widespread human rights abuses and the collapse of the already fragile social and economic infrastructure (public buildings destroyed, 6,000 residences burned, vehicles and communication equipment looted). The death, mutilation and destruction have left profound physical and psychological scars on the population which will take some time to heal. In May 1999, a cease-fire was agreed between the Government and RUF followed in late June by a peace agreement listing conditions such as the release of prisoners, disarmament, and creation of a coalition government. Despite the agreement, the country remains divided and in a fragile state, and many of the conditions have yet to be implemented.

National Society Context

The Sierra Leone Red Cross Society (SLRCS) programmes and priorities are based on its 1997-1999 proposal and budget and the fourth Pan-African Conference/Kampala declaration. The SLRCS is presently undergoing a major review of its structure and staffing needs in view of the operational set back caused by the January 1999 rebel invasion of Freetown with the resulting destruction of much of the National Society's infrastructure as well as the closure of many of the branches in areas presently not accessible. The SLRCS hopes that normality returns to the country again and that donor support will enable the Society to regain its pre-conflict activity level. The SLRCS considers itself in a unique position to positively influence the reconciliation, resettlement and rehabilitation of the victims of the conflict in order to actively support the successful implementation of the present peace agreement. As this process is only in the initial stage, the Society presently intends to limit its priorities to the following ongoing programmes, but expects to expand as soon as a more stable and clear picture is available, and will at that time review and revise its priorities:

- Community Based Health Programme (CBHP).
- Institutional Development.
- Relief.

Priority Programmes for Federation Assistance

- Disaster response: should the situation return to normal, the SLRCS and Federation will activate identified rehabilitation and resettlement programs targeting returning refugees and IDPs.
- Disaster preparedness: the Federation will assist in the upgrading of the emergency first aid capability of the SLRCS by organising first aid training courses and first aid material. Previous programmes have already trained 350 emergency first aid volunteers in six districts, but it is envisaged to expand this programme to cover all 13 districts as well as to support the already trained volunteers.. Strengthening the SLRCS capability to respond to natural disasters and ethnic conflicts.
- Health: the Federation will assist in the re-activation of the CBHP programme of training volunteers in environmental sanitation and prevention/control diarrhoeal diseases, and the provision of essential drugs to the SLRCS operational clinics.
- Promotion of human values: in close co-operation with ICRC, the Federation will assist in rebuilding a positive Red Cross image through information and dissemination in connection with all ongoing programmes as well as through SLRCS staff and volunteers.
- Institutional and resource development: The Federation will support the SLRCS in its present transition/restructuring effort at both headquarters and at the branches, by strengthening governance, leadership and capacity building and by generally upgrading the qualifications of staff and volunteers through workshops training courses. It will also assist in the review of the priorities and support the planning capacity of the national society. It will assist the SLRCS in improving the institutional and organisational structures, systems and procedures and develop a financial management, accounting and audit system and support the resumption of activities of local branches.

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1. Disaster Preparedness

Background and progress to date

The nine year armed conflict in Sierra Leone has destroyed the country's economy, and forced the movement of hundreds of thousands people from their homes into other parts of the country or into neighbouring countries. Today, the country is still trying to measure the degree of damage and effects of the seemingly never ending war. With some 2000 amputees, 4500 abducted children, 3000 homeless children, destruction of public utilities and the brain drain, the country can be said to be faced with both short term and long term vulnerabilities.

The growing tension between the country and its neighbours especially Guinea Conakry, and the RUF still maintaining a strong hold in the greater and diamond rich part of the country, only help to exacerbate the already catastrophic and deteriorating humanitarian situation. Similarly, recent rebel attacks from Sierra Leone on the Guinea border towns of Pamalap and Madina have resulted in harassment, suffering and killing of Sierra Leone refugees living in that country, and we are now seeing the start of an exodus of refugees back to Sierra Leone.

While it could be argued that there has been positive response by humanitarian agencies to provide immediate relief to victims of the conflict, the Government and major humanitarian agencies such as the ICRC and Federation and Sierra Leone Red Cross have identified the need for medium to long term disaster management mechanisms (with emphasis on disaster prevention, mitigation and preparedness) to address not only man-made disasters, but natural ones such as floods, landslides, epidemics and others. SLRCS first aid teams in Bo, Freetown, Kenema and Makeni have been responding to disasters arising from armed conflicts, civil unrest, road traffic accidents, sea accidents and floods by providing first aid services, distributing relief items such as family kits, assorted clothing and blankets and evacuation of casualties to referral posts. The NS has 20 established and effective first Aid Posts manned by 180 trained staff and volunteers who can be mobilised to provide first aid services and evacuate casualties to the nearest referral posts in Western area, Bo, Kenema, Moyamba, Mile 91, Matru Jong, Bonthe and Lungi.

It is within this context and in line with the International Federation Strategy 2010 and the Seville agreements (cognisant of the lead role of the ICRC), that the NS has identified the need to rebuild and strengthen its response capabilities both at the national and branch levels. In its 2 year strategy, the NS will focus on training of volunteers and staff, and through a VCA build up a database to understand better the hazards and their frequencies, to map out realistic disaster response plans and work closely with the ICRC and the IFRC for fast relief stock mobilisation. With the lack of a national disaster response plan coupled with the almost non-existent legislation on disaster management by the government, the NS will work closely with the relevant authorities to trigger the processes to national disaster planning.

Goal To strengthen the capacity of the National Society (headquarters and the branches) in disaster management through programme integration.

Objectives and Activities planned

Objective 1 To upgrade skills of SLRCS staff and volunteers in disaster management.

The activities to achieve this objective are:

- In the first quarter of 2001 and 2002, hold two–10 day residential workshops in general disaster management for 15 staff from headquarters in Freetown and the branches/groups in Bo, Kenema, Bonthe, Moyamba and Lungi.
- In the second quarter of 2001 and 2002, hold two – 10 days residential workshop for 26 volunteers (team leaders from Freetown, Bo, Kenema, Bonthe, Moyamba and Lungi) on general disaster management.

- In the third quarter of 2001, hold a five day training for 30 SLRCS staff (Head quarters and branch health officers) and volunteers to carrying out a pilot vulnerability and capacity assessment in 2001.
- To participate in Federation disaster management training and exchange visit with other national societies in 2001 and 2002. The dates and venue to be determined accordingly.
- The national DP officer to undertake a disaster management course in an identified institution in the second quarter of 2001.
- During quarters 2, 3 and 4 in 2002, to conduct three (one week duration each) refresher courses for 41 participants on specialised areas in disaster management (such as search and rescue, disaster assessments, training of trainers).
- In the second quarter of 2002, hold one – 10 days residential workshop for 15 volunteers (team leaders from Kono, Tonkolili, Kambia and Port Loko) on general disaster management.

Objective 2 To co-ordinate with the ICRC and IFRC in the provision of emergency stocks (comprising first aid materials, food and non-food items and used clothes) and put in place procedures to guarantee an efficient response and distribution system.

The activities to achieve this objective are:

- In January 2001, conduct an inventory and compilation of list of relief items available, and to identify and recruit human resources for logistical management.
- In February 2001, set up agreements with approved suppliers.
- As an ongoing activity and in times of need, liaise with the ICRC on the provision of relief items for returnees and IDP's. The following are required: used clothing (300 bales or 30 mt) for children and adults, 50 bales of used shoes, 3,000 pieces of blanket, 12,000 cakes of soaps, 1,000 pieces of plastic sheeting, 1,000 kitchen sets, 3,000 mats, 2,000 each of plastic plates, cups aluminium spoons, local pots, eating trays, cooking spoons, and baby packs for destitute families. These will be stored in existing stores at the headquarters and branches.
- Acquisition of first aid materials for the headquarters and branches.
- In August 2001 arrange procedures for access to emergency funds from ICRC, Federation, and SLRCS for rapid purchase of food and medical supplies.

Objective 3 To provide support to the National Society and branches in implementing DP programmes.

The activities to achieve this objective are:

- In response to the needs, make available 500 active and well trained first aiders for relief and health activities.
- In co-operation and collaboration with CBHP in commercial First Aid training, provide 50 trained trainers every year.
- Support 10 branches in setting up disaster response and capacity building plans.
- To provide branches with relevant First Aid material.
- In 2001 provide 1 HF radio to Bonthe Island and 6 VHF radios for Lungi and Western Area action teams.
- In 2001 and 2002 hire as required, transport for relief purposes.
- As an ongoing activity, use existing (pool) vehicles and allocated motorbike to co-ordinate DP activities. Arrange to put in place systems of speedy vehicle allocation and utilisation.
- To set up a data base on hazards, resources and suppliers at national and branch levels, by May 2001, compilation of information on various types of transport, transporter, communication link at both national and branch levels, relevant NGOs operating in the country and Government Ministries.
- Acquire one computer with accessories for the database.
- To conduct vulnerability and capacity assessment (VCA) in branches by the end of 2001 and a national VCA in 2002 to enable the design of the SLRCS Disaster Management Plan.
- In February 2002, assess geographical distribution of threats.
- From March to May 2002, analyse the vulnerabilities, hazards threats and capacities.
- In June 2002, design the disaster management draft plan to ascertain the role of the RC, other groups, authorities and agencies.
- Organisation of a simulation exercise to test the DP plan in August 2002.
- Finalise and launch the SLRCS disaster management plan in October 2002.
- To conduct an evaluation of the DP programme in 2002, using external resources.

Objective 4 To promote food security activities.

The activities to achieve this objective are:

- During all training workshops including those organised by other programmes in 2001 and 2002, sensitise NS and branches on the concept of food security.
- As an ongoing activity on food security, collaborate with relief programme and branches for food needs assessment, availability and distribution.
- In 2001 and 2002, collaborate with CBHP in their food and nutrition activities.

Objective 5 To co-operate and collaborate with ICRC, Federation, other International Organisations, NGOs, Government Ministries and National Societies in the sub region for better networking.

The activities to achieve this objective are:

- To participate in regular tripartite meetings with the ICRC and Federation.
- Continue participating in meetings on disaster management related issues organised by International organisations, NGOs, Government Ministries and National Societies in the sub region for better networking.
- To organise half yearly meetings with international organisations, NGOs, Government Ministries and National Societies in the sub region for better networking and involve these organisations in the proposed training sessions.
- Setting up a technical committee (VCA, DM issues).

Expected Results

- By the end of 2002, the SLRCS will have trained and refreshed 209 volunteers and staff in disaster management and provided relevant training of DPP officer in disaster management.
- By December 2002, the NS will have acquired and put in place relief stock and management procedures.
- By December 2002, better co-ordination of DP activities and useful support will have been provided to other programmes. SLRCS will have identified disaster prone areas, predicts changing trends and assess geographical distribution of threats and prepared a disaster management plan with standard operating procedures.
- The concept of food security and support to other programmes will have promoted food security awareness and actions.
- By 2002, the co-operation and collaboration with ICRC and the Federation and other organisation will have been strengthened, and a technical committee (VCA, DM issues) has been formed.

Indicators

- Number of trained staff and volunteers, training of DPP officer in disaster management.
- Support from the ICRC in the provision of relief stock. Management procedures agreed on.
- Improved co-ordination of DP-concept support to other programmes. Identification of hazards, vulnerabilities and capacities a disaster management plan and standard operation procedures.
- Number of times food security has been promoted and programmes supported to implement food security activities.
- Level of co-operation and collaboration with ICRC, the Federation and other organisations. Number of meetings held. Evaluation recommendations implemented in a revised programme.

Critical assumptions

- Co-operation from other relevant agencies.
- Trained volunteers available for the implementation of activities.
- Programme integration and management support.
- Improvement in the security situation.

Monitoring and Evaluation arrangements

The Disaster Preparedness Programme is under the Department of Programmes and Operations. The programme officer reports quarterly to the Director for the attention of management, governance and donors. Monthly monitoring visits are carried out by the Programme Officer to ensure proper programme management. Follow-up visits are made by management. Evaluation of the DP programme in 2002.

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2. Health and Care

Background and progress to date

Sierra Leone has one of the highest infant, under five and maternal mortality rates in the world. With infectious diseases and even cholera being rampant in the country, there is an important need of basic health facilities and health education as well as a need in assisting the communities in clean up campaigns and better sanitation, in order to reduce the risk of spread of diseases.

In 1995 the SLRC embarked on its Community Based Health Programme (CBHP). Conflict in 1999 collapsed the CBHP programme and the SLRC reoriented their activities to that of emergency relief and emergency health. During 2000 the CBHP programme has once again started to target the rural communities, using the SLRCS clinic as centre for all activities and working in close co-operation with the community leaders and Red Cross health committees. Local volunteers (100 volunteers were trained in first half of 2000) are used for the Community Based First Aid, assisting with the treatment of minor ailments and accidents, which can be handled at the local level. Traditional Birth Attendants are trained (120 TBA in first half of 2000) and equipped to ensure safer deliveries, especially for areas without access to other health facilities as 70% of deliveries are done outside hospitals and most of these are done by TBA's.

Although little data exists on the spread of HIV/AIDS, it is expected that the 10 years of conflict with foreign troops and combatants everywhere, leading to rape and high rate of promiscuity, has resulted in an alarming increase in the number of cases. In order to address the urgent need for enhancing the public awareness of this disease and knowledge of ways to avoid it, local community drama groups conduct special written screen plays on this controversial topic. 3 drama groups have been trained and equipped and are today actively performing this play in their communities, with an estimated monthly audience of 12,500.

The SLRC works as an auxiliary to the Ministry of Health (MOH). The African Red Cross Red Crescent Health Initiative (ARCHI) 2010 emphasises the need to forge partnerships with MOH and to work according to priorities defined by MOH. Thus, as a result of the renewed conflict in 1999 when MOH defined as their priority the need to re establish clinics, the SLRC became a part of this national plan by opening clinics in SLRC operational branches. The CBHP operates 6 regular clinics and 3 emergency clinics. As all the clinics except the one in the Western Area, are located in the rural communities, the program is seen as an important factor in assisting in the rehabilitation and reestablishment in the rural areas of a civil society, assisting the most vulnerable groups in forty three communities and reintroducing basic health care and health education, thereby assisting in reducing the migration to urban areas. The SLRC operate the clinics using standards and protocols developed by MOH. The Expanded Programme of Immunisation is carried out in the clinics with vaccinators, vaccines and other material supplied by MOH/UNICEF. The branch health officer works in close collaboration with the district MOH team.

The emergency clinics have been established in response to the new influx of IDPs we are seeing due to the present fighting in the North and East. This fighting also resulted in the closure of the SLRCS clinic, which was re-established in Makeni in January. The staff and equipment from the Makeni clinic are now assigned to the emergency clinic in Mile 91.

During the first half of year 2000, a total of 70,734 patients were treated at the SLRCS clinics, mostly women and children below 5. In addition to this 15,808 children were vaccinated against preventable diseases and 91,812 received health education and practical advice.

The program is carried out in close co-operation with the Ministry of Health and Sanitation (clinic support, training of nurses, technical support), UNICEF (vaccination and TBA training), UNFPA (HIV/AIDS, reproductive health and technical support) and sister societies. During the last twelve months the MOH has been trying to set up a cost recovery system based on the Bamako initiative. Earlier in the year the government had been trying to initiate resettlement programmes in order to resettle people into safe areas of Sierra Leone. All this has been delayed due to renewed conflict in May. It is difficult for the government or UNDP to maintain any initiatives towards a more long term developmental strategy. It is with

this in mind that although the SLRC are moving more into community based health, there is a continuing need to operate clinics in order to support the MOH and also to have a central point for community based health activities.

Goal The overall goal of the program is to provide health education, first aid training, HIV/AIDS awareness and basic health facilities especially to rural communities, in order to reduce the high morbidity and mortality rates in Sierra Leone Red Cross Society operational areas.

Objectives and Activities planned

Objective 1 To sensitise and mobilise communities, to be aware of their role and responsibilities in reducing their exposure to health risks, thereby limiting the morbidity and mortality rates in the SLRCS operational areas.

The activities to reach this objective will be:

- To carry out an expanded health education and community sensitisation program using community meetings, inter-school quiz competitions, drama performance by the Red Cross drama groups, radio spots and street campaigns.
- Issues covered by the campaign will be immunisation, breast feeding, growth monitoring, STDs/HIV/AIDS , environmental sanitation and proper handling of food and water, and it will be conducted by branch health officers, youth peer educators and community volunteers.
- Health education classes will also be carried out at the clinics, often with direct reference to the ailment being treated.

Objective 2 Reducing the spread of infectious diseases through improved sanitation.

The activities to reach this objective will be:

- Assist 3000 families in latrine construction by supplying them with basic building material and promote beneficial hygiene practices.
- Produce 3000 reinforced concrete slabs for latrines with removable lids and distribute them to individual families in the targeted communities, together with instruction on how to construct a good pit latrine and the necessary tools for this.
- Chlorinate wells in 43 communities.

Objective 3 To increase the capacity of the communities to address minor accidents and ailments.

The activities to reach this objective will be:

- Train 440 community first aiders (220 new and 220 former first aiders which will receive refresher course).
- Forty newly trained first aid trainers will receive basic first aid kits, while the kits of already trained first aiders will be replenished at the refresher course.

Objective 4 To provide primary health care service to target beneficiaries in ten branches and two groups.

The activities to reach this objective will be:

- To provide the clinics with medicines and other medical supplies.
- To ensure quality treatment by using standard guidelines for common diseases.
- To train and supervise medical and other staff at the clinics.
- Red Cross health committees will work closely with the branch health officer in the supervision and monitoring of clinic activities.

Objective 5 To reduce the infant and maternal mortality rate in the SLRC operational areas.

The activities to reach this objective will be:

- To train and equip 500 TBA's in 2001. Training will be conducted by using the new UNICEF manual.
- Refresher course conducted for 120 former trained TBA's.

Objective 6 To reduce the incidence of vaccine preventable diseases by increasing immunisation coverage in SLRC operational areas by 20% by December 2001.

The activities to reach this objective will be:

- Provide immunisation for under 5 and pregnant mothers against 6 vaccine preventable diseases.
- Support the Ministry of Health in promoting the national immunisation days as well as assist in the polio eradication campaign.
- Red Cross community volunteers trained in First Aid will ensure that all the mothers in their communities have had their children immunised under the Expanded Programme of Immunisation.

Objective 7 To create awareness amongst high risk groups on STDs and HIV/AIDS in SLRCS operational areas.

The activities to reach this objective will be:

- Continue to support the ongoing HIV/AIDS information campaign by using the regular SLRCS radio program to spread the message of prevention and safe sex.
- Using community volunteers as an important link, acting as peer educators and distributing leaflets and condoms.
- To establish amateur drama groups at all branches and train and equip them to perform HIV/AIDS related plays.

Objective 8 To enhance the capacity of staff and volunteers in programme management.

The activities to reach this objective will be:

- Develop manpower for better performance by organising and supporting local and international training courses for staff members.
- Organise regular meetings for branch health officers.

Objective 9 To intensify expanded sensitisation programme on the control and prevention of Lassa fever.

The activities to reach this objective will be to carry out street campaigns, radio programmes, drama and health education talks in clinics and communities on the control and prevention of Lassa fever.

Objective 10 To improve and promote the nutritional status of the most vulnerable in SLRCS operational areas by 30% by December 2001.

The activities to reach this objective will be:

- Provide iron and folic acid to pregnant and lactating mothers and provide supplementary feeding to improve and promote the nutritional status of women and children at risk.
- Red Cross volunteers trained in First Aid will ensure that all the mothers in their communities attend a clinic at least once monthly in order to have their children growth monitored.
- Support communities in Sierra Leone Red Cross operational areas to start backyard gardens by the provision of seeds and tools in order to supplement and vary their diet, to serve as a demonstration garden for nutrition education and to enable the community volunteers to have an income generating source.

Expected results

For objective 1, by the end of year 2001:

- More than 200,000 women participating in the health education classes at the clinics.
- A 10% drop in the number of reported infectious diseases at the clinics.
- The communities understands better the necessity of a clean environment and proper handling of food.

For objective 2, by the end of year 2001:

- 3,000 families will build new improved latrines.
- 43 communities will have chlorinated wells.

For objective 3, by the end of year 2001:

- 220 new community volunteers have been identified and received First Aid Training.
- 220 already trained community volunteers have received refreshment course.
- 40 Trainer of trainer have received kits.

For objective 4, by the end of year 2001:

- Quality health care services will have been provided in the 43 CBHP operational areas covered by the 12 clinics.
- A decline of 10% in the under 5 child mortality rates is achieved in the SLRCS operational areas as compared with the present rate of 316/1000.

For objective 5, by the end of year 2001:

- 500 new trained TBAs will be working in the SLRCS operational areas.
- 120 already trained TBAs will have received refresher courses.
- A 20% decline in the infant and maternal mortality rate is achieved.

For objective 6, by the end of year 2001 immunisation coverage will have been increased by 20%, reducing the incidence of vaccine preventable diseases.

For objective 7, by the end of year 2001:

- All 10 SLRCS branches have an established amateur drama group which have received costumes and training in order to perform the AIDS drama in their local communities.
- 480 community volunteers have received STI/HIV/AIDS prevention training and are activated to act as peer educators in their communities.

For objective 8, by the end of 2001:

- Staff and community volunteers will have their knowledge skills updated in health and care in the community.
- Forty three communities fully participating in identifying and solving their health problems and good performance is observed at all levels.

For objective 9, by the end of year 2001, communities affected by the Lassa fever will have been sensitised and mobilised in the control and prevention of Lassa fever.

For objective 10, by the end of 2001, the incidence of anaemia and malnutrition in children aged under five and pregnant and lactating mothers will have been reduced by 30% in Sierra Leone Red Cross Society operational areas.

Indicators

- Positive behavioural changes reflected in good health practices.
- A drop of minimum 10% in the reported number of water and air borne diseases on the monthly disease reports received from the clinics.
- 3,000 new latrines are built in the targeted communities.
- A drop of minimum 10% in the reported number of minor accidents treated at the clinics and increased community capacity in First Aid to cope with local accidents/emergencies.
- More than 200,000 patients treated at the SLRCS clinics, mostly women and children with 40% being children below 5 and 5% being pregnant mothers.
- A decline of 10% in the under 5 child mortality as compared to the present figures from MOPH, in the 43 CBHP operational areas covered by the SLRCS clinics.
- The 500 new trained TBAs and 120 existing will assist at minimum 5000 births.
- A 20% decline in infant and maternal mortality in the trained TBA assisted births.
- The monthly disease pattern forms from the SLRCS clinics, will indicate a 25% reduction in the number of vaccine preventable diseases.
- An 25% increase in the number of vaccinations at existing clinics is reported.
- An increased awareness and knowledge of STDs/AIDS/HIV and the preventable behaviour is achieved in the targeted communities.
- An increase in the use of condoms and reduction in STI infections is reported.

- All CBHP technical health staff will have attended at least one training programme with report and certificates presented.
- Communities fully sensitised with 50% reduction in the incidence of Lassa fever.
- Steady growth rates observed on under five children cards and reduced incidence of anaemia in pregnant women attending clinics.

Critical assumptions

- The security situation allows the program to reopen the clinics in Kono, Tonkolili, Kambia, Bombali and Port Loko.
- Funds are available on time and adequate logistic supplies provided.

Monitoring and Evaluation arrangements

The programme will be monitored by the CBHP co-ordinator together with the Federation Health Delegate, who will make regular visits to ensure that systems are maintained. Local monitoring will be carried out by the Branch Health Officers (BHO). Monitoring will include check on resources mobilised as scheduled, control that services and products are delivered as planned and that beneficiaries are receiving quality services. Quarterly and annual reports are prepared by BHOs on all activities implemented and presented to the field officers and the co-ordinator. The CBHP Co-ordinator prepares and distributes quarterly and annual reports. Evaluation will be carried out by the National Society at year end with the assistance from the Federation Health Delegate and the Delegation. Part of the evaluation will include measurement of impact of CBHP by comparing baseline and monitoring health surveys carried out in some of the 43 communities where SLRC is operational. Measurement of reduction in mortality and morbidity will be obtained from SLRC clinic statistics and also from MOH statistics obtained in those 43 communities.

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3. Humanitarian Values

Background and progress to date

The long lasting conflict in Sierra Leone has left the country in a situation where the value of a human beings life has been reduced. Victims of the conflict are everywhere in the country. Children and young people who have taken active part in the conflict, often forced to by others, have been traumatised. Many people have had to flee their area - leaving family members behind. Communities have lost their work force to the armed conflicts and leaders and senior people in the indiscriminate killing. All are affected in one way or another in a country with a rather limited population and centralised living pattern.

Serious is as well the loss of confidence and faith this has led to between members in the community. To rebuild this trust between people will be a major task for some time to come. It has to come from the people themselves and be built between them - but to have this process started is difficult and needs support.

Sierra Leone Red Cross Society has become increasingly interested and involved in a new range of programmes - relating to the promotion of Humanitarian Values and reconciliation in the communities. The programmes are all in line with the SLRCS strategy to play a positive role in implementing and promoting the ongoing search for peace, with special emphasis on assisting in the reintegration into society of the war-affected population groups like amputees and children, but also targeting rural communities which just now are starting to recover from the conflict. These programs translate the talk of reconciliation into concrete actions and show that there is still hope for the humanitarian ideal, even in countries as ravaged as Sierra Leone.

The beginning in 2000 and continuing at least through the next two years the National Society is implementing three new projects which presented below.

Job Assistance to War Amputees (JAWA)

This project was launched end January 2000 in response to the urgent need for reintegration of amputees back into society. Until the launching of this project, assistance to amputees had been of a short term scope with many one off distributions of food and non food items.

The JAWA project started with a campaign to get local employers to take on amputees in regular jobs. By end of August 2000, 210 amputees aged between 18 and 55 had been registered for job assistance out of which 44 of them had obtained jobs as guard, parking attendance, tailor, radio operator, administrator, shop assistant, lottery ticket seller, teacher, mechanic and hair dresser.

During the implementation, a program need for a micro loan scheme for amputees wanting to start private enterprises (mostly in the service and trading sector) was identified as well as the need for more support to skill training, and both sectors have been added to the program. The program also plan to expand to the rural areas in 2001.

Community Animation and Participatory Support (CAPS)

This project, which was launched in June 2000, will be implemented in Bo branch area. The project embarks on concrete recovery and rebuilding assistance in 24 selected project communities. On the ground, trained community animators, who live in the project communities, will implement the project - acting as agents of positive change. They will not only articulate the peace and development aspirations of the communities, but also facilitate support and co-operation from other local organisations on the ground.

Child Advocacy and Rehabilitation Project (CARP)

This project started in October 2000, and targets war-affected children who are victims of violence and those that were forced to participate in the atrocities during the conflict. Most of these children are seriously traumatised. The project will work with children aged 5 - 18 and initial implementation will be in the Waterloo area, where a great concentration of unaccompanied and war affected children are found. Meetings

have already been held with the Waterloo Community leaders for the possible use of a vacant community centre for the project. The project is expected to expand to the Port Loko area in early 2001, security situation permitting.

Goal(s) To facilitate the complete reintegration of the war victims back into society, clearing the way for reconciliation and forgiveness, to, promote children's rights and child friendly activities aimed at reducing the traumatic effects of the war on children, ensuring family ties and forestalling the recurrence of upheavals and community disintegration and to enhance a culture of peace and stability.

Objectives and Activities planned

Objective 1 To place at least 60 more amputees in permanent jobs (JAWA).

The activities to reach this objective will be:

- Registration/making a CV for amputees interested in a job. After this SLRCS staff actively contact potential employers in the Western area as well as in accessible upcountry areas, soliciting their support in providing job opportunities for them and offering them potential candidates for their vacancies by providing copies of the registration form /CV with photo.

Objective 2 To expand the micro loan scheme to additional 100 amputees (JAWA).

The activities to reach this objective will be:

- Meetings and small workshops are held for amputees interested in starting their own business where the concept of the micro loan scheme is explained, their business idea evaluated and advice given before approval of the loan. As of end September 2000, part of the funding will come from repayment of previous given micro loans.

Objective 3 To identify and place 100 amputees in skill training positions (JAWA).

The activities to reach this objective will be:

- Amputees interested in acquiring additional skills which will enhance their job possibilities are identified and places found for them on already existing training facilities or in some instances training courses are arranged at the amputee camp. Qualified amputees will participate in the planned computer training at the SLRCS head quarter. The target group for skill training has been enlarged to include the 15-18 year old amputees.

Objective 4 To resettle back into their community minimum 10 amputees with family presently staying at the Murrey Amputee camp (JAWA).

The activities to reach this objective will be:

- The program will assist 10 amputees and their families to reconstruct their damaged houses and arrange for their resettlement, which combined with a job placement or a successful micro loan scheme, will complete the reintegration back to society, with restoration of their support capability and dignity.

Objective 5 Advocacy on behalf of amputees and other handicap groups for public support and understanding (JAWA).

The activities to reach this objective will be:

- Regular slots on radio.
- Shows by the amputee amateur drama group.

Objective 6 To strengthen family ties and social community cohesion (CAPS).

The activities to reach this objective will be

- Campaign for peace and reconciliation through songs, drama and community forum.

- Engage communities in conflict analysis and encourage them to seek non-violence means in settling disputes.
- Promote community sporting activities.

Objective 7 To de-traumatise vulnerable individuals and reintegrate them into their communities (CAPS).

The activities to reach this objective will be:

- Facilitate the process of healing and reconciliation through communal rites.
- Support skill development and training of child and youth ex-combatants and other war victims.
- Organise drama and song performances and festivals.
- Organise sporting activities.

Objective 8 To improve sustainable living standards for the whole community (CAPS).

The activities to reach this objective will be:

- Support communities to embark on viable income generating activities.
- Conduct Community Based First Aid Training.
- Conduct functional literacy classes.
- Provide communities with some basic building tools.

Objective 9 To strengthen social awareness and good governance in the communities (CAPS).

The activities to reach this objective will be:

- Exploration and promotion of communal values on good governance and respect for Human Rights.
- Communal discussions on the International Humanitarian Law (IHL) and Human Rights documents like the Convention on the Rights of the Child (CRC).
- Community drama and songs performances on good governance, IHL and Human Rights.

Objective 10 De- traumatise 100 children, raise their dignity and strengthen their family ties (CARPS).

The activities to reach this objective will be:

- Regular meetings and trauma healing sessions for the children and their families, followed up by home visits. Drama performances and play by the children.

Objective 11 Promote Child Advocacy and reintegration into the communities (CARPS).

The activities to reach this objective will be:

- Symposia on the right of the child, the International Humanitarian Law and public meetings on preventive methods to civil strife.

Objective 12 Engage beneficiaries in educational and skill training activities (CARPS).

The activities to reach this objective will be:

Literacy classes and skill training activities at the centres. (CARPS)

Objective 13 Promote recreational, cultural and social activities in order to facilitate healing through play for 100 children by the end of 2001 (CARPS).

The activities to reach this objective will be:

- Indoor and outdoor games and sporting activities. Cultural competitions , talent expositions and drama acting.

Objective 14 Improve the economic status of the child's biological or foster parents (CARPS).

The activities to reach this objective will be:

- A micro loan scheme will be introduced for families interested in starting their own business. Before approval of the loan is given, the concept of the micro scheme will be explained to the beneficiaries and their business idea evaluated.

Expected results

- The JAWA program has by end August 2000 registered 200 amputees for assistance, a figure we expect will reach 500 when the program in year 2001 starts in the accessible upcountry areas.
- With the program in 2001 targeting in total 260 amputees and with the expected assistance for year 2000 to 150 amputees, we expect near full coverage for all accessible amputees by end of 2001.
- Amputees and families targeted for resettling back into their communities should be achieved by end 2001.
- Better understanding by the public on the situation of the amputees and other handicap groups, and reestablishment of their self esteem and dignity.
- Communities will be aware on how to address conflict situations in a peaceful manner.
- Vulnerable individuals will have their psychological wounds healed, gained acceptance and will have found a meaningful place in their respective communities.
- Communities have started social and economical recovery and will approach their development with better understanding.
- Communities and local administration will have a better understanding of IHL, HR inclusive the Convention on the Right of the Child, resulting in communities rejection of the conscription of children into armed conflict.
- 100 war children will have been de- traumatised and reunited with their families.
- The children will have been fully reintegrated into their normal communities.
- The children will have improved their literacy level and have learnt useful skills which will enhance their future possibilities for successfully gaining employment.
- The children will actively participate in the sporting activities thereby increasing their understanding of rules, community co-operation and games spirit.
- Increased ability of parents to support their families.

Indicators

Indicators for the JAWA Project:

Objective 1: 60 Amputees have received jobs through the program in 2001.

Objective 2: 100 Amputees have received micro scheme loans for starting private enterprises, capable of and have started the repayment.

Objective 3: 100 Amputees have been placed with skill training organisations or skill training has been arranged for them in 2001.

Objective 4: 10 amputees with families have been resettled and reintegrated in their communities by end 2001.

Objective 5: General acceptance in society of amputees and other handicap groups.

Indicators for CAPS Project

Objective 6: An increase in the number of displaced people returning and in the number of ex-combatants accepted in the project communities.

Objective 7: Increased participation in community activities.

Objective 8: An increase in the food security in the project communities.

Objective 9: An increase in the number of rehabilitated homes and increased economical activities.

Indicators for CARPS Project

Objective 10: 80% of the children supported by the program has successful been reunified with parents or foster parents.

Objective 11: An increase in the community awareness of the Convention on the Rights of the Child, the International Humanitarian Law and Human Rights, resulting in community resentment to any violations of these.

Objective 12: All the children in the program will feel more confident and able to reintegrate back in the communities as valuable sources for future development.

Objective 13: Team and community spirit is developed among the children.

Objective 14: More confidence and economic independence for the families.

Critical assumptions

- The security situation in country will remain stable enough to allow full implementation of the programs.
- Beneficiaries be motivated and accept being integrated back into the society.
- An increase in the economical activities in the country, which creates an atmosphere conducive to reconciliation and reintegration.

Monitoring and Evaluation arrangements

The monitoring will be carried out by the appropriate officers in SLRCS, under whose authority the program is placed. Additional monitoring will be carried out by the Federation Country Delegation, with the delegation also using their influence with the humanitarian community to promote the program. Financial monitoring will be done by the SLRCS finance department who will report to the donors through the Finance Office of the Federation Delegation. A separate evaluation of the success of the resettlement and reintegration of the 10 amputees with family in their original community, will be carried out by end 2001. This evaluation will be used when planning a possible continuation of this part of the program in 2002.

For JAWA evaluations will be carried out at the end of 2001 and 2002. An evaluation for CAPS will be carried out in August 2001. An evaluation for CRPS will be carried out at the end of 2002.

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4. Institutional Development

Background and progress to date

The Sierra Leone Red Cross Society (SLRCS) has been considered as one of the strongest National Societies in Africa, with a good membership base, a well developed provincial branch network and capacity both human and logistically to implement major humanitarian programs targeting the most vulnerable groups. Unfortunately, the January 1999 invasion of Freetown resulted in huge human and material losses to the society, something which it is still struggling to overcome, strongly supported by the Federation and ICRC.

The NS strategic and plan of action entail the continued rehabilitation of the NS headquarters and branches and further enhance their operational capacity (personnel restructuring, training of staff and volunteers). It outlines a continued rebuilding of the positive Red Cross image, enhance its ability to provide well targeted services to the communities as well as strengthening the society's capacity to develop programs and manage them. It plan to improve the financial systems of the NS by introducing modern accounting and auditing systems which will allow for greater transparency and establish credible reporting at headquarters and branch levels.

Due to the security situation, the NS had been unable to carry out the Annual General Assembly for the last 4 years, but finally succeeded in February 2000, where elections were held to all positions with especially the post of vice president being hotly contested. The annual general assembly also approved a new Constitution prepared in line with standards received from the Federation in Geneva.

The Society has a clear division between Governance and Management, with Governance represented by the Central Committee, consisting of the President, elected office holders and branch representatives, holding regular meetings where major policy issues are discussed and decision taken.

The Branch and Institutional Development program within SLRCS is the entry point to all other programs carried out and deals with structures and linkages to the field as well as improved programme design/management/evaluation and financial monitoring at HQ level.

The National Headquarters of SLRCS and the branches in Western Area, Kenema, Bo and Moyamba as well as the Red Cross Groups in Mattru, Bonthe and Lungi have been re-established after the January 1999 unrest, and now serve as support office for the ongoing programs including relief and other activities carried out in co-operation with the ICRC.

The Makeni branch was also re-established early 2000 as well as plans were underway for reopening Port Loko and Magburaka branches, but unfortunately the May 2000 re-ignition of the conflict forced the closure of Makeni and the temporary shelving of the plans to reopen other branches.

Local fund raising, which also forms part of the Branch and Institutional Development Program, has also been severely affected by the unrest in the beginning of 1999 as well as May 2000, and is only slowly recovering, with the income generation centre in Freetown being the focal point for this activity. The program continues its close co-operation with International Organisations and NGO among others: WFP, UNICEF, Caritas, Merlin, CARE, ADRA, ACF, Action Aid and Cause Canada. ICRC being the lead agency of the Movement, supports and co-ordinate the relief activities, tracing and dissemination of the Geneva Convention and its humanitarian principles.

Goal The program aims at enhancing the resource capacity and performance of the SLRCS and further strengthen the institutional knowledge, both at head quarter and branch level, in order for the NS to be able to provide a timely and efficient delivery of humanitarian assistance to the most vulnerable population groups.

Objectives and Activities planned

Objective 1 To re-establish the SLRCS provincial branches and membership base.

The activities to reach this objective are:

- Evaluation visits will be made to branches which have had to be closed down due to the January 1999 and May 2000 disturbance as soon as the security situation will permit this. The visits will be made by the field officer together with health staff, who will decide on ways to reactivate the branches and restart the SLRCS activities.

Objective 2 To recruit more members, especially women and increase the retention rate.

The activities to reach this objective are:

- Sensitisation campaign and enrollment classes will be held at existing branches and the regular SLRCS radio program used to encourage more members.
- Dissemination seminars will be held for influential groups and community leaders, to enhance their knowledge of the Red Cross Movement and solicit their support in assisting the membership drive.
- Youth groups will be especially active in enrolling new members in their regular activities, and emphasis put on female members.

Objective 3 To strengthen human resources and the organisational structure.

The activities to reach this objective are:

- Regular computer training courses will be conducted in house in the HQ.
- Further training of logistics office in purchasing and warehouse management.
- In country workshops on SWOT analysis, financial management and leadership training.

Objective 4

To strengthen the financial and material resources of the Society.

The activities to reach this objective are:

- For sustainable income generation, expanded sales of used clothing (30 mt) at affordable costs, by negotiating enlarged supplies from sister societies through arrangement with shared transportation cost.
- Improved service at the income generation centre secretarial service with addition of an Internet “cafe” centre.
- Expansion of retail soft drink sale to also include frozen meat.
- Renting out of not utilised space in SLRCS owned buildings.

Objective 5

To improve planning, monitoring, evaluation and reporting procedures.

The activities to reach this objective are:

- Regular field monitoring will be carried out by HQ staff.
- Management workshop for field officers will be conducted in Freetown.
- Finance officers will visit each branch monthly, improving the financial reporting.

Expected results

- It is expected that SLRCS will be able to reopen the branches and re-establish the membership base and regular activities in Kambia, Port Loko, Makeni, Magburaka and Kono, although this depends, to a very large extent, on a positive development in the security situation.
- SLRCS will have increased membership base, with an increase in the proportion of female members.
- 10 SLRCS staff members will have gone through the in house computer course and reached a level of self sufficiency in computer operation which will allow them to prepare their own reports and spread sheets.

- Branch executives and management in HQ will have obtained an upgrading of their financial knowledge, which will ensure better and faster reporting on financial expenditures.
- The income generation centre will have expanded its sale of used clothing and established similar centres in Bo and Kenema. The secretarial service centre will have established internet service as a new income generating activity.
- Management capacity will have increased in the branches, with more decisions being taken at local level. Branches will have a better understanding of financial procedures and the need of speedy and accurate reporting. An improved accounting system will have been introduced at the finance office in headquarters.

Indicators

- Branches are re-established in Kambia, Port Loko, Makeni, Magburaka and Kono.
- Membership increased from the present level of 9,000 to 13,000.
- More efficient reporting with staff members able to carry out most of the tasks.
- Better and faster reporting on financial expenditures resulting in a significant reduction in outstanding working advances.
- Sale of used clothing doubles. Secretarial centre generate 20% of its revenue from providing internet service. Income from rent of SLRCS property increased with 20%.
- A higher retention rate of members is achieved through better management resulting in more satisfied members. Financial reporting is improved and reaches the finance department in Freetown within 30 days of occurrence of expenses. Finance department will be able to produce improved and timely reports for management.

Critical assumptions

The security situation allows the program to reopen the branches in Kambia, Port Loko, Makeni, Magburaka and Kono and for 2002 allows an expansion to the rest of the country.

Monitoring and Evaluation arrangements

The monitoring will be carried out by the director of planning in SLRCS assisted by the head of the branch and institutional development / relief Department, under whose authority the program is placed. Additional monitoring will be carried out by the Federation Country Delegation, with special emphasis on financial systems. Financial monitoring will be done by the SLRCS finance department who will report to the donors through the finance office of the Federation Delegation. An in country evaluation of the program will be carried out by end of 2002, using available local resources.

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5. Co-ordination and Management

Background and progress to date

After the evacuation of the entire delegation in December 1998, in anticipation of the January 1999 unrest in Freetown and the looting of the two Federation vehicles as well as most of the equipment, the Delegation was re-established with the arrival of the HOD in May 1999, the Finance Delegate in December 1999 and the Health Delegate in April 2000.

One of the main tasks of the delegation is donor reporting, not only the standard Federation reports but multiple requests from donors on specific projects and donations as well as the preparation of new project proposals: Job Assistance to War Amputees (JAWA), Child Advocacy and Rehabilitation Project (CARP) and Community Animation and Participatory Support (CAPS).

Another major input from the delegation, was the Partnership meeting in March 2000 with participation from British RC, Swedish RC, Danish RC, Canadian RC, Federation Geneva and ICRC, where an expanded program for year 2000 was agreed upon and plans formulated. The Delegation has also had or will have in the near future, various visitors from Donor Societies (Swiss RC, British RC, Canadian RC, Danish RC), organising their stay in the residences and their travel around in the country and meetings with co-operating partners. Various journalists have also been accommodated and pictures and articles prepared, resulting in very positive international press coverage with Norway and Denmark topping the list with headlines in most major papers and national TV stations on the RC work in Sierra Leone.

In August 2000, the Delegation reached a major break through, with the signing of a Status Agreement between the Federation and the Government of Sierra Leone, granting the Federation the same status as the UN agencies. This agreement greatly improve our working conditions, now with easy access to visa, duty free importation of relief items, permission to freely use radio equipment etc. and the Federation are today the only organisation outside the UN with such an agreement.

Co-operation within the RC Movement has also been an important task, where trust between the different partners had to be rebuilt after the very low level reached end of 1998. This have now been achieved through various meetings and discussions as well as through the regular weekly Tri-Party meeting within the Movement. We have today a situation where the RC Movement in Sierra Leone function well with multiple programs being carried out in full co-operation between all three components of the movement (example the Lungi and Mile 91 emergency clinics, the refurbishing of the Kenema branch office and clinic, the assistance to refugees being forced out of Guinea and the DPP program).

The delegation has also actively been involved with the rehabilitation and reestablishment of the SLRCS branch networks and programs, and the Federation supported program size has grown accordingly.

Goal The overall goal of the Co-ordination and Management programme is to support the Sierra Leone Red Cross Society, in order to ensure quality programme management and through that process to build the capacity of the National Society.

Objectives and Activities planned

Objective 1 To assist the SLRCS in re-establishing their branch network and effectively manage their programs. This objective will be reached by implementation of the SLRCS planned programs for 2001.

Objective 2 To enhance the capacity of the finance department of SLRCS. This objective will be reached by introduction of better accounting program, further training of SLRCS financial staff and practical exercise in proper accounting and receipt handling.

Objective 3 To assist SLRCS to establish an efficient and cost conscious logistic department.

This objective will be reached by:

- Practical training of the SLRCS logistical officers, in purchase negotiation, pro forma invoices, tender procedures, establishment of data base on reliable and reasonable price suppliers.
- Assisting SLRCS in channeling all purchases and contracts through the logistic department. Warehouse management training.

Objective 4 To help SLRCS to upgrade their computer capability.

This objective will be reached by:

- Supply of 10 new lap top computers.
- Daily practical computer training courses for small groups of staff in the SLRCS conference room.

Objective 5 To ensure correct and proper reporting to donors, both narrative and financial.

This objective will be reached by:

- Organising workshops for program officers on planing and strategies.
- Training of program officers in donor reporting requirements (financial and narrative).

Objective 6 To revise the Country Assistance Strategy for the SLRCS. This objective will be reached by holding workshops with the NS (representatives from both Governance and Management) and all partners (ICRC and PNSs) in order to ensure that all activities where the NS is involved, is reflected in the revised CAS.

Expected results

- Additional 5 branches will be fully operational and all SLRCS programs will be implemented according to plans.
- Reduction in the outstanding Working Advance from Federation to SLRCS and faster reporting time on expenditures. SLRCS will be able to produce narrative financial reports when handing over receipts to Federation.
- SLRCS logistic department will handle all purchases and contracts and will have established a data base of reliable and cost efficient suppliers. SLRCS will have two trained warehouse managers to use in case of emergencies which necessitate the set up of a warehouse operation.
- SLRCS management staff will be able to produce own correspondence and reports on their computer.
- Better planning and more timely reports.
- A realistic and updated CAS.

Indicators

- SLRCS will at end of year 2001 have a total of 9 operational provincial branches.
- The maximum outstanding W/A to SLRCS will have been reduced to 20% of today's level. Receipts received by the delegation will be accompanied by computerised narrative financial report. The maximum time for reporting expenditures will have been reduced to less than 60 days.
- All SLRCS purchases and contracts will be handled by their Logistic Department and minimum savings of 20% realised, due to bulk purchases and better data base on potential suppliers.
- A reduction in the ratio of secretaries versus total SLRCS staff is realised. Reporting time is reduced.
- Plans for year 2002 will be prepared well ahead of the expected deadline.
- Programme plans for 2002 will be based on the newly revised CAS.

Critical assumptions

- The security situation allows the SLRCS programs to operate in the presently secure Western and Southern Provinces as well as Kenema area, and for 2001 allows an expansion to other upcountry areas.
- The necessary delegates are made available by the Federation.
- The good health and spirit of the delegation is maintained (ICRC delegation have had 11 medical evacuations and one death during the first 8 month of 2000).
- The Delegation is able to retain its trained financial staff.

Monitoring and Evaluation arrangements

The monitoring will be carried out by the Head of Delegation, under whose authority the program is placed. Additional monitoring will be carried out by the Federation in Geneva. Financial monitoring will be done by the Federation Regional Financial office in Abidjan.

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DELEGATION: SIERRA LEONE						
PROGRAMME	DP	Health & services	Human. values	IDRD	Coord. & mgt	TOTAL
Shelter & construction	0	40,800	80,000	18,500	0	139,300
Clothing & textiles	0	0	11,800	0	0	11,800
Food & seeds	0	0	46,000	0	0	46,000
Water	0	120,000	0	0	0	120,000
Medical & first aid	22,290	262,880	18,000	0	0	303,170
Teaching materials	5,600	16,000	78,600	0	0	100,200
Utensils & tools	0	6,500	45,600	0	0	52,100
Other relief supplies	830	11,660	11,560	830	8,920	33,800
Sub total supplies	28,720	457,840	291,560	19,330	8,920	806,370
Land & Buildings	0	0	0	0	0	0
Vehicles	0	12,850	12,710	0	0	25,560
Computers & telecom	16,200	7,200	4,000	0	0	27,400
Medical equipment	0	0	0	0	0	0
Other capital expenses	0	6,000	15,900	0	0	21,900
Sub total capital	16,200	26,050	32,610	0	0	74,860
Programme management	9,912	106,337	59,069	19,487	25,623	220,429
Technical services	2,967	31,832	17,682	5,833	7,670	65,985
Professional services	3,291	35,301	19,609	6,469	8,506	73,177
Sub total programme support	16,170	173,470	96,360	31,790	41,800	359,590
Transport & storage	4,425	72,560	42,050	25,800	19,850	164,685
Personnel (delegates & expatriates)	0	98,160	71,545	4,200	194,580	368,485
Personnel (local staff)	25,390	346,150	192,090	112,650	33,810	710,090
Sub total personnel	25,390	444,310	263,635	116,850	228,390	1,078,575
Travel & related expenses	3,060	45,200	19,200	11,300	18,800	97,560
Information expenses	1,900	47,140	9,710	1,100	480	60,330
Expert fees	0	21,000	1,900	4,300	9,100	36,300
Admin. - general expenses	12,695	90,570	93,915	57,200	52,660	307,040
Training workshops / seminars	38,440	198,860	25,060	21,330	0	283,690
Sub total travel, training, general exp.	56,095	402,770	149,785	95,230	81,040	784,920
Total budget	147,000	1,577,000	876,000	289,000	380,000	3,269,000