

LIBERIA & REGION

Relief, resettlement and rehabilitation

CHF 15,068,000

Programme No. 01.07/98

Seven years of civil war in Liberia resulted in the loss of over 200,000 lives, forced 870,000 into exile as refugees and displaced 1,000,000 people. The destruction of much of the infrastructural, socio-economic and political structures of the country made many others vulnerable, particularly women, children, the elderly and the handicapped. Water and sanitation conditions are alarming and dugout wells and streams are the main sources of water. Some 70% of all houses were destroyed during the war and families can be seen clustered in makeshift, poorly roofed huts all over the country.

The conflict was ended by a peace agreement in August 1996 that allowed the regional peace keeping force (ECOMOG) to disarm over 30,000 ex-combatants throughout the country. Presidential and legislative elections were held in July 1997, followed by the inauguration of the president-elect, Charles Taylor. These developments have paved the way for the resettlement, rehabilitation and reintegration of returnees, IDPs and other vulnerable groups. Over 500,000 refugees are expected to return home as a result of the improved political situation, further stretching infrastructure.

In neighbouring Guinea there are some 650,000 Liberian Refugees, some of whom are particularly vulnerable and require both food and welfare assistance. The number of refugees sheltering in Côte d'Ivoire is falling, but in the early part of 1998 the Federation estimates that 80,000 people will be in receipt of assistance.

In Sierra Leone emergencies began in 1990 when Liberian Refugees crossed the borders into Sierra Leone fleeing the war in Liberia. The Sierra Leone Red Cross (SLRCS) with support from the Federation assisted 260,000 Liberian refugees but gradually scaled down this assistance in 1991 when war broke out displacing over a million people. By the end of 1995, the SLRCS had assisted over 400,000 internally displaced Sierra Leoneans.

Following the violations of the Peace Accord in Sierra Leone it became almost impossible for the resettlement programme to be implemented, and the emphasis moved from resettlement to emergency relief. The democratically elected government was ousted by a military coup in May 1997 and SLRCS embarked on full scale emergency programmes in Freetown, Bo, Makeni, Kenema, Kono, Kambia and Port Loko. Health services, emergency food distributions, first aid services and institutional feeding replaced the distribution of seeds, tools and resettlement packages.

The crisis in Sierra Leone resulted in an influx of refugees into Lofa and Grand Cape Mount Counties of Liberia. The UNHCR contingency plan, in which LRCS is expected to play a major role, envisages assistance to over 200,000 Sierra Leonean refugees in Liberia.

The Operation

Côte d'Ivoire

A community health programme was launched in April 1996 and provides for the opening of 108 village health huts staffed by 216 health officers and supervised by nine health promotion centres in the nine National Society (NS) local branches in the reception zone. The last phase of the programme (36 huts) in the refugee reception zone will be implemented in 1998. The programme covers local people as well as the Liberian refugees in the reception zone and will be extended to the areas at risk from meningitis in the north and centre. In rural areas providing primary health care, health education and vaccination are provided. In urban areas, the centres carry out prevention activities (STD, AIDS, reproductive health and nutrition) and primary health care in addition to supervising the rural programme.

Scenario 1: If Liberian refugee repatriation takes place

distributions will decrease in accordance with the number of vulnerable people remaining; the Red Cross Society of Côte d'Ivoire will be involved in the repatriation operation; the community health programme will continue to the benefit of Ivorians in the reception zone and be extended to other areas at risk; and the institutional development plan will be applied for disaster preparedness.

Scenario 2: If some of the Liberian refugees remain in Côte d'Ivoire

the relief programme will be modified in keeping with the number of beneficiaries and the community health programme will continue to include the refugees;

Scenario 3: If hostilities resume in Liberia

the Red Cross will mobilise to receive the people in the reception zone and an additional emergency appeal will boost assistance programmes.

Guinea

General distributions of food and non-food aid were made by the Guinea Red Cross Society/Federation until the end of 1996. Since then, the distributions and a welfare programme have been targeting 60,000 refugees in the Nzerekore region.

Scenario 1: Voluntary repatriation of refugees

60,000 would receive food aid while 320,000 returnees would get 30-days' food on departure. Guinea Red Cross and the Federation would have an active role to play in this repatriation, in close co-ordination with neighbouring NSs and Federation Delegations.

Scenario 2: Insecurity continues in Liberia

If the Liberian refugees are not repatriated before the end of 1997, the present distribution programme to 60,000 refugees in the Nzerekore region will be maintained.

Scenario 3: Conflict escalates in Sierra Leone

In view of the current situation in Sierra Leone, a more pessimistic scenario must be envisaged as it is quite possible that Guinea will have to face a further massive influx of refugees. Guinea Red Cross/Federation must be ready to get involved in relief activities and set up a logistics base in the Forecariah region which could assist the Sierra Leone Red Cross

Society to bring in equipment, medicines etc (provided the June embargo does not apply to humanitarian assistance).

Liberia

The NS, with Federation support, will continue to reactivate and strengthen the Chapters and Branches in all thirteen counties enabling it to assist in the resettlement, rehabilitation and reintegration of IDPs and returnees. The Liberian Red Cross Society (LRCS) will also continue to support the present Sierra Leonean refugees and be prepared for a major influx of refugees if the situation further deteriorates in Sierra Leone. The institutional capacity of the NS will be further strengthened.

A joint UN/NGO assessment in April 1997 stressed the needs of health facilities, shelter, food security and income-earning capacity as the obvious needs of 90% of the country's 960,000 rural inhabitants. In May 1997, the LRCS undertook a nation-wide rapid assessment mission and has targeted 350,000 returnees, internally displaced persons, war affected women, children, elderly and other vulnerable groups throughout the 13 counties of Liberia for health, relief, resettlement, rehabilitation and reintegration programmes in 1998.

Sierra Leone

The 1998 operation in Sierra Leone will be a continuation of the 1997 operation which was put on hold because of instability after the May coup. During the first three months of 1997, resettlement food rations were distributed to 173,000 beneficiaries, as well as 2,000 family kits and agricultural items to assist 3,000 families. Needs assessments were conducted to identify rehabilitation, reconstruction and resettlement activities for the SLRCS. Another 323,000 beneficiaries received emergency relief and health interventions as well as primary health care.

Because of the current political situation in the country, the 1998 operation will be designed taking into consideration the following scenarios:

Scenario 1: Political unrest continues

This would plunge the country deeper into crisis due to economic blockade, sanctions and as a last resort ECOMOG military intervention, leading to population movements to safer havens within and outside the country. Most international humanitarian agencies would leave. The SLRCS, being one of the very few local agencies operating in Sierra Leone, would then need to continue its emergency services and health intervention throughout 1998 with Federation and ICRC support.

Scenario 2: Peace is achieved

If through peaceful negotiations the current political stalemate is resolved, a democratically-elected government or its equivalent put in place, and there is lasting peace and tranquillity in the country, confidence will return and essential sectors such as health, energy, commerce, education and agriculture will function. Within this best case scenario, SLRCS will implement its rehabilitation, reconstruction and resettlement plans as a continuation of the original 1997 plan, but updated to reflect the assumed realities of 1998.

Scenario 3: The achievement of real democracy is delayed

The present regime continues to rule within a civilian council as a first step towards democracy. The time frame for democracy, though long, is adhered to and economic sanctions are levied. The international community allows a humanitarian corridor and relief agencies are allowed to enter Sierra Leone and implement relief programmes to alleviate the effect of sanctions on vulnerable communities. The SLRCS will respond by gradually phasing out its relief services and continuing its emergency programmes.

The SLRCS 1998 emergency relief, resettlement and rehabilitation programme is designed to reflect responses to scenarios two and three, based on the assumptions that food items will be provided by WFP and other donors, all essential drugs and medical supplies will be provided UNICEF or donors, and that tools and seeds for 7,000 farm families are available for the Kenema and Tonkolili Districts (as pledged in 1997 by Netherlands Red Cross);

Objectives in 1998

These are designed in line with the Strategic Workplan for the Nineties and the Kampala Declaration which states that relief efforts will “build upon the capacities of the affected population and integrate developmental activities ... where government services and the rule of law and order have broken down, National Societies will continue to provide humanitarian services”.

Côte d’Ivoire

- | To continue strengthening and extending the community health programme;
- | to make the disaster preparedness plan operational in order to deal with a possible influx of refugees if hostilities resume, but also to cope with other dangers;
- | to continue food distribution to the most vulnerable people who will still be in the reception zone and to set up local projects to rehabilitate the refugee reception zone in the event of stability returning to Liberia;
- | to play an active part in voluntary repatriation of refugees.

Guinea

- | To cover the food aid needs and to provide welfare assistance to vulnerable refugees;
- | to educate and mobilise the population to cope with disasters and to increase local communities’ capacity for self development;
- | to carry out welfare activities with the most disadvantaged groups;
- | to promote the development of human resources through training;
- | to enhance operational capacities at central and committee levels.

Liberia

- | To enable 350,000 former IDPs, returnees and other vulnerable groups to resettle into their original communities throughout the 13 counties of Liberia in 1998;
- | to provide basic health, water and sanitation and agriculture-based services to 350,000 former IDPs, returnees, women, children, elderly and other vulnerable groups;
- | to provide basic health, water/sanitation and relief services to 30,000 Sierra Leonean refugees in west and south-western Liberia;

| to strengthen the service delivery capacities of LRCS chapters.

Sierra Leone

- | To strengthen the capacity of the war affected population and the local structures through increasing food and non-food assistance;
- | to provide institutional feeding for identified institutions in Kenema, Makeni, Magburaka and Bo to a targeted 10,000 beneficiaries, and resettlement food assistance to 300,000 war-affected persons in the Tonkolili, Kailahun and Kono Districts;
- | to provide Primary Health Care (including growth monitoring) for up to 150,000 war-affected persons, ensuring environmental health and safe drinking water;
- | to provide immunisation coverage in all operational towns and villages in collaboration with an expanded programme on immunisation (EPI) to 45,000 beneficiaries;
- | to provide food-for-work/agriculture/training to individuals and communities engaged in food production, shelter/road construction and the rehabilitation of social infrastructure;
- | to provide household kits to 8,000 families, and farming tools and seeds to another 7,000 families;
- | to support counselling, tracing and family reunification services;
- | to support dissemination activities with a view to increasing knowledge of the Red Cross Movement and the relief activities of the SLRCS.

Plan of Action

Côte d'Ivoire

Community Health Programme: 72 village health workers will be trained for 36 new health huts and nine health promotion centres; local branches will be assisted to take over 50% of health hut operating costs from 1999 through income-generating projects and the health programme will be extended to the northern and central areas.

Relief: The food distribution programme to vulnerable refugees will be continued, whatever the scenario; volunteers will be mobilised for repatriation work and income-generating projects conducted.

Disaster Preparedness: The national disaster preparedness plan will be disseminated at three training workshops; local branches will be equipped with relief material to enhance operational capacity in high-risk areas; first aid instructors will be trained in branches.

Institutional Development: Branch managers will be trained in management and project planning.

Guinea

- | The food distribution programme for 60,000 vulnerable refugees will be continued;

- | a repatriation plan will be developed with UNHCR;
- | 15 latrines for 6,000 people and 25 wells for 50,000 people will be constructed along with the development of seven water points for 35,000 people;
- | social and professional rehabilitation of the vulnerable will be supported by including them in income-generating projects or sewing centres.

Liberia

Relief: Shelter material, basic household utensils and second-hand clothing will be provided to 350,000 former IDPs, returnees, orphans, women, children, elderly and other vulnerable groups throughout the country; 2,000 sets of gardening tools and seeds will be provided to single mothers and elderly persons to build their food security and income generating capacities, as well as shelter material and household utensils; seeds and farming tools will also be given to 1,200 families (6,000 beneficiaries) in 60 communities.

Vocational Education Centres in Red Cross schools will be established for 500 school dropouts, ex-combatants and abused women, as will a day care centre in Montserrado Chapter for 250 less fortunate and war-affected children. The provision of materials to 13 LRCS operated schools will be continued and 13 Chapter relief depots will be established to enhance Disaster Preparedness capacities. Food, non-food and shelter support to 30,000 Sierra Leonean refugees in Lofa and Grand Cape Mount counties will be continued.

Health: Nine existing clinics at Headquarters, eight Chapters and two health posts at transit points in Nimba and Montserrado counties will continue operating; the medical laboratory facilities at the LRCS' Headquarters will be upgraded for income-generating purposes; a mini-medical laboratory in Gbarnga will be established to serve as the main laboratory extension to the north-west, Central and north-east regions and the reopening of the LRCS Central Blood bank in 1998 will be planned.

The establishment of water and sanitation units at zonal offices of the LRCS will take place; the ambulance service programme in Monrovia will keep running; 350 relief, health, water and sanitation volunteers will be trained as part of the integrated health approach, and 300 wells rehabilitated and 150 latrines constructed in vulnerable communities.

Institutional Development: The LRCS, with Federation support, will prepare an employees' handbook and other relevant policy documents for staff and volunteers; update monitoring and co-ordination plans; acquire and refurbish the headquarters buildings in Montserrado, Bong and Grand Gedeh to serve as zonal offices; provide them with radio communication equipment; provide Chapter and Branch co-ordination training for zonal office staff and volunteers.

Sierra Leone

The SLRCS with Federation assistance will:

- | Identify vulnerable groups through community participation for feeding programmes;
- | carry out Primary Health Care services and strengthen existing facilities;
- | closely liaise with the EPI for the provision of cold chains, vaccines and consumables for 45,000 children under the age of five;

- | collaborate with the Ministry of Social Welfare and UNICEF in the tracing of unaccompanied minors countrywide through the NS's branch network and internationally through ICRC;
- | disseminate Red Cross/Red Crescent philosophy and principles to the general public as part of all Red Cross programmes and activities.

Capacity

Côte d'Ivoire

The Red Cross Society of Côte d'Ivoire has nine local branches in the reception zone and six others in the north and centre of the country. There are 200 volunteers with long-standing expertise in emergency relief (distribution, cholera). 157 NS health workers are trained in prevention, primary health care and community activities (water and sanitation). For food distribution, the Federation Delegates have counterparts: three basic and three logistics managers. Each of the programmes is co-ordinated by a programme leader from the Red Cross Society of Côte d'Ivoire.

Guinea

Over the past seven years, the Federation has helped the NS to train 315 first aiders, of which 200 were involved in distributions, as well as 16 supervisors and three co-ordinators who have now acquired relevant experience. The Guinean Red Cross has 12,300 members but no financial resources and has no national headquarters.

The Federation has five Delegates in country and some 20 local staff. In order to carry out the programme proposed, the Delegation needs more logistics facilities and VHF telecommunications for the Nzerekore base and HF equipment for the vehicles. The programme under the appeal will be carried out with technical support offered by the National and Regional Delegations and the ICRC.

Liberia

LRCS has reactivated all 13 Chapters and reconstituted its leadership structures, reducing its staff to 13 and extending its services to Chapters through field officers responsible for overseeing project implementation. It also reconstituted its Governance structure with a corps of newly elected officers.

The LRCS' Headquarters building has been partially renovated and communication facilities set up. The Federation Delegation numbers four expatriate delegates.

Sierra Leone

SLRCS has 86 trained staff and 36 volunteers implementing the emergency relief/resettlement and rehabilitation programme. There are nine branches in the country with about 10,000 members. The Federation has a representative based in Freetown. In 1998, other Delegates will be assigned as necessary.

Co-operation

In Liberia WFP provides food items for its distributions. The LRCS has concluded plans with UNHCR for the provision of relief and health services to Sierra Leonean refugees in Grand Cape Mount and Lofa counties. The LRCS plans to initiate a Gender Promotion Project in 1998 with possible financial support from the Spanish Red Cross.

In Côte d'Ivoire, the NS and the Federation work in collaboration with other partners (UNHCR, European Union, ACF, ADRA, MSF-France, WFP and ELRA) under the co-ordination of the Ministry of the Interior through the national committee for co-ordination of food and non food

assistance to Liberian refugees; the community health programme receives technical support from the Ministry of Health.

Before the coup in May 1997 a number of humanitarian agencies were operating in Sierra Leone covering all the twelve districts in the country. It is expected that these agencies will resume operations when security allows.