

# Appeal 2002-2003

 International Federation  
of Red Cross and Red Crescent Societies

## SIERRA LEONE (Appeal 01.04/2002)

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

	2002 In CHF	2003 <sup>1</sup> In CHF
1. Disaster Preparedness	202,000	178,000
2. Health and Care	1,575,000	1,639,000
3. Humanitarian Values	1,287,000	1,353,000
4. Organizational Development	416,000	402,000
5. Coordination & Management	389,000	373,000
<b>Total</b>	<b>3,869,000</b>	<b>3,945,000</b>



## Introduction

### National context

The Sierra Leone conflict has destabilized the country, and the escalation of the conflict is characterized by guerilla tactics, atrocities against the civilian population and the displacement of over a million people.

January 1999 saw the height of the conflict and resulted in a further 200,000 internally displaced persons, 5,000 civilians killed, widespread human rights abuses, and the collapse of an already-fragile social and economic infrastructure. The death, mutilation and destruction left profound physical and psychological scars on the population which will take a long time to heal.

In May 1999, a ceasefire was agreed to and a June peace agreement listed conditions such as the release of prisoners, disarmament and the creation of a coalition government. The UN also authorized a peace keeping mission, initially with the deployment of 300 unarmed military observers but followed in November 1999 by the deployment of 6,000 armed UN peace keepers (UNAMSIL). In February 2000, the UN Security Council decided to expand the UNAMSIL force in Sierra Leone to 11,100.

In the beginning of 2000, tension started to show in the coalition government, and more than 500 UN armed peace keepers were taken hostage. In early May, there were indications of another invasion of Freetown and in response to this, a major demonstration turned violent when body guards started to shoot directly into the crowd. The result was the breakdown of the coalition government and the arrival of a British naval task force, including 1,000 troops, that re-established the security of Freetown.

<sup>1</sup> These are preliminary figures for 2003. and are subject to revision in the course of 2002.

Most of the UN peace keepers were released in May and June, and the last group, an Indian battalion surrounded in Kailahun, was rescued by a UN military operation, the only time when UN forces actually engaged in active fighting in this conflict. The UN also decided to expand the troop strength of the peacekeeping force to 17,500, a figure they were still trying to reach in August 2001.

In August 2000, a splinter faction took five British soldiers hostage, resulting in a rescue operation in early September which re-established government control over the area and reopened the overland routes from Freetown to upcountry areas. This was quite a significant event as humanitarian agencies now had unhindered access to deliver humanitarian assistance to the entire southern district and part of the eastern district. In November 2000, a 30-day ceasefire and intense negotiations resulted resuming the disarmament and demobilization process in May 2001, initially in the Kambia and Port Loko districts, followed by Kono and Bonthe in July and Moyamba and Koidougou in August, with the hope that the disarmament process would be completed for the entire country by the end of the year.

It is therefore expected that 2002 will be the year when we finally see an end to the 10-year conflict in Sierra Leone, as well as a major responsibility for the international community to ensure a smooth transformation of society, including the absorption of the various parties of the conflict and the victims back into civil society. Here definitely the Movement has a significant role to play.

## **National Society priorities**

The Sierra Leone Red Cross Society (SLRCS) programmes and priorities are based on the fourth Pan-African Conference (the Kampala Declaration), the Ouagadougou Declaration, ARCHI 2010, the country assistance strategy for 2000 and 2001, Strategy 2010, and the workshop paper "Overall Strategy for SLRCS 2002-2005" prepared in March 2001.

The SLRCS considers itself in a unique position to positively influence the reconciliation, resettlement and rehabilitation of the victims of the conflict in order to actively support the ongoing transformation from a conflict society to a civilized peaceful society. The national society has become one of the major players in advocacy and humanitarian values programming with three successful projects: one for targeting amputees (JAWA), one for children affected by war (CAR) and another for war ravaged communities (CAPS).

The national society intends to limit its priorities to the following ongoing programmes:

- Disaster preparedness
- Community based health programme (CBHP and HIV/AIDS)
- Humanitarian values (JAWA, CAR and CAPS)
- Organizational development
- Blood bank (supported by the Swiss Red Cross)
- Relief (supported by ICRC)
- Information, tracing and dissemination (supported by ICRC)

## **Priority programmes for Federation assistance**

- **Disaster preparedness** The Federation will assist in upgrading the skills of SLRCS volunteers and staff in disaster management and disaster response with a special emphasis on training. The SLRCS will be supported in its effort to involve the government, local authorities, international organizations and NGOs in preparing a national disaster preparedness plan, as well as in conducting vulnerability and capacity assessments (VCA) in all branches.
- **Health** The Federation will assist in supporting ongoing CBHP activities, the re-activation of the CBHP programme in newly-accessible areas, and in establishing CBHP programmes in newly-established SLRCS branches. Support will cover assistance to the CBHP basic health clinics, the traditional birth attendants (TBA) programme, health education, community based first aid, community volunteer groups, and water and sanitation. The HIV/AIDS component of the CBHP has been expanded and is now carried out as a separate activity.
- **Humanitarian values** The Federation will continue its support to the job assistance to war amputees (JAWA) project, expanding it to all accessible areas, and the community animation and peace support project (CAPS) in the Bo and Moyamba districts. It will expand its support to the child advocacy and

rehabilitation project (CAR) with the possible opening of an additional centre, as well as continuing its support to the already-operating centre in Waterloo. In close cooperation with ICRC, the Federation will continue its support in building a positive Red Cross image through information and dissemination in connection with all ongoing programmes as well as through SLRCS staff and volunteers.

- **Organizational development** The Federation will continue its support to SLRCS in strengthening governance, leadership and capacity building, including support to ensure a strong membership base. It will assist SLRCS in improving institutional and organizational structures, systems and procedures to ensure improved capacity in efficient implementation and management of ongoing programmes. It will also initiate the development and implementation of a financial management, accounting and audit system that will fulfill the donor and governance needs for transparent, consistent and accountable reporting.

# 1. Disaster preparedness

## Background and achievements/lessons to date

The 10-year armed conflict in Sierra Leone destroyed the country's economy and forced the movement of hundreds of thousands of people from their homes into other parts of the country or into neighbouring countries.

Late in 2000 and in the first part of 2001, a growing tension between Sierra Leonean refugees living in Guinea and the resident population developed, including violent attacks on border areas especially around Pamlap, Medina and the area called "Parrots Beak." The result was a major repatriation of Sierra Leonean refugees, with more than 50,000 returning by boat directly to Freetown while many made it on foot over the border settling into areas on the Lungi peninsula and around Kenema. Many of the returning refugees arrived with little or nothing of their possessions, having experienced severe psychological trauma.

The SLRCS emergency teams forming part of the disaster preparedness programme responded immediately to the sudden return of refugees by establishing a reception centre in Freetown Harbour, which provided medical service, food and tracing activities. The centre was already up and running with the arrival of the first boat in mid-September 2000. By the end of December, UNHCR and IOM joined the operation, assuming responsibility from the Sierra Leonean government for transporting the refugees. SLRCS emergency teams continued to provide food and medical services at the reception centre in Freetown Harbour.

By April 2001, the number of arrivals by boat to Freetown started to decline; by mid-August, on average only one boat weekly carried up to 250 returnees. This was attributed to the refugees now considering an overland return, which would allow them to bring along more personal belongings as well as their livestock.

In its two-year strategic plan, the SLRCS identified the need to rebuild and strengthen its response capabilities both at the national and branch levels. The SLRCS plan focuses on the training of volunteers and staff while still maintaining its capacity to respond, as seen in its assistance to the returning refugees.

The SLRCS plans to conduct VCAs at the branch level, build a database to better understand hazards and their frequencies, map out realistic disaster response plans, and work closely with ICRC and the Federation in fast relief stock mobilization. The government and major humanitarian agencies such as SLRCS, the Federation and ICRC have identified the need for a medium- to long-term disaster management mechanism with an emphasis on disaster prevention, mitigation and preparedness to address not only man-made disasters but natural ones, such as floods, landslides and epidemics.

With the lack of a national disaster preparedness plan and almost non-existent legislation on disaster management, the SLRCS will work closely with relevant authorities to trigger the process of national disaster planning.

**Goal** To strengthen the capacity of SLRCS, both at headquarters and at the branch level in disaster management and disaster response through programme integration and cooperation with government and other humanitarian agencies.

## Objectives and activities

**Objective 1** Upgrade the skills of SLRCS staff, action teams and emergency response units in disaster management.

Activities to achieve this objective are:

- The SLRCS disaster preparedness programme team is to develop a disaster management training curriculum to be used in two, eight-day trainer workshops in 2002, and three refresher courses for 46 action team leaders are to be delivered in 2003. Emphasis will also be on knowledge exchange within the region and possible cross-border assistance.

- One eight-day residential workshop for 14 SLRCS branch staff on general disaster management is to be conducted by SLRCS disaster preparedness programme staff seconded by relevant resource persons from ministries and NGOs.
- One, five-day training for 20 action team leaders is to be held on conducting a pilot VCA .
- The SLRCS disaster preparedness officer is to conduct an eight-day disaster management training for action teams in five branches.
- Regular simulation exercises are to be conducted for action teams.

**Objective 2** Set up a SLRCS disaster management database.

Activities to achieve this objective are:

- Conduct an inventory of available emergency items available in ICRC, Federation and SLRCS warehouses and stores with quarterly updates.
- Identify potential local suppliers for stocking relief and emergency items capable of short-time delivery.
- List the name, qualification and address list of trained and available personnel.
- List available logistics including type, position and contact point.
- List available communication channels with call signs, phone numbers and location.
- Prepare a disaster management training manual.

**Objective 3** Establish branch-level emergency stock, allowing branches to respond to local minor emergencies, and establish a radio network linking all branches with headquarters.

Activities to achieve this objective are:

- Identify and make available storage facilities at the branch level.
- Transfer stock from ICRC warehouse to branches.
- Design rules and procedures for release of emergency stock consistent with standard Federation logistics procedures.
- Equip 20 new first aid posts and replenish 16 existing first aid posts.
- Provide one HF radio and two VHF radio sets for branches presently without communication links, and train local field officers in their use.

**Objective 4** Assist in formulating a national disaster preparedness plan.

Activities to achieve this objective are:

- Support five branches in conducting a VCA by the end of 2002. Remaining branches' VCAs are to be conducted by the end of 2003.
- Support the SLRCS in implementing a national VCA by the end of 2003.
- With input from the VCAs, participate in the process of developing a national disaster preparedness plan and a disaster management plan in close cooperation with the government, local authorities, international agencies and the NGO community, which allocates clear roles and responsibilities to authorities and other stakeholders.

**Expected results**

- By the end of 2003, the SLRCS will have trained and carried out refresher courses for 330 volunteers.
- Action teams and emergency response units will have been trained. Regular simulation exercises will have been carried out and a system developed to rapidly alert key volunteers, staff and decision makers if an event should occur. The system will have been regularly tested and updated when necessary.
- Links to and relationships with all relevant actors in disaster response will be strengthened with roles, responsibilities and expected immediate response.
- A disaster management training manual will have been produced by the end of 2003.
- By the end of 2002, a computerized disaster management databank will be completed, enabling the SLRCS to immediately identify available resources and mobilize procedures at the time of a disaster.
- By the end 2002, the SLRCS will have stock available at the branch level, enabling it to respond to smaller local disasters and ensuring access to emergency stock at all times.
- By the end of 2002, 20 new first aid posts will be equipped and 16 existing will be replenished.

- By the end of 2002, an additional three branches will be linked to the SLRCS radio communication network.
- By the end of 2002, VCAs will have been carried out for five districts with SLRCS branches and, by the end of 2003, for all districts with operational SLRCS branches. A national VCA will also be available.
- By the end of 2003, the national society will have fully participated in the government's efforts to prepare and adopt a national disaster preparedness plan.

### **Indicators**

- Annually, 330 volunteers and staff members will have received training or participated in refresher courses in disaster management, as reported through training statistics.
- A disaster management training manual is available by the end of 2003.
- At least 75 percent of trained volunteers and staff respond as planned to a given alert.
- By the end of 2002, the SLRCS computerized database on disaster management is operational.
- Sufficient staff are available at warehouses within one hour after a test alert is given.
- All branches will have available non-food items to assist, at minimum, 50 families affected by smaller local disasters by the end of 2002, and procedures put in place for release of these stocks in case of an emergency.
- Thirty-six first aid posts will be fully equipped by the end of 2002.
- By the end of 2002, eight branches will have radio communication systems linking them to headquarters.
- Five branches will have carried out a VCA by the end of 2002, and all operational branches by end 2003.
- A national VCA will be completed by the end of 2003.

### **Critical assumptions**

- Good cooperation from the government, humanitarian partners and relevant agencies. Security situation allows expansion to presently inaccessible areas.

### **Monitoring and evaluation arrangements**

- Progress reports of the disaster preparedness programme are prepared quarterly and presented to the director of programmes and operation, who shares them with management, governance and the Federation country delegation.
- Monthly monitoring is carried out by the programme officer including regular field visits.

## 2. Health and care in the community

- **Community based health care**
- **HIV/AIDS**

### Community based health care

#### Background and achievements/lessons to date

United Nations development indicators ranked Sierra Leone as the least developed country in 2001 and again in 2002. During the last ten years, the country has experienced internal conflict and mass population displacement, which greatly increased vulnerability among its people, with women and children suffering the most. According to national surveys and UNICEF figures, Sierra Leone's infant mortality rate is at 182 per 1,000, and the mortality rate for children under five years of age is at 316 per 1,000; these figures are among the highest in the world. The maternal mortality rate of 1,800 per 100,000 live births is considered the highest in the world.

With malaria, acute respiratory tract infections including tuberculosis, intestinal diseases, malnutrition, and vaccine preventable diseases such as measles occurring throughout the country, there is an urgent need for basic health facilities and assistance to communities in illness prevention and better sanitation to reduce the spread of disease.

In 1995, the Sierra Leone Red Cross Society (SLRCS) merged its health activities into one programme known as the community-based health programme (CBHP). Clinic support, health education, community-based first aid (CBFA), HIV/AIDS and sexually transmitted disease prevention, training and support to traditional birth attendants (TBAs), and water and sanitation were all merged into this programme. During 2001, the CBHP continued to target rural communities using the SLRCS clinics as focal points for all activities and working in close cooperation with community leaders, Red Cross health committees and local volunteers.

With 70 percent of deliveries being out of hospital, most of which are assisted by TBAs, the CBHP trained and equipped 210 TBAs in the first half of 2001 to ensure clean and safe deliveries. This training was carried out in partnership with the ministry of health and UNICEF. TBA training guidelines prepared by UNICEF were used. During the same period, 120 volunteers received CBFA training, enabling them to respond to common emergencies that can be handled at the community level, and 160 community volunteers were trained in cholera preparedness and equipped with cholera kits to sensitize communities on its prevention and to respond to cases of intestinal diseases.

Some community volunteers have been organized into mothers clubs and now promote nutrition, breast feeding, immunizations, small-scale sanitation, backyard gardening, HIV/AIDS and sexually transmitted disease awareness, and safe motherhood.

The African Red Cross/Red Crescent Health Initiative (ARCHI 2010) emphasizes the need for partnership with the ministry of health and to work according to the priorities defined by the ministry of health with Red Cross specificity. The SLRCS works as an auxiliary to the government, and CBHP operates six regular and four emergency clinics in response to the influx of internally displaced persons, refugees, returnees and resettling communities. The programme is seen as an important factor in assisting with the rehabilitation and resettlement of civil society in rural areas, thus targeting the most vulnerable groups in 31 communities, reintroducing basic health care and health education, thereby reducing morbidity and mortality rates in the communities. The SLRCS operates the clinics using standards and protocols developed by the ministry of health, including the expanded programme on immunization, pre- and post-natal clinics as well as clinics for children under five years of age and limited reproductive health services.

During the first half of 2001, a total 66,589 patients, mostly women and children, were treated at the SLRCS clinics. Of these, 31,560 were under five years old, 7,714 were pre-natal and 1,752 were postnatal cases. In addition, 17,474 children were immunized against vaccine-preventable diseases, 4,677 women received tetanus vaccinations, and 81,303 beneficiaries received health talks and practical advice.

The programme is carried out in close collaboration with ICRC for clinic support, the ministry of health for clinic and public health referrals, IMC for returnees, UNFPA for reproductive health, UNFPA and MERLIN for nutritional support, Caritas for tuberculosis referral, MSF for medical referral, UNICEF for vaccination and TBA training, and Shepard's Hospice for HIV/AIDS support.

The ministry of health has reintroduced the cost recovery system based on the Bamako Initiative. In line with this initiative, the SLRCS has introduced a user-fee system of SLL 1,000 for adults and SLL 500 for children to assist in future self-reliance and sustainable activities.

In view of the above and in consideration of the present situation in the country, there is a continuing need for the SLRCS to operate clinics in order to support the ministry of health and to act as the central point of CBHP activities, thereby enhancing integrated management of childhood illnesses (IMCI).

**Constraints encountered** Lack of transportation hinders the implementation of activity in the branches. Thus in 2002, provisions are made for a vehicle for water and sanitation activities. Loss of volunteers, partly due to population displacement and poor community participation were encountered at times. Plans are made for 2002, in line with ARCHI 2010, to hire coaches to assist with the recruitment and management of volunteers and increase motivation by providing t-shirts and seeds for backyard gardens, which will play a role in nutrition education. Participatory rural appraisals and baseline surveys will be used to involve communities in Red Cross activities.

**Lessons learned** These include an understanding of the need for partnership for successful programme implementation and that the participatory rural appraisal is an effective tool for community participation.

**Goal** The overall goal of the programme is to provide health education, first aid training, HIV/AIDS and sexually transmitted disease awareness, water and sanitation, reproductive health, and basic health services, especially to rural communities, in order to reduce the high morbidity and mortality rates in SLRCS operational areas.

## **Objectives and activities**

**Objective 1** Community sensitization and mobilization on awareness of roles and responsibilities in reducing exposure to health risks, thereby limiting the morbidity and mortality rates in the SLRCS operational areas.

Activities to achieve this objective are:

- Carry out health education and community sensitization using community meetings, inter-school quiz competitions, drama performances, and radio and street campaigns on related community health issues.
- Give health talks in clinics to reach approximately 270,000 beneficiaries in nine branches by the end of 2002, and to a similar figure in 11 branches in 2003.
- Provide information, education and communication (IEC) materials.
- Conduct health education to address maternal and reproductive health, prevention and control of diseases such as sexually transmitted diseases, HIV/AIDS, tuberculosis, and the locally endemic Lassa fever, teach about child health and reduction of childhood illnesses through immunization and growth monitoring.

**Objective 2** Reduce the spread of infectious diseases through improved water and sanitation activities.

Activities to achieve this objective are:

- Assist 150 families in constructing household latrines by supplying them with basic construction materials to promote beneficial hygiene practices by the end of 2002. Perform the same with an additional 300 families by the end of 2003.

- Establish community-based management teams for water and sanitation activities, and provide training for them by the end of 2002.
- Chlorinate wells in 45 communities each year.
- Rehabilitate 10 traditional wells by 2002 and an additional 15 by the end of 2003.
- Construct four wells and four spring boxes by the end of 2002 and 10 new wells by the end of 2003.

**Objective 3** Increase community capacity in 46 communities to address minor accidents and ailments.

Activities to achieve this objective are:

- Train 480 in community first aid (300 new and 180 refresher) and 25 trainers by the end of 2002. Train a similar figure for 2003.
- Conduct refresher courses for 25 trainers in 2002 and 2003.
- Provide 50 first aid kits in 2002 and 2003.
- Train 240 community volunteers in cholera preparedness, and provide 240 cholera preparedness demonstration kits each year.
- Market fee-paying first aid.

**Objective 4** Provide basic health care services to 140,000 targeted beneficiaries in nine branches and one group by December 2002 and an additional 160,000 beneficiaries in 11 branches and one group by the end of 2003.

Activities to achieve this objective are:

- Provide 10 clinics with essential drugs and other medical supplies in 2002, and provide the same for 12 clinics in 2003.
- Introduce cost-recovery fees in line with ministry of health policy and in collaboration with other agencies in all SLRCS clinics by the end of 2002 to reduce donor dependency.
- Refurbish and upgrade four clinics by December 2002 and three by 2003.
- Form health committees in nine branches by December 2002 and an additional two branches in 2003.

**Objective 5** Reduce the infant and maternal mortality rates in 31 SLRCS operational areas by December 2003.

Activities to achieve this objective are:

- Provide reproductive health services in all SLRCS clinics.
- Train and equip 330 new TBAs and re-equip and hold refresher courses for 420 previously-trained TBAs in nine branches in 2002, and perform the same with a similar number in 11 branches in 2003.
- Upgrade 22 TBA delivery houses each year.
- Provide mosquito netting on a cost recovery basis for pregnant women and children under five years of age.
- Increase immunization rates for children under five years of age and pregnant women attending SLRCS clinics by 10 percent each year.
- Support the ministry of health on national immunization days.

**Objective 6** Improve and promote the nutritional status of the most vulnerable in the 31 SLRCS operational areas by 20 percent by the end of December 2003.

Activities to achieve this objective are:

- Community volunteers to ensure a minimum 75 percent of children under five years of age have their growth monitored once per month.
- Provide iron and folic acid to pregnant women and lactating mothers attending SLRCS clinics.
- Promote exclusive breast feeding for six months and continue up to two years, and provide locally-produced weaning food according to ministry of health guidelines.
- Provide tools and seeds for backyard gardening in 22 communities by the end of 2002 and an additional 22 communities by the end of 2003.
- Carry out nutrition education and food demonstrations in all SLRCS clinics.

**Objective 7** Intensify the expanded sensitization programme on the control and prevention of Lassa fever.

Activities to achieve this objective are:

- Conduct street campaigns, radio programmes, and drama and sensitization talks to reach 20,000 beneficiaries.
- Train 20 volunteers by the end of 2002.
- Provide 3,000 rat traps by the end of 2002.

**Objective 8** Enhance SLRCS staff and volunteer capacity in programme management.

Activities to achieve this objective are:

- Improve staff performance by organizing local courses and support staff attendance at international courses.
- Branch health officers write reports monthly and receive feedback from programme coordinator.
- Conduct quarterly health committee and technical committee meetings.
- Conduct monthly monitoring and supervisory visits by headquarters staff.
- Increase volunteer capacity through monthly monitoring meetings with branch health officers and a yearly leadership training of mothers' club leaders.
- Employ and train 11 coaches by the end of 2003 to supervise and motivate community volunteers.
- Conduct 10 baseline and monitoring surveys and compare with previous surveys.
- Increase collaboration with other organizations and the government by co-ordinating activities.

### **Expected results**

- The communities better understand the importance of community health issues such as clean environment and proper handling of food, child and maternal health, and reproductive health.
- More than 270,000 beneficiaries will be reached annually through health education sessions at the clinics and communities.
- There is an annual 10-percent drop in the number of reported infectious diseases at SLRCS clinics.
- 150 families will build new, improved latrines by the end of 2002, and 300 families by the end of 2003.
- Trained community-based management teams for water and sanitation will be in place by the end of 2002.
- Forty-five communities will have chlorinated wells each year.
- Ten traditional wells will have been rehabilitated in 2002, and 15 in 2003.
- Four new wells and four spring boxes will have been completed by the end of 2002, and ten new wells in 2003.
- 300 new community volunteers will have been identified and received first aid training each year.
- 180 previously-trained community volunteers will have received a refresher course in CBFA each year.
- Twenty-five trainers will have been trained and received first aid kits each year.
- 240 community volunteers will have been trained in cholera preparedness and received kits each year.
- The national society will start earning funds from fee-paying first aid courses.
- Quality health care services will have been provided in the SLRCS operational areas covered by 10 clinics in 2002 and 12 clinics in 2003.
- Seven clinics will have been refurbished by the end of 2003.
- Health committees will have been formed in 11 branches by 2003.
- Reproductive health services will be provided.
- 330 TBAs will have been trained and equipped with TBA kits, and 420 already-trained TBAs will have received refresher courses and replenished kits.
- Twenty-two TBA houses will be upgraded each year.
- Immunization of children under five years of age and pregnant women will have increased by 10 percent in 2002 and by the same rate in 2003
- The ministry of health and the SLRCS will have successfully worked together in promoting national immunization days each year.
- The incidents of anemia and malnutrition in children under five years of age and pregnant and lactating mothers will have been reduced by 10 percent each year in SLRCS operational areas.
- The community will have an increased awareness of nutritional health and its role in ensuring adequate mother and child nutrition.
- Forty-four communities will have backyard gardens by the end of 2003.

- Communities affected by Lassa fever will be sensitized and mobilized in the control of rats carrying Lassa fever and the importance of a clean environment for prevention of Lassa fever.
- There will be a reduction in the number of reported Lassa fever cases.
- Staff and community volunteers will have their knowledge and skills updated in health and care in the community each year.
- Forty-five communities will be fully participating in identifying and solving health problems, and good performance will be observed at all levels by the end of 2003.
- There will be improved collaboration and coordination of activities with government and other agencies.
- Nine coaches trained and employed by 2002 and additional two coaches by the end of 2003.
- Ten needs assessments and six monitoring surveys will have been conducted by the end of each year.

### **Indicators**

- Positive behavioural changes are reflected in good health practices as indicated in monitoring surveys.
- A drop each year in the reported number of infectious diseases (air borne diseases) as indicated in clinic disease surveillance records.
- 150 new latrines are built in the targeted communities by 2002 and an additional 300 by the end of 2003.
- Trained community-based management teams will be in place for water and sanitation activities in targeted communities by the end of 2002.
- Wells in 45 communities will have been chlorinated each year.
- Ten traditional wells are rehabilitated in 2002 and fifteen in 2003.
- Four wells and four spring boxes will be constructed by the end of 2002 and ten new wells by the end of 2003.
- A decrease of at least 10 percent in the reported number of waterborne diseases as indicated on disease surveillance reports from targeted communities will occur each year.
- Clinic reports show, at minimum, a 10-percent decrease in the reported number of minor accidents treated at SLRCS clinics by the end of 2003 after community first aid has been established in newly-targeted communities.
- A bank account will be opened with funds from fee-paying first aid training.
- A minimum 140,000 patients are treated annually at the SLRCS clinics.
- Health committees will be functional in 11 branches by the end of 2003.
- Reproductive health services will be offered in 11 clinics by the end of 2003.
- 330 newly trained TBAs and 420 previously trained will assist, according to ministry of health calculations, in a total of 6,000 safe deliveries by the end of each year.
- Each year, 22 new communities will have constructed TBA houses equipped with delivery beds.
- Mosquito netting will be available at SLRCS clinics at affordable rates for pregnant women and children under five years of age in line with the national "Roll Back Malaria" policy.
- Disease records from SLRCS clinics will show a 10-percent decrease in vaccine-preventable diseases each year.
- The SLRCS will have supported the ministry of health in promoting national immunization days by providing manpower and transportation.
- Incidents of anaemia in pregnant women attending SLRCS clinics are reduced by 15 percent each year as indicated on SLRCS clinic disease patterns.
- The SLRCS clinics will record increased attendance by mothers for growth monitoring of children.
- Backyard gardens will exist in 44 communities by 2003.
- Better nutritional practices will be seen in reports of steady growth rates on cards for children under five years of age by the end of each year.
- Communities will be fully sensitized with a 25-percent reduction in the incidence of Lassa fever annually according to ministry of health reports for endemic areas.
- All CBHP staff will have attended at least one training programme, either locally or internationally organized.
- Monthly reports will be written by branch health officers and feedback received by the middle of the following month.
- Quarterly health committee and technical committee meeting minutes will be available.
- Monthly monitoring visits will be recorded and discussed with staff to improve practices.

- Monthly meetings with community volunteers from programmes for TBAs, mothers' clubs, youth peer educators, and community-based first aid participants will be recorded and notes shared with meeting members.
- Eleven coaches will monitor, supervise and motivate community volunteers and write quarterly reports.
- Survey records will have been obtained with community participation.

### **Critical assumptions**

(See below.)

### **Monitoring and evaluation arrangements**

(See below.)

## **HIV/AIDS**

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

The government has no official national data on HIV/AIDS, and the UNAIDS estimate of 2.9 percent of people between the ages of 15 to 49 years old is considered grossly underestimated by WHO. Indeed reports from the national AIDS control program show an increase of HIV infection among pregnant women from 0.2 percent in 1990 to 7 percent in 1998, while a national survey disclosed in 2000 that only 54 percent of women from age 15 to age 49 ever heard of HIV/AIDS. The ten years of conflict which brought widespread rape and abduction of women by fighting forces have resulted in an alarming increase in the number of sexually transmitted disease, HIV/AIDS, teenage pregnancy and abortions.

The government, with little funds available, has established a national AIDS control programme and is in the process, after consultation with the World Bank, of establishing an HIV/AIDS secretariat to coordinate national-level activities in the fight against the disease. The communicable disease control will conduct a prevalence and social perception survey in December 2001.

The SLRCS has been a member of the national AIDS control programme in partnership with the ministry of health and has been active in the community on HIV/AIDS prevention since 1992. It has established a reputation as a trustworthy and knowledgeable agency not only among other NGOs, but also among groups affected by HIV/AIDS, such as sex trade workers and caregivers of persons living with HIV/AIDS. The SLRCS activities are aimed at enhancing public awareness and prevention of HIV/AIDS, and it has built a network of youth peer educators for this task. 125 were trained, and four youth peer drama groups performed skits for an estimated monthly audience of 20,000 in the first half of 2001. Condoms were distributed at these performances. An SLRCS youth peer educator group at a high school expanded its activities and organized a symposium on youth and sexual health, to which guest speakers and other schools were invited and participated. UNICEF has chosen the SLRCS as a partner to increase HIV/AIDS youth peer activities in schools and to include more teachers.

In 2002, SLRCS plans to expand its advocacy for people living with HIV/AIDS by training nurses, volunteer coaches and community volunteers on home-based care. In order to carry the message on HIV/AIDS prevention and advocacy for people affected by this disease to a larger segment of the society, the SLRCS will be organizing workshops for commercial enterprises throughout the country with help from branch health coordinators.

**Objective 1** Create awareness among high-risk groups and returnees on sexually transmitted diseases and HIV/AIDS, and provide support for people infected with and affected by HIV/AIDS.

Activities to reach this objective are:

- Organize workshops on HIV/AIDS prevention for three workplaces in each branch by December 2002 and a similar number by 2003.
- Train 180 youth peer educators on HIV/AIDS by the end of each year who will reach in-and-out-of-school youth.

- Establish, train and equip drama groups in five CAPS (see humanitarian values programme below) communities and five branches to perform HIV/AIDS-related plays by the end of 2002. An additional three groups are to be established by the end of 2003.
- Train 100 commercial sex workers as peer educators each year.
- Organize meetings and seminars with community leaders, social heads, and 70 link teachers each year on HIV/AIDS education.
- Train 220 hospital-based nurses and midwives, 220 community volunteers, and available volunteer coaches on home-based care for people living with HIV/AIDS each year.
- Promote and distribute condoms during the above activities and aim at a 10-percent increase in condoms distributed annually.
- Provide consultants from the Federation regional delegation in order to scale up the HIV/AIDS programme activities of the SLRCS.

### **Expected results**

- Ten SLRCS branches (2002) and 12 SLRCS branches (2003) will have an established drama group, which will have received costumes and training in order to perform the AIDS drama in communities.
- 180 community volunteers and 100 commercial sex workers will have received sexually transmitted disease and HIV/AIDS prevention training will act as peer educators in their communities by the end of 2002.
- 440 community volunteers and nurses will be trained annually on home-based care for people living with HIV/AIDS.
- A ten-percent increase in the number of condoms distributed through SLRCS will have been recorded each year.

### **Indicators**

- Reduction of sexually transmitted disease infections by 15 percent each year according to SLRCS disease patterns.
- Increased awareness of sexually transmitted disease and HIV/AIDS prevention among target groups as demonstrated in monitoring surveys by the end of 2003.
- Twenty percent more condoms will have been requested from and distributed by SLRCS by the end of 2003.

### **Critical assumptions**

- The security situation continues to improve, allowing the reopening of SLRCS branches and clinic as well as establishment of new branches in districts presently not covered.
- Communities are interested and well motivated to fully participate.

### **Monitoring and evaluation arrangements**

- The programme will be monitored by the CBHP coordinator and SLRCS management who will perform regular visits to ensure that systems are maintained. Local monitoring will be carried out by the branch health officers.
- Monitoring will include checks on resources to ensure they are mobilized as scheduled and apply controls that ensure services and products are delivered as planned such that beneficiaries receive quality services.
- Monthly, quarterly and annual reports are prepared by branch health officers on all activities implemented and presented to the field officers and the CBHP coordinator.
- The CBHP coordinator prepares monthly, quarterly and annual reports and gives feedback to the branches.
- Evaluation will be carried out by the national society at the end of each year with assistance from management and the Federation delegation.
- Part of the evaluation will include measuring the impact of CBHP by comparing baseline and monitoring health surveys carried out in some of the 45 communities where SLRCS is operational. Measurement of the reduction in mortality and morbidity will be obtained from SLRCS clinic statistics and also from ministry of health statistics obtained in the 45 communities.

### 3. Fundamental Principles and humanitarian values

#### Background and achievements/lessons to date

The institutional background of these projects is based on Strategy 2010 as well as the final goal 3.2 of the Plan of Action of the 27th International Conference: “New initiatives to meet the needs of vulnerable people and to reduce discrimination and violence in the community.”

**JAWA** The Job Assistance to War Amputees project (JAWA) was started in February 2000 in response to the needs of amputees to move from being passive receivers of aid and assistance to being reintegrated into their communities and again becoming active and self-supporting members of society. As the name implies, the initial focus was on finding permanent jobs for the amputees with an initial target of 100 amputees placed in jobs within the first year. Due to the insecurity in the country, the expected upturn in the economy did not materialize thereby severely reducing the number of jobs available. Nevertheless, by mid-2001, a total of 56 amputees had been placed in various jobs such as motor mechanic, tally clerk, security guard, gardener, sales clerk, bottle sorter, hair dresser, receptionist, radio operator, teacher and lottery vendor.

This led to the incorporation of two more aspects into the project. The micro-credit loan scheme which allows amputees to start self-employment initiatives mostly in the retail and small-trade sector, such as vendors of food, oil, wood, cloth, sandals, hairdresser and vegetables. By mid-2001, a total of 132 amputees had benefited from this scheme, many of whom have now started repayment or alternatively expanded their business. Secondly, a skills training sponsorship programme was introduced with amputees being trained in tailoring, shoe making and gara tie-dying. The training is conducted by existing skills training institutes. After completion of the two-year courses, the amputees are given a sewing machine or other tools in order to be able to start their own business or to use at their new place of employment. By mid-2001, a total of 50 amputees were undergoing training with the first expected to complete the training by the end of 2001.

After the project’s initial success in Freetown, it was expanded to Lungi in August 2000, Bo in October 2000, and Kenema in May 2001. By mid-2001, plans were underway for an expansion to Kambia/Port Loko. Through regular interagency meetings, the programme works in close collaboration with other organizations working with amputees to avoid duplication and to present a full reintegration package to the amputees, which includes job or another income-earning possibility, housing, food and household goods.

**CAPS** The Community Animation and Peace Support project (CAPS) was conceived to address the aftermath of war-related violence that not only destroyed homes and infrastructure, but also inflicted severe damage on family and community relationships, social systems, livelihoods and the psyche of individuals. Twenty-four communities in four chiefdoms in the Moyamba and Bo districts were chosen for the piloting of this project that began in June 2000. The population served by this project is over 33,000 at this time.

These communities were selected because of the level of violence experienced, the extent of destruction and the limited ability of the community to cope on their own with their circumstances upon return. People relied on subsistence living before the war. Poverty and its associated factors of illiteracy, high infant mortality, and low life expectancy were characteristic of these areas.

During the course of the 10-year war, these communities were overrun several times. Family and community members became separated and displaced, some to one side or another of the fighting forces to play violent and/or demeaning roles. The violence committed by those conscripted, even to their own family and community members, left individuals and families poisoned by their experiences conflicted, fearful and suspicious of each other. Others fled to border areas and other parts of the country to live in displacement camps. Upon return, families were faced with the overwhelming prospect of rebuilding and rehabilitating their lives with little or no means economically, emotionally or socially.

Twelve animators were deployed to help facilitate communities to begin again. With the help of construction, agricultural tools and seed kits, the animators' abilities to work with community leaders, and Community Peace Consolidation Committees (CPCC), which is a CAPS-initiated idea, the animators were able to motivate and mobilize community members to move from isolated and withdrawn states to come together to form workgroups to help each other rebuild, farm, engage in micro-credit activities, revitalize cultural practices and rites, begin reconciliation with divided elements, and meet on and plan for issues related to community development.

The greatest difficulties to overcome were the communities' misconceptions of the Red Cross, the expectation that all their needs were to be provided for, and the accessibility of these communities. Many perceived the Red Cross as collaborators of one fighting force or another. These opinions were formed in 1999 as false stories and rumours circulated about Red Cross assistance to rebel forces. Communities perceived the Red Cross as the distributors of relief items and not as facilitators of development and peace. It took some months for them to realize the responsibility for their own development. Many of the communities are only accessible by foot or motorbike on very poor roads that are almost impassable during the rainy season. Therefore, access and travel to these communities was arduous and time-consuming.

Now, Red Cross ideals are well understood, and nearly all communities have formed Red Cross groups. Other parts of the Red Cross have gained entry points to these remote areas as well. ICRC has conducted international humanitarian law training for leaders. Community-based health officers have trained volunteers from each community on first aid. Water and sanitation activities, TBA training, HIV/AIDS and sexually transmitted disease information sessions are being incorporated into programming for the communities.

The intention in 2002 to 2003 is to phase out of the current 24 communities and to enter 24 new ones in the Southern Province. The target communities are among the most vulnerable and the worst hit by the war on multiple levels. The CAPS project approach is comprehensive and integrated and empowers communities to direct their development, healing and reconciliation of their divided and fractured elements.

**CAR** The Child Advocacy and Rehabilitation project (CAR) was initiated to respond to the large numbers of children who were forcibly conscripted and abducted to become child soldiers, labourers and sex slaves during the war. As disarmament and demobilization of the fighting forces continue, avenues for reintegration and reconciliation of child ex-combatants and those children who have witnessed, been subjected to or participated in the war-related violence has been of a critical nature.

During their time with the fighting forces, many children were socialized in combat strategies and activities, encouraged to take substances of various kinds, and were subjected to, witnessed, or were forced to commit intimidation, brutality and violence. Their education, whether in the formal sense of attending school, or in the cultural sense of being initiated and socialized to the customs, practices and values of their communities, has been interrupted, suspended, or not even begun. Families of these children have been fearful and reluctant to accept them back because of the atrocities committed, their withdrawn or hostile behaviour, and fear of retribution from the victims or their families.

The children or youth have difficulties in finding their place or a role in a 'normal' life with peers, family and the community. As a result of their traumatic experience, they struggle with mixed emotions from their traumatic experiences, encounter provocation from community members, and in some cases, retaliation. The end result is that many find refuge with their former peers for a sense of belonging, and have few or no options for self-reliance.

The CAR project was developed to address these concerns, and began in February 2001 in the Waterloo area. The children are ages 10 to 18 years old, do not attend school, and are from seven communities who have experienced war-related violence as outlined above. The project aims to assist these war-affected youth, their families and communities to address and better cope with traumatic experiences and generate the ability to reintegrate and move forward in life.

The centre-based activities focus on providing basic education and skills training so that these youth may experience a sense of achievement and have a means for earning a living and making a contribution to their families and communities or for continuing their education. For many, it is their first opportunity to read and

write. Individual and group sessions are organized with the youth to address their traumatic experiences and emerging issues and concerns. Home visits and family meetings take place to engage all concerned in understanding each other's perspectives and find resolutions to problems. Regular meetings are held with community leaders to formulate strategies for reconciliation on the part of all concerned. Community sensitization activities are being organized to address topics such as the root cause of war, human rights, and gender issues so as to assist communities in discussing, envisioning and implementing a way forward.

The intention is to continue the project in its current location with additional registrants and to begin a new centre in a location that was also hard hit with child abductions. Good coordination exists with child protection agencies and government ministries at regional and national levels. The strategies to engage youth, families and the community leadership have contributed greatly to the achievement of the project goal.

**Goal** Facilitate the reintegration of war victims into their communities, clearing the way for reconciliation and forgiveness, promoting children's rights and child-friendly activities aimed at reducing the traumatic effects of the war, ensuring family ties and minimizing the recurrence of upheavals with the view to enhancing a culture of peace and stability.

## **Objectives and activities**

**Objective 1** Provide job assistance to war amputees (JAWA program).

Secure 30 permanent jobs for amputees annually by:

- Performing intensive advocacy for and on behalf of amputees to potential employers by active staff visits, soliciting their support and offering them potential candidates for their vacancies by providing copies of curricula vitae and photos.
- Providing clothes and shoes in order to enhance their possibilities for employment.
- Following up on amputees already employed in order to encourage employers to employ additional amputees.
- Expanding the project to the newly-opened upcountry areas.

Annually expand the micro-credit scheme by an additional 100 amputees by:

- Providing workshops for amputees interested in starting their own business, explaining the concept of micro-loans and evaluating their business ideas and providing advice.
- Counseling amputees as a means of detraumatizing them in order to encourage them to start their own business and avoid street begging.
- Proposing viable self-employment schemes within retail business.

Assist an additional 50 amputees annually with appropriate skills training by:

- Expanding the tailor and gara tie-dyeing training to upcountry areas.
- Identifying additional training opportunities, such as typing, secretarial service, and hairdressing.
- Registering amputees interested in starting skills training.

Assist amputees undergoing skills training or that have started repayment on the micro-loan scheme in 2001 by:

- Making regular visits to ongoing skills training facilities that have amputee students such that 56 amputees undergo training by mid-2001.
- Supplying necessary training material for ongoing training.
- Providing tuition fees and food allowance in order to ensure completion of the course.
- Encouraging amputees given a micro-credit loan to expand successful ongoing business, using repayments to cover additional need for capital. Note: By mid-2001, a total of 132 amputees were repaying on received micro-credit loans.

Advocate on behalf of amputees and other handicapped groups for public support and understanding by raising public awareness of the plight of amputees and other handicapped groups through radio spots, television skits, newspaper articles and public meetings.

## **Objective 2** Build on the Community Animation and Peace Support (CAPS) program.

Strengthen connectors and minimize dividers in operational communities to produce social community cohesion and strengthen family ties by:

- Engaging communities in conflict analysis through focal group discussions, community meetings and training workshops.
- Forming and training community peace consolidation committees in peace building and conflict transformation.
- Recruiting community individuals interested in campaigning for peace and reconciliation through drama and songs, and train them in peace-building skills.
- Promoting community sport activities and cultural festivals that engage full community participation.
- Engaging community leaders and families in discussing issues that break up family ties and work with them in establishing ways of strengthening and rebuilding them. Participation in resolution of conflicts performed as requested by their communities.
- Encouraging communities to identify and/or construct community meeting places.
- Developing Community Peace Consolidation Committees (CPCC) to monitor and mediate conflict and reconciliation in the 48 rural CAPS communities.

Promote mechanisms within communities to recognize, advocate and support the needs of vulnerable individuals and groups by:

- Holding meetings with community leaders and groups to identify vulnerable individuals and groups, as well as advocating for community leaders to find mechanisms to address the special needs of vulnerable individuals and groups in a dignified way.
- Encouraging communities to maintain and update a register of vulnerable individuals and groups.

Facilitate the process of detraumatizing and reintegrating ex-combatants and returnees in each community by:

- Encouraging and reinforcing sharing experiences on the war during story-telling times.
- Offering assistance in mediation between ex-combatants and other returnees on the one hand and with the communities and their families on the other.
- Encourage restoration of communal activities, such as the formation of workgroups for farming and building.

Improve sustainable living standards for the 48 CAPS communities by:

- Supporting communities to embark on viable income-generating activities.
- Linking with the CBHP to conduct first aid and TBA training, provide trainees with first aid kits and water and sanitation services.
- Conducting functional literacy classes.
- Providing communities with basic building tools, such as shovels, buckets, head pans and brick molds.

Enhance the knowledge and the profile of the Red Cross within communities by disseminating information on Red Cross activities, principles, ideals and mandates in coordination with the ICRC and SLRCS information department to be sure dissemination sessions on international humanitarian law for targeted groups such as traditional rulers and ex-combatants in the communities are included.

Enhance awareness on social issues and strengthen good governance in the communities by:

- Providing wind-up radios to ensure all communities have access to radios.
- Through focal group discussions and workshops, engaging communities in identifying human rights in their traditions and customs to compare with the Universal Declaration of Human Rights (UDHR), Convention on the Right of the Child (CRC) and other human rights documents.
- Through CPCC and community networks, encouraging a system of peace building and conflict negotiation within communities.
- Engaging communities in discussions on topics covered by informative radio programmes.
- Meeting with personnel from other peace building initiatives in the country and inform communities on progress and opportunities for their involvement.

- Through focal group discussions, encouraging communities to examine communal values and practices that contributed to good governance in the past and reconcile with the present and envision for the future.

Assist communities in identifying their capacities and means to enhance them in peace building and in the development of their communities by:

- Making sure peace building and self-reliance goals are topics for discussion with community leaders and CPCC.
- Through joint assessment and planning meetings, guiding and supporting communities to take responsibility for their own development by recognizing their strengths and other resources.
- Guiding and encouraging community leaders to put systems and structures in place that will lead to the productive utilization of resources for the good of all.

Increase the national society's and the Movement's knowledge and capacity in the implementation of peace-building initiatives by:

- Holding workshops on peace building, self-reliance approaches and better programming initiative (BPI) for other projects, departments, CPCC and partners to establish a system of coordination and accountability to ensure project effectiveness and quality.
- Making workshops and courses available to the CAPS team in peace building and conflict transformation.
- Documenting lessons learned from engagement with communities in peace building and conflict transformation.
- Making contact with educational institutions to gather knowledge on practices, strategies and evaluation techniques to increase project effectiveness.
- Participating in relevant Movement initiatives to address peace-building and war-related issues.

**Objective 3** Continue work with child advocacy and rehabilitation (CAR).

Continue with the process of detraumatizing 110 children in Waterloo and begin the process with 100 children in Port Loko and an additional 150 in Waterloo by:

- Conducting individual and group counseling sessions with children and their families at the centre and in their homes.
- Participating in and conducting meetings with parents and community leaders on emerging issues affecting CAR youth.
- Promoting recreational, cultural and social activities such as indoor games and sporting activities, cultural competitions, talent shows and drama performances. Using arts, drama, singing, story telling, and dancing as a means to heal trauma.

Promote child advocacy and youth participation in decision making in their communities and encourage reintegration of war-affected children into the mainstream of their communities by:

- Conducting symposia on the Convention on the Rights of the Child (CRC) in the operational areas.
- Conducting meetings, fora, discussion groups with the community using video and drama on topics such as peace building, conflict transformation, reconciliation, prevention of civil strife and gender issues.
- Facilitating a participatory community process to identify a community mechanism to empower decision making and participation of all youth.
- Participating in national child protection and welfare activities.
- Organizing sensitization sessions through drama at the community level as well as promoting recreational, cultural and social activities such as indoor games and sporting activities, cultural competitions, talent exposition and drama performance.

Provide beneficiaries with educational and skills training to improve health status and self-reliance capacity by:

- Including in the core curriculum literacy and numeracy, English, basic math, family life, sexual and reproductive health, HIV/AIDS prevention, religious and moral education.

- Involving youth in viable vocational skills training, linked with educational, vocational and local trades to further skills development of CAR project beneficiaries.
- Encouraging parents to send children ages 10 through 12 to formal or non-formal schools.

Facilitate families and communities in planning, growth and development for their own self-reliance by:

- Meeting with community leaders to assess their strength, capacities and resources for viable economic activities.
- Assisting with micro-credit or revolving loan schemes for organized and prepared community groups.
- Developing orientation for good business management and a system of accountability with the groups. Assess economic opportunities available to children's families and communities.

Build the capacity of the national society to address the needs of war-affected children and their communities by:

- Training staff and volunteers in case management, teaching methodology, leadership, trauma counseling, conflict transformation and resolution, and peace building. Also forming Red Cross groups in operational areas; this to be linked with other Red Cross departments.
- Consulting with movement partners in preparation for war crimes tribunal and reconciliation courts for guidelines in the treatment of CAR beneficiaries.

Foster participation in healthy peer youth relationships at the centre and in their communities and encourage participation in positive growth promotion and leadership activities by involving Red Cross and other youth groups, as well as by inviting youth peer educators to give health talks to beneficiaries.

### **Expected results**

- Thirty amputees will have secured a permanent job by the end of 2002 and additional thirty by the end of 2003.
- 100 amputees will have started a small-scale retail business or other self-employment scheme using micro-credit loans from the programme by the end of 2002 and additional 100 by the end of 2003.
- Fifty amputees will have started on skills training by the end of 2002 and additional fifty by the end of 2003.
- Amputees from the previous year will complete their training, 56 by the end of 2002 and 50 by the end of 2003.
- Communities will have been led through discussions whereby connectors and dividers in communities and families are identified, strategies planned and actions implemented to mitigate the dividers and enhance connectors.
- Communities will have assisted vulnerable individuals and groups, and they will have active and positive contributing roles for them in their communities.
- Communities will have moved forward from withdrawn, isolated and hostile behaviour to engage in cooperative behaviour toward each other and a willingness to accommodate perceived perpetrators and returnees.
- Communities will have started social and economic recovery and will have the knowledge and skills for sustained growth.
- Each community will have been able to articulate the principles and values of the Red Cross and will be inspired to form their own Red Cross groups; misconceptions about Red Cross involvement in the war will have been eradicated in all operational communities by the end of 2003.
- Leadership and communities will have acknowledged their strengths and weaknesses in human rights, good governance and other pertinent social issues and will have taken action to remedy them.
- Communities will have begun to see themselves as capable and prosperous and able to affect positive change, health and well being for their community.
- Understanding of peace building activities in the Movement will have been achieved.
- 250 war-affected children will have increased coping and recovery mechanisms and have a healthy support system by the end of 2002 and an additional 250 by the end of 2003.
- In each of the seven operational communities there will have been an avenue for youth to express their views and participate in decision making.

- The 250 beneficiaries will have been able to read and write and have the means to organize business for themselves.
- Children's families will have been able to plan for their own development and self-reliance.
- The national society will have developed standards and strategies for supporting or assisting war-affected youth, families and communities in coping with trauma.
- About 80 percent of the youth will have formed their own peer support group or joined another.

### **Indicators**

- Thirty amputees placed in permanent jobs annually.
- 100 amputees started self-employment schemes annually using micro-credit loans.
- Fifty amputees started skills training courses.
- Second-year skills training amputees completed their course and receive certificates.
- Connectors and dividers identified and actions implemented.
- Actions taken to assist vulnerable individuals and groups and positive roles identified for them.
- An increase in the number of ex-combatants and returnees that have resettled in the communities and an increase in the level of participation in all communal activities, such as workgroups, attendance at community meetings, festivals and sporting activities, is realized.
- The number of rehabilitated homes, established seed bank systems and an increased number of groups and individuals engaged in viable economic activities is increased.
- The formation of Red Cross groups in twelve chiefdom headquarter towns with representatives from each of the 48 member villages is established.
- Areas to work on human rights and governance within communities and actions to rectify gaps and shortcomings are identified.
- Communities change the view of themselves, capacities and strengths are acknowledged, and a plan of action for support to vulnerable individuals and groups is developed.
- A technical resource person in place within the SLRCS provides training for the national society.
- Increased social participation and reduced hostility, increased cooperative behaviour, and youth can identify and apply techniques to reduce anxiety, fear, stress and anger.
- Avenues identified for youth participation by community leaders.
- 250 beneficiaries able to read and write.
- Each family and community has a plan for development.
- Case management policies, preparedness and monitoring systems are developed.
- About 80 percent of the beneficiaries joined the youth peer group.

### **Critical assumptions**

- The security situation continues to improve, and full access to all of the territory is realized by the end of 2002.
- Beneficiaries are motivated to reconcile with returnees and ex-combatants.
- There is an increase in the economical activities in the country, which creates an atmosphere conducive to reconciliation and reintegration.
- Communities and families are motivated and hopeful that life can be improved for themselves and their children.
- Confidence in the country's governance restores peace and order.
- The communities accept the concept of reintegration for 'fallen brothers and sisters.'

### **Monitoring and evaluation arrangements**

- The monitoring will be carried out by the appropriate officers in SLRCS under whose authority the programme is placed.
- Additional monitoring will be carried out by the Federation country delegation and social welfare delegate, and the delegation will use its influence with the humanitarian community to promote the programme.
- Financial monitoring will be done by the SLRCS finance department which will report to donors through the finance office of the Federation delegation.

## 4. Organizational development

### Background and achievements/lessons to date

The Sierra Leone Red Cross Society (SLRCS) was known as one of the strongest national societies in Africa. The society used to have a well-developed branch network and both the human and logistics capacity to implement major humanitarian programmes targeting the most vulnerable groups. Unfortunately the ten-year war, especially the 1999 invasion of Freetown, resulted in huge human and material losses for the national society, something which it is still struggling to overcome with strong support from the Federation and ICRC.

The security situation is now gradually improving with the deployment of UN troops. There are ongoing preparations for presidential and parliamentary elections, expected to take place after disarmament is completed and government authority is re-established in the entire country.

The national society's strategic plan and plan of action entails the continued rehabilitation of national society headquarters and the branches and further enhancement of operational capacity, with an expanded emphasis on training staff and volunteers. It outlines a continued rebuilding of the positive Red Cross image, enhancing its ability to provide well-targeted services to the communities, and strengthening the national society's capacity to develop programmes and manage them.

The process of improving financial systems by introducing modern accounting and auditing systems will allow greater transparency and establish credible reporting at headquarters and the branches. This was to be initiated in 2001 but did not progress as fast as expected due to unforeseen difficulties in introducing the CODA accounting program for the delegation and the absence of a finance delegate for part of the period. There was also a need for additional human resources both in identifying a suitable accounting program as well as in the setting up and user training, which are now planned for completion by the end of 2002.

The improved security situation seen since the beginning of 2000, despite some setbacks including those in May 2000, allowed the national society to carry out its first annual general assembly in February 2000, where elections were held for all positions and a new constitution, prepared in line with standards of the Movement, was approved. The regular annual general assembly was again conducted in March 2001, where members approved new membership dues and accepted the annual report prepared by the secretary general. The constitution's provision for an election every four years was especially emphasized by the members; the next election is set for 2004.

The national society has a clear division between governance and management. Governance is represented by the central committee that consists of the president, elected office holders and branch representatives and holds regular meetings where major policy issues are discussed and decisions taken. In July 2001, the central committee met in Bo, the first ever meeting held outside of Freetown, clearly demonstrating the national society's wish for greater visibility outside the capital. The main topic was volunteers and membership.

The branch and organizational development programme within the SLRCS is the entry point to all other programmes to be carried out and deals with structure and linkages to the field as well as improved programme design, management, evaluation and financial monitoring at headquarters.

The national headquarters of the SLRCS and its branches in Western Area, Kenema, Bo, Moyamba, Bonthe, Port Loko and Kambia were re-established after the January 1999 unrest and now serve as support offices for the ongoing programmes including relief and other activities carried out in cooperation with ICRC. The Makeni branch was also re-established in early 2000. Unfortunately the May 2000 conflict forced its closure. By the end of 2001, plans were underway for a reopening.

Local fund raising, which forms a part of the branch and organizational development programme, was severely affected by the unrest in January 1999 as well as in May 2000, and is only slowly recovering. The income generation centre in Freetown is the focal point for this activity; in 2000 a thorough evaluation of its

activities was carried out by a subcommittee established by the general assembly in March 2001, resulting in changes that presently are being introduced. These changes should lead to better performance and higher surplus from the centre's operation. A successful raffle was also conducted in Freetown in June 2001, an activity the national society expects to carry out on a regular basis and will encourage branches to copy.

The programme continues its close cooperation with line government ministries and departments, international organizations, and NGOs, including among others the ministries of foreign affairs, health, development, agriculture, and social welfare, as well as UNHCR, WFP, UNICEF, Caritas, MERLIN, CARE, and Cause Canada.

As the lead agency of the Movement in country, ICRC supports and coordinates relief activities, tracing, and dissemination of the Geneva Conventions and humanitarian principles, and the Federation assumes a lead role within the Movement in national society capacity building

The programme plans for year 2002 include the position for an organizational development and strategy planning delegate for a 12-month period, whose main tasks will be training and developing SLRCS management, staff and volunteers including the new volunteer coaches under CBHP, assisting the SLRCS in assessing the priority needs of vulnerable populations including active involvement in the preparations of VCAs, and preparing the coordination agreement strategy (CAS).

**Goal** To support the SLRCS in achieving a wider constituency and enhanced capacity of the national society at all levels in order to ensure more efficient and timely response to humanitarian needs, while at the same time reducing external dependency.

## **Objectives and activities**

**Objective 1** To re-establish and set up new SLRCS branches at the district level.

Activities to reach this objective are:

- Perform evaluation visits to closed branches which are now in safe and accessible areas, and contact authorities to ensure the return of existing SLRCS property.
- Contact branch members and Red Cross groups in the area to discuss re-establishing Red Cross activities.
- Form Red Cross groups in new areas to ensure a minimum of three groups needed for the establishment of a new district branch.
- Provide support to refurbish or re-establish branch building and provision of furniture, equipment and stationery.

**Objective 2** To recruit more members and volunteers and establish a member and volunteer database.

Activities to reach this objective are:

- Develop a sensitization campaign targeting youth, women's groups and business communities.
- Distribute a new brochure on SLRCS activities.
- Conduct Red Cross weekly radio programmes, dissemination seminars and enrolment classes.
- Register all members and volunteers in a central database.
- Train the volunteer coaches in management and retention of volunteers.

**Objective 3** Strengthen the financial, material and human resources of the national society.

Activities to reach this objective are:

- Expand and resume selling used clothing in branches through increased donation by sister societies.
- Increase fund-raising activities such as raffles, dinner-dances, Red Cross collection boxes and corporation memberships.
- Acquire rent income from SLRCS-owned buildings.
- Ensure branches operate from SLRCS-owned buildings.
- Train SLRCS staff and youth members in basic financial knowledge, computer technology, management and leadership.

- Strengthen the national society's capacity in report writing, programme proposals, budgeting, donor contact and fund-raising activities through workshops, seminars, training courses, exchange programmes and technical assistance.
- Train SLRCS management in leadership and management.

**Objective 4** To improve the financial management and reporting system of the SLRCS.

Activities to reach this objective are:

- Introduce a suitable accounting package.
- Train finance staff in correct accounting practices and use of computerized systems in order to be able to satisfy partners, governance, executive members and auditors.
- Finance officers to visit each branch monthly to ensure implementation and improvement in financial reporting and assist in preparing branch accounting statements.
- Support finance staff in pursuing additional accounting training through correspondence courses.

### **Expected results**

- The SLRCS expects to reopen branches and re-establish the membership base and regular activities in Bombali (Makeni), Tonkolili (Magburaka) and Kono (Koidu).
- The SLRCS will have established Red Cross groups and opened branches in Pujehun (by the end of 2003), Kailahun (by the end of 2003) and Koinadugu (Kabala, by the end of 2002).
- The membership base is documented and increased.
- The sale of used clothing is reactivated in Kenema and Bo and started in the Moyamba branch.
- All branches carry out regular fund-raising activities.
- By acquiring their own structures, SLRCS will ensure permanent presence and better recognition by local authorities as well as achieve greater sustainability through the reduction in rent costs.
- SLRCS staff and youth members will have basic knowledge of finances, computer technology, management and leadership.
- The national society's capacity in report writing, programme proposals, budgeting, donor contact and fund-raising will be greatly enhanced.
- The SLRCS will be able to meet partners' requirements through better reporting and attract new partners through well-prepared programme proposals.
- The SLRCS will be able to produce regular financial reports on all activities.
- Branches will have a better understanding of financial procedures and will be able to produce simple accounts showing branch income and expenditures.

### **Indicators**

- Branches are re-established in Bombali (Makeni), Tonkolili (Magburaka) and Kono (Koidu) by the end of 2002.
- New branches are opened in Koinadugu (Kabala) in 2002 and in Pujehun and Kailahun in 2003.
- A database on all members is established and maintained.
- A 20-percent annual growth in membership is documented by the membership database.
- Used clothing shops are opened in Kenema, Bo and Moyamba.
- At least one major fund-raising activity, such as a raffle, is conducted annually for each branch.
- The number of branches operating from SLRCS-owned buildings expands from five to eight, thus reducing rental costs.
- The national society's staff and youth members will produce better results-based reports and programme proposals, realistic budgeting, and will improve donor contact and fund-raising.
- Timely and accurate financial reports will be made available to the Federation, ICRC, donors and governance.
- Each branch will prepare monthly financial reports timely to headquarters as well as a local income and expenditure report showing branch activities for branch executives.

### **Critical assumptions**

- The security situation allows the programme to reopen the branches in Bombali (Makeni), Tonkolili (Magburaka), and Kono (Koidu). In 2002, a branch can be established in Koinadugu (Kabala), and in 2003 branches in Kailahun and Pujehun can be established.

- Sister societies provide used clothing for viable fund-raising activities.
- Timely funding is made available from donors.

### **Monitoring and evaluation arrangements**

- The monitoring will be carried out by the secretary general and the director of programming and operations in the SLRCS and will be assisted by the head of the branch and institutional development and relief department, under whose authority the programme is placed.
- Additional monitoring will be carried out by the Federation country delegation with a special emphasis on financial systems and organizational development through the provision of the necessary consultants and an organizational development delegate for a 12-month period.
- Financial monitoring will be done by the SLRCS finance department who will report on Federation-supported programmes to donors through the financial office of the Federation delegation. Donor visits are encouraged to ensure additional monitoring and information sharing.

# 5. Coordination and management

## Background and achievements/lessons to date

After the evacuation of the entire delegation in December 1998, and in anticipation of the January 1999 unrest, the delegation was re-established in May 1999 with the arrival of the head of delegation. This was followed by a finance and administration delegate in December 1999 and a health delegate in April 2000. This brought the delegation up to the planned level just before the May 2000 unrest, which again resulted in the evacuation of the delegation, although this time the head of delegation stayed on together with three delegates from ICRC.

Fortunately, the swift international reaction to the May 2000 unrest ensured the re-establishment security, initially in Freetown but soon in all previous accessible areas, and no looting or loss of SLRCS or Federation assets occurred this time.

The May 2000 crisis showed the importance of good cooperation within the Movement. Trust among different partners is now rebuilt. This was achieved by regular weekly tripartite meetings within the Movement, the sharing of information and lots of informal consultations. We have today a situation where the Movement in Sierra Leone functions well with multiple programmes being carried out in full cooperation among all three components of the Movement. Examples of this has been the Lungi and Mile 91 emergency clinics, the Kenema office and clinic building, the Port Loko office building, assistance given to returning refugees from Guinea, and the community animation and peace support programme in Moyamba-Bo District, where an important contribution has been seeds supplied by ICRC for the community groups.

The delegation has also ensured that all donor reporting has been completed on time in close collaboration with the SLRCS, not only the regular Federation programme updates, but also individual reports requested by donors on specific projects and donations.

The delegation has been actively involved in the preparation of the polio programme and the up-scaled version of the HIV/AIDS programme in addition to the annual appeal.

**Constraints encountered:** General project implementation was delayed in the first half of the year due to the uncertainty of available funds. The introduction of the Federation's CODA accounting system proved more difficult than initially anticipated, but by March it was finally up and running.

**Lessons learned:** The present financial system in the SLRCS is outdated, and the CODA programme introduced in the delegation is not suitable for SLRCS as it contains features not needed. An appropriate accounting programme is needed that will satisfy the needs of the the national society, the Federation and donors, as possessing features that eventually will allow it to be used at the branch level.

**Goal** To enable the country delegation to better support the Sierra Leone Red Cross Society in order to ensure effective coordination of assistance, quality programme management and quality narrative and financial reporting capabilities.

## Objectives and activities

**Objective 1** To assist the SLRCS in elaborating, seeking funding for, establishing and maintaining financial management, and to monitor and evaluate Federation-supported programs in accordance with Federation rules and procedures.

Activities to reach this objective are:

- Maintain the presence of the finance and administration delegate and the head of delegation and ensure programme updates and financial reports are produced on time in accordance with Federation standards.
- Help strengthen the SLRCS partnerships with other national societies, United Nations agencies, humanitarian organizations and donors.

- Strengthen the SLRCS capacity to develop human and material resources.
- Represent the Federation with respect to the international community and the authorities of the country.
- Ensure that the quality and content of financial and narrative reports are in accordance with Federation standards.

**Objective 2** Ensure effective coordination of assistance within the Movement in Sierra Leone.

Activities to reach this objective are:

- Weekly tripartite meetings among Movement partners in Sierra Leone.
- Sharing of information with all Movement partners presently operating in Sierra Leone.
- Coordination of assistance to Movement programmes and share resources available.

**Objective 3** Facilitate Movement partner visits or activities in Sierra Leone.

Activities to reach this objective are:

- Arrange visa, accommodation, transportation, field trips and meetings for visiting partners.
- Facilitate, as appropriate, bilateral assistance under the umbrella of the status agreement accorded the Federation.

### **Expected results**

- Two programme updates plus a final report with financial data produced annually.
- Funding ensured for the planned programmes in 2002 and 2003.
- Enhanced status and relations with United Nation agencies, humanitarian organizations, partner national societies and other donors.
- A stronger national society capable of producing narrative and financial reports in accordance with Federation standards.
- Maintain good cooperation within the Movement.
- Better utilization of available resources and capacity within the Movement.
- Ensure continued donor support and promote the image of Movement programmes in Sierra Leone, as well as improve the other national society knowledge of programmes thereby facilitating contacts with financial donors.
- Facilitate and improve working conditions for bilateral programmes.

### **Indicators**

- One programme update is available by July 2002, the second by December 2002, and a final report by March 2003.
- The necessary funding available on time for proper implementation of the planned 2002 and 2003 programme.
- The SLRCS and the Federation are invited to participate in consultative forums and working groups.
- Quarterly narrative reports are produced by all programmes.
- The SLRCS financial reports and audited reports are available for donors presented at the annual general assembly.
- Some programmes are carried out with input from all three partners in the Movement.
- Knowledge and resources are shared within the Movement.
- Partner national societies are able to secure funding from governments and other financial donors for programmes.
- An increase in bilateral Red Cross presence and programmes in the country occurs.

### **Critical assumptions**

- The improvement in the security situation continues and allows the opening and reopening of upcountry branches.
- The necessary delegates are made available by the Federation.
- The good health and spirit of the delegation is maintained.
- The delegation is able to retain its trained local financial staff.

### **Monitoring and evaluation arrangements**

- The monitoring will be carried out by the head of delegation under whose authority the programme is placed.
- Additional monitoring will be carried out by Federation regional office in Abidjan and the Federation Secretariat in Geneva.
- Financial monitoring will be done by the Federation regional financial unit in Abidjan.

## PROGRAMME BUDGETS - 2002

### Sierra Leone Delegation

PROGRAMME	Disaster Prep	Health & Care	Human Values	IDRD	Co-ord. & Mgmt	TOTAL
Shelter & Construction	0	132'908	41'200	11'000	0	185'108
Clothing & Textiles	0	0	21'794	0	0	21'794
Food & Seeds	25'000	0	67'211	0	0	92'211
Water	0	55'600	0	0	0	55'600
Medical & 1st Aid	11'540	267'232	2'700	0	0	281'472
Teaching Materials	2'000	9'000	236'708	0	0	247'708
Ustensils & Tools	0	10'000	35'800	0	0	45'800
Other Relief Supplies	459	4'228	11'124	1'117	4'794	21'722
<b>Subtotal Supplies</b>	<b>38'999</b>	<b>478'968</b>	<b>416'537</b>	<b>12'117</b>	<b>4'794</b>	<b>951'415</b>
Land & Buildings	0	0	0	0	0	0
Vehicles	0	41'600	66'516	0	0	108'116
Computer & Telecom	10'000	2'000	6'000	0	0	18'000
Medical Equipment	0	0	0	0	0	0
Other Capital Equipment	0	17'500	12'808	0	7'000	37'308
<b>Subtotal Capital</b>	<b>10'000</b>	<b>61'100</b>	<b>85'324</b>	<b>0</b>	<b>7'000</b>	<b>163'424</b>
Programme Management	13'621	106'202	86'782	28'051	26'230	260'887
Technical Services	4'077	31'791	25'978	8'397	7'852	78'096
Professional Services	4'522	35'256	28'809	9'312	8'708	86'608
<b>Subtotal Programme Support</b>	<b>22'220</b>	<b>173'250</b>	<b>141'570</b>	<b>45'760</b>	<b>42'790</b>	<b>425'590</b>
Warehousing/Inspection	0	7'700	0	0	0	7'700
Transport & Vehicles	4'655	66'025	60'446	36'075	20'400	187'601
<b>Subtotal Transport &amp; Storage</b>	<b>4'655</b>	<b>73'725</b>	<b>60'446</b>	<b>36'075</b>	<b>20'400</b>	<b>195'301</b>
Delegates & Expatriates	0	0	101'915	94'455	212'590	408'960
National Societies and Local Staff	30'156	393'450	285'445	136'630	36'030	881'711
<b>Subtotal Personnel</b>	<b>30'156</b>	<b>393'450</b>	<b>387'360</b>	<b>231'085</b>	<b>248'620</b>	<b>1'290'671</b>
Travel & Related Expenses	6'248	18'960	17'180	4'300	13'500	60'188
Information	4'360	61'300	9'115	300	650	75'725
Consultants	0	8'000	7'517	39'800	8'626	63'943
General Expenses	36'924	95'977	80'395	21'873	42'620	277'789
Training Workshops & Seminars	48'438	210'270	81'556	24'690	0	364'954
Security	0	0	0	0	0	0
<b>Subtotal Training, Information &amp; General</b>	<b>95'970</b>	<b>394'507</b>	<b>195'763</b>	<b>90'963</b>	<b>65'396</b>	<b>842'599</b>
<b>TOTAL BUDGET</b>	<b>202'000</b>	<b>1'575'000</b>	<b>1'287'000</b>	<b>416'000</b>	<b>389'000</b>	<b>3'869'000</b>