

# Appeal 2004



## SIERRA LEONE

### Appeal no. 01.26/2004

The International Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. The Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 180 countries. All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project.

This document reflects a range of programmes and activities to be implemented in 2004, and the related funding requirements. These are based upon the broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products are either available through hyperlinks in the text<sup>1</sup>, or can be requested through the respective regional department. For further information concerning programmes or operations in this or other countries or regions, please also access the Federation website at <http://www.ifrc.org>

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

Programme title	2004 in CHF
<b>Strengthening the National Society</b>	
Health and Care	1,654,354
Disaster Management	364, 442
Humanitarian Values	1,717,289
Organizational Development	497,514
<b>Total</b>	<b>4,233,598<sup>2</sup></b>

Please note that objectives, expected results, and activities associated with the Coordination, Cooperation and Strategic Partnerships programme are included in the narrative of this appeal; the budget associated with these activities is integrated within other programme budgets. [<Click here to go to the text>](#)

<sup>1</sup> Identified by blue in the text.

<sup>2</sup> USD 3,179,571 or EUR 2,725,201.

## National Context

Sierra Leone's 11-year destructive conflict was formally declared over January 2002. Since then, there has been considerable progress towards reconstruction, reconciliation and consolidation of peace. Complete disarmament in January 2002 and gradual return to civil authority have restored security and access nation wide that has led to the return of over 533,000 internally displaced persons (IDP) and refugees. The government's National Recovery Strategy outlines four priority areas of intervention: state authority restoration; community building; peace/human rights establishment and economic reconstruction.

Although encouraging steps have been taken towards recovery and peace building, the challenges remain enormous. These include pervasive poverty, a fragile judicial system, corruption, dilapidated infrastructure, high unemployment and the absence of adequate social services.

Regional instability continues to pose a considerable threat to peace and stability with continuing influx of refugees from Liberia. There are still tens of thousands of Sierra Leoneans who remain displaced within the sub-region in spite of the accelerated repatriation in 2003.

The need for immediate relief and recovery interventions while addressing long-term recovery and development challenges, remain imperative. In accordance with the Federation Strategy 2010<sup>1</sup> priorities, the **Sierra Leone Red Cross Society** works closely with government and its partners on the transition to sustainable development. Sierra Leone remains last of 174 nations in the UN Human Development Index and the statistics below give an indication for this rating.



Population	5.6 Million
Population Growth	2.6%
Birth Rate	45 births/ 1,000 population
Death Rate	19 deaths/ 1,000 population
Infant Mortality	170 / 1,000 live births
Under 5 Mortality	286 / 1,000
Maternal Mortality	1,800/ 100,000
Life expectancy	37 years
Fertility Rate	6 children born per woman
HIV/AIDS Prevalence	4.9% (rural 4%/ Freetown 6.1%)

The Sierra Leone Red Cross is making significant interventions in the country to contribute to the overall Government's National Recovery Strategy. Within the framework of the Community-Based Health Programme (CBHP), the Sierra Leone Red Cross is supporting primary health care by operating nine maternal/child health clinics. The CBHP also addresses the lack of access to potable water, which is estimated at between 35% to 54% and sanitation facilities, ranging from 15% to 63%. The government rebuilds their capacity, undertakes health promotion and prevention activities, including HIV/AIDS, and

<sup>1</sup> Strategy 2010 is the International Federation's guiding framework for the decade 2000 to 2010. This overall strategy identifies the following four CORE areas as the cornerstones upon which the International Federation will continue to build its collective expertise and reputation: humanitarian values; disaster preparedness; disaster response; and health and care in the community. Refer to <http://www.ifrc.org/who/strategy.asp>

works with community leaders to support traditional birth attendants. Within Disaster Management, the Sierra Leone Red Cross is providing basic needs to returning Sierra Leone citizens, health and tracing support to Liberian refugees; First Aid services and creating National Disaster Management plan with Government support. The national society, through its Humanitarian Value programmes, is contributing significantly to peace building and reconciliation. These include its Community Animation and Peace Support programme, the Child Advocacy and Rehabilitation programme and the Job Aid for War Amputees.

## **Red Cross and Red Crescent Priorities**

### **Movement<sup>1</sup> Context:**

In 2003, the Movement partners in Sierra Leone completed a transition from a situation where the ICRC held the role of lead agency, in line with the [Seville Agreement](#), to the signing of a Memorandum of Understanding for Development Cooperation. The Sierra Leone Red Cross, Federation and ICRC had formed a tri-partite group that existed primarily for coordination purposes. This group recognized the need to move beyond the conflict scenario to a development orientation within the calm environment now in existence. This MOU, signed by three partners in May 2003, has the possibility of embracing additional signatories, creating a one “umbrella” document delineating coordination, roles and responsibilities.

The Sierra Leone Red Cross has embarked upon a Strategic Planning process in 2003 that is viewed as a three-year transition plan (2004-2006) that will serve as a guide for setting development priorities. The MOU for Development Cooperation is based on the existing priorities but allows for the inclusion of the Sierra Leone Red Cross Strategic Plan as an Annex once adopted. The Cooperation Agreement Strategy will be an additional Annex once completed. This will outline the cooperation matrix between partners, also based on the Strategic Plan. A Partnership meeting to discuss the strategic plan and the intended cooperation agreements was held in 2003 with the Spanish, Danish, British, Swedish, Netherlands, and German Red Cross Societies in attendance.

In the same year, two bi-lateral partner national societies became active. The Spanish Red Cross established a fourth Child Advocacy and Rehabilitation Centre in Koinadugu district and is planning long-term support to the Sierra Leone Red Cross. The Danish Red Cross funded a bi-lateral delegate to investigate the feasibility of expanding the HIV/AIDS activities in the country. They also plan on long-term bi-lateral support in capacity building and HIV/AIDS programming.

The ICRC continues to maintain a strong presence in Sierra Leone and good relations with the Sierra Leone Red Cross. They are supporting Dissemination and IHL, Family Links Restoration, Conflict Preparedness, the CAR<sup>2</sup> programme and other capacity-building activities.

### **National Society/Programmed Priorities:**

The Sierra Leone Red Cross conducted a SWOT<sup>3</sup> analysis of the national society in preparation for developing the 2004-2006 Strategic Plan. This planning process helped to re-focus the national society and prepare for a transition from post-conflict recovery to development initiatives. The following strategic objectives were developed to guide the Strategic Plan:

**Objective 1: To institute and standardize human resource policies and procedures that will enable the Sierra Leone Red Cross to motivate and retain trained, qualified and committed staff and volunteers that can provide quality service.**

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<sup>1</sup> ‘Movement’ refers to the International Red Cross and Red Crescent Movement

<sup>2</sup> CAR – Child Advocacy and Rehabilitation

<sup>3</sup> SWOT – Strengths, Weaknesses, Opportunities, Threats (assessment methodology)

**Objective 2: To improve on the quality of the Sierra Leone Red Cross Programmes through ensuring that they are within the frameworks of Strategy 2010, ARCHI<sup>1</sup> 2010, and the Ouagadougou Declaration; ensuring that they are timely, informative and results-based; collaborating with all stakeholders to ensure sustainability and meeting the needs of the most vulnerable through improved capacity.**

**Objective 3: To improve on the existing logistic and management systems to enhance coordination and effective implementation of programmes.**

**Objective 4: To intensify and diversify fund-raising strategies to maximize international support and develop local initiatives to improve the revenue base of the national society as well as strengthen the partnership base to ensure programmed sustainability.**

**Objective 5: To provide core the Sierra Leone Red Cross activities nationwide by strengthening existing branches, developing future ones and maintaining an effective and strong volunteer/membership base.**

**Objective 6: To fulfill the national society's unique role as auxiliary to government thereby benefiting from the special concessions given to the Red Cross.**

**Objective 7: To strengthen the planning and preparations for the transition period and increase partnerships with the government, profiling and collaboration with funding partners to reduce donor dependency and continue to serve the most vulnerable.**

In terms of programmed priorities, the Sierra Leone Red Cross will continue to provide vital core programmes and services similar to those in 2003. However, the Strategic Plan objectives place a priority in ensuring that the programmes are high quality and relevant, community-based, collaborative, sustainable, and cost-effective. This will influence the design and implementation of the programme. The Sierra Leone Red Cross offers the following core programmes and services:

- Community-Based Health: with a specific emphasis on reducing maternal and infant mortality rates.
- HIV/AIDS: and STI awareness with an emphasis on peer and adult educators.
- Blood Services: The main activity of this programmed is to recruit donors to donate non-remunerated blood.
- Branch Development and Relief: with an emphasis on ensuring countrywide branch coverage and recruitment of volunteers. These volunteers are active in providing First Aid and distributing relief supplies to refugees and disaster victims.
- Disaster Preparedness: Volunteer Action Teams in the Branches are being trained to respond to disasters and conflict. A specific priority is to work with the Government to develop a National Disaster Management Plan and legislation.
- Communication and Tracing: This department educates the populace about the mandate of the Movement, promotes its fundamental principles and the basic concepts of IHL. It also includes Restoring Family Links, which traces family members primarily through Red Cross Messages.
- Community Animation and Peace Support: This program helps communities and individuals to rebuild their lives after the devastation of the 10-year conflict.
- Child Advocacy and Rehabilitation: This programmed aims to detraumatize children affected by the war and reintegrate them back into their communities.
- Job Aid for War Amputees: Of the many atrocities committed in the war, amputations and mutilations was one of the worst. This programme helps amputees with skills training, micro credit loans and advocacy with employers.

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<sup>1</sup> ARCHI – African Red Cross and Red Crescent Health Initiative 2010 builds on its strength: a Red Cross and Red Crescent presence in each of 53 countries in Africa and, in all, more than 2 million volunteers. The overall goal of ARCHI 2010 is to make a major difference in the health of vulnerable people in Africa. (refer to <http://www.ifrc.org/WHAT/health/archi/>)

## Strengthening the National Society

### Health and Care

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

The effect of a decade-long war has increased people's vulnerability to disease, especially among women and children. Malaria is the predominant health concern in Sierra Leone. The Ministry of Health and Sanitation (MoHS) listed other problems such as reproductive health, STI<sup>1</sup>, HIV/AIDS and maternal and neo-natal mortality. In addition to these are: TB, ARI<sup>2</sup> and childhood vaccine-preventable diseases, among others.

The HIV/AIDS zero-prevalence survey result, which in 2002 was released, revealed a rate of 4.9% that is used as a preliminary result. This has been re-checked by CDC Atlanta<sup>3</sup> and found to have a lower prevalence rate. The government is setting up a surveillance system to ensure more accurate data in the future. A KAP<sup>4</sup> study concerning HIV/AIDS was conducted in 2002. The study revealed that only 54% of women had heard about HIV/AIDS, and that 16% of youths used condoms at their last sexual contact<sup>5</sup>; with the high prevalence rate of syphilis and high levels of sexual violence, the potential for a rise in HIV/AIDS is high. There is still an alarming increase in the incidence of STI, in commercial sex activities, in female circumcision, and in traditional practices such as tribal incisions, polygamy and early marriages. These have contributed to the health problems facing the women and children in Sierra Leone, many of them preventable.

The government initially set up an AIDS control programme in 1987, and more recently has established a group responsible for the prevention and control of HIV/AIDS: SHARP<sup>6</sup> has received a USD 15 million credit of which almost half is earmarked for Community and Civil Society Initiatives (CCSI) to be used to support NGOs in HIV/AIDS prevention and control. Currently there are no home-based care facilities in the country; however, one hospice offers day care. Antiretroviral use is very limited; another part of the response is a health sector response through the AIDS Response Group (ARG), which will include voluntary counseling and testing.

The MoHS has revised its national health policy aiming for reconstruction, reformation and development of the health sector with greater decentralization of services. There is an emphasis on preventive services and increased partnership between private and public sectors. The MoHS currently holds monthly health task force meetings in which all agencies are invited to participate. Other Ministries involved in community-based health care include the Ministry of Social Welfare and Gender, which offers support regarding advocacy on issues such as child rights and female genital mutilation (FGM) and the Ministry of Energy and Power providing technical guidance regarding water and sanitation activities.

There are a number of international organizations active in Sierra Leone: UNICEF, WHO, UNAIDS, UNFPA and WFP for nutritional activities. OCHA and UNHCR are responsible for IDP<sup>7</sup> and refugees, respectively. The government is currently drawing up a matrix to detail the international and local organizations working in Community Based Health Care (CBHC), such as GOAL, Concern Worldwide, MSF and MERLIN. The latter is most involved in dealing with Lassa fever, a major concern in the country. There are numerous local organizations involved in CBHC in Sierra Leone, some of which the Sierra Leone Red Cross may collaborate with, specifically the Shepherd Hospice and CHASL.

In view of this, the Sierra Leone Red Cross, in line with the ARCHI 2010 and in collaboration with MoHS, is working with its networks of volunteers in ten district branches and focusing on prevention and control, which are the first two levels of primary health care.

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<sup>1</sup> STI – Sexually-transmitted infection

<sup>2</sup> TB – Tuberculosis; ARI – Acute respiratory infection

<sup>3</sup> CDC Atlanta – U.S. Centers for Disease Control and Prevention, Atlanta, Georgia

<sup>4</sup> KAP - Knowledge, attitude and practice

<sup>5</sup> The Health Sector Response to HIV/AIDS in Sierra Leone, Ministry of Health and Sanitation (MoHS), January 2002

<sup>6</sup> SHARP - Sierra Leone HIV/AIDS Response Project

<sup>7</sup> IDP – Internally Displaced Person(s)

**Achievements:**

Achievements made within the Health and Care Core Area within the past 18 months (January 2002 - June 2003) are as follows:

- Primary health care services provided in eight health clinics to 163,340 patients most of whom were women and children (77,319 under-fives, 28,482 ante-natal and 2,661 post-natal.)
- 4,115 refugees received health care from two clinics.
- 360 ex-combatants from Liberia provided with mobile health care services in their camp.
- 28,685 children received immunizations against preventable diseases and 19,187 pregnant and women of child- bearing age against tetanus.
- 52,853 under-fives growth monitored monthly.
- 243,571 beneficiaries received health talks.

Table 2 highlights the attendance at clinics since 1997. As the populations attending the clinic are unknown, it is impossible to estimate the percentage of the populations served.

**Table.2 Red Cross Clinic attendances 1997-2002**

<b>YEAR</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>
No. of operational Clinics	7	7	4	10	11	13
Under 5 years	52,170	61,766	31,765	56,418	68,303	56,109
Ante natal	3,095	3,587	4,527	10,794	15,705	19,837
Post natal	0	0	0	0	1,205	1,868
General	38,861	45,850	44,114	39,797	51,508	41,213
<b>Total</b>	<b>94,126</b>	<b>111,243</b>	<b>80,406</b>	<b>107,009</b>	<b>136,541</b>	<b>119,027</b>

Source: Sierra Leone Red Cross compiled annual reports/presentation partnership meeting, Sierra Leone, May 2002

- At community level 58 communities have been reached:
  - 680 community volunteers trained in Community Based First Aid (CBFA)
  - 500 community volunteers trained in cholera preparedness and provided with basic kits for training in the community and oral dehydration services.
  - 405 traditional birth attendants (TBA) trained and equipped to conduct safe and clean deliveries, to recognize obstetrics emergencies and antenatal care with 1,943 live births reported.
  - 58 mothers clubs with 926 members.
  - 100 women leaders trained in leadership skills.
  - Network of volunteers formed for safe motherhood, water and sanitation, backyard garden/nutrition, child survival, hygiene promotion.
  - 166,166 beneficiaries reached with Lassa fever sensitization in the communities and refugee camps.
- STI/HIV and AIDS prevention and control intensified and activities commenced in ten branches intensifying public awareness to reduce stigma and discrimination.
  - 1,090 youth peer and 620 adult peer educators were trained and disseminated health messages in the communities.
  - 12 drama groups were trained and equipped and performed HIV/AIDS skits with Radio and Television programmes which reached 61,000 beneficiaries.
- During the past years efforts were made to increase the number of voluntary blood donors by enhancing community participation. Unfortunately, the result so far had not been very encouraging. In view of the above it is necessary that the national society continue the recruitment of voluntary blood donors through social mobilization and to support the Ministry of Health in ensuring blood safety.
  - 2,843 units of blood were collected of which only 8.5% were voluntary donations.
  - Every unit of blood collected was screened for transfusion transmissible infections.

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- 2,268 adult units and 661 paediatric units were issued out.
- Donation talks were given to members of eight vocational training institutes, three secondary schools, four communities and three displaced camps. 3,360 potential donors were addressed.

### **Lessons Learned:**

It is evident that many activities have been accomplished by the national society within the CBHP throughout the devastating conflict in most difficult circumstances. The activities include provision of basic health care services, hygiene promotion, safe motherhood, community based first aid, prevention and early management of common diseases and conditions, promotion of nutrition, increasing access to water and sanitation and increasing STI/HIV/AIDS awareness. These are offered through the assistance of hygiene promoters, traditional birth attendants, youth and adult peer educators, mothers' clubs and staff and volunteers. Staff development is a key element within the CBHP, which has retained a valuable human resource base of committed and experienced staff.

The recent review of the CBHP undertaken jointly by Federation partners and the Sierra Leone Red Cross revealed these key issues:

- Improve the effectiveness of CBHC activities through improved Participatory Rural Appraisal (PRA) methodology by sharing PRA results with other national society's programmes and stakeholders, linking results to nationally identified needs and capacities and increasing the emphasis on health promotion and prevention.
- Take the opportunity to strengthen MoHS capacity as well as focus on local community action supported by volunteers and participate in national programmes such as malaria control and STI/HIV/AIDS awareness.
- Improve the monitoring and assessment of progress and impact.
- Focus on sustainable programming to reduce the reliance on external financial resources

**Goal: The Sierra Leone Red Cross and its operational communities' capacities are strengthened and poverty is reduced through effective community-based programmes in the four core areas of Strategy 2010.**

**Objective: The morbidity and mortality rate of under-fives and women of child bearing age has been reduced and the health status and well-being of the most vulnerable improved while the STI/HIV/AIDS prevalence has been stabilized and voluntary blood donor recruitment intensified.**

### **Expected Result (s) and related projects for this objective are:**

1. The morbidity and mortality rate of under-fives and women of childbearing age has been reduced and the health status and well being of the most vulnerable improved.
2. STI/HIVAIDS prevalence rate is stabilized, stigma and discrimination is reduced and support to people infected and affected by HIV/AIDS is provided in Sierra Leone Red Cross targeted communities.
3. Promotion of voluntary, non-remunerated blood donations in five Sierra Leone Red Cross branches is intensified.

*[<Click here to access the Logical Framework Planning Matrix document for Health and Care>](#)*

## Disaster Management

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### Background and achievements/lessons to date:

Though humanitarian agencies have given a positive response to provide immediate relief to victims of the armed conflicts in Sierra Leone and region, the government and the Movement have identified the need for medium and long-term disaster management mechanisms. Emphasis is placed on disaster prevention, mitigation and preparedness. Sierra Leone still lacks an adequate National Disaster Management Plan or government legislation to ensure clear roles and responsibilities.

The country faces considerable challenges including the reintegration of both Sierra Leonean IDPs and returnees from neighboring countries and the continued sub-regional insecurity, particularly in Liberia. The country is still host to some 53,000 Liberian refugees. This situation further aggravates the poverty, high unemployment and lack of basic infrastructure in Sierra Leone.

The Sierra Leone Red Cross has thus identified the need to rebuild and strengthen its disaster management capacities both at the national and branch levels. In its 2004 strategy, the national society will focus on training of volunteers and staff, a systematic application of the VCA<sup>1</sup> process to identify hazards and to map out a realistic disaster response plan. Both the ICRC and Federation will support the Sierra Leone Red Cross in building its natural or man-made disaster preparedness. The Sierra Leone Red Cross will also work very closely with the relevant government authorities to trigger the process of national disaster planning.

### Achievements :

- In coordination with UNHCR, NGO's and NACSA (a government agency), the Sierra Leone Red Cross Action Teams continued in 2003 to provide assistance including food and water to Sierra Leonean refugees returning from Guinea and Liberia to Freetown harbour, the land border at Kambia and at Lungi International airport. A total of 41,668 assisted since 2002.
- The eight Western Area branch Action Teams assisted 132 people on Lumley Beach (main beach in Freetown) at their First-Aid post on weekends and public holidays on a rotation basis from January to September 2003.
- Joint assessment missions were conducted in the second and third quarters of 2003 of the Liberian refugee camps, way stations and crossing points.
- Up to September 2003, 284 action team members in nine branches were trained in Disaster Management.

### Lessons learned:

- The need to develop strategies for continuous volunteer recruitment, involvement and training as well as systems for retention.
- Community disaster management programmes are opportunities to integrate and promote development of other social projects based on risk and vulnerability reduction and capacity building. Therefore, close collaboration with stakeholders is required.
- Sierra Leone has no existing legislation on disaster management nor does the government have a National Disaster Management plan. The government has approached the Sierra Leone Red Cross to assist them in developing a national plan.
- The Sierra Leone Red Cross, like the rest of the country, faces reconstruction and development including the need to build up logistics resources and a communication network to effectively mobilize the branch Action Teams.
- The Sierra Leone Red Cross staff have undergone training in strategic planning and project planning process and the use of these techniques have allowed better preparation of plans and budgets.
- There is need to support an integrated approach with ICRC and the Federation on the practical harmonization of Disaster Preparedness and Conflict Preparedness.

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<sup>1</sup> VCA – Vulnerability and Capacity Assessment is an International Federation risk assessment tool and process that can be used by national societies as a basis for their disaster preparedness and risk reduction planning.

**Goal: The Sierra Leone Red Cross and its operational communities' capacities are strengthened and poverty is reduced through effective community-basic programmes in the four core areas of Strategy 2010.**

**Objective: The effect of disasters in Sierra Leone are mitigated through the intervention of Sierra Leone Red Cross Society**

**Expected Result (s) and related projects for this objective are:**

1. The capacity of the Sierra Leone Red Cross to provide timely and effective response to disaster victims has been strengthened.
2. The impact of disasters and related vulnerabilities on Sierra Leonean are reduced.
3. Community collaboration and partnership with government, other agencies and the Movement are strengthened.

*[<Click here to access the Logical Framework Planning Matrix document for Disaster Management>](#)*

## **Humanitarian Values**

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### **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 27<sup>th</sup> International Conference: "New initiatives to meet the needs of vulnerable people, and to reduce discrimination and violence in the community."

### **Job aid For War Amputees (JAWA)**

The JAWA project 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 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. Firstly, the micro-credit loan scheme which allows amputees to start self-employment initiatives mostly in the retail and small-trade sector, such as vendors for food, oil, wood, cloths, sandals, hairdresser and vegetables. 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 to start their own business or to use at their new place of employment.

After the project's initial success in Freetown, it was expanded to Lungi , Bo, Kenema, Makeni, Port Loko and Kono. By mid-2003, the following achievements were registered:

- 481 amputees in total have been assisted, of these;
  - 76 were placed in jobs.
  - 108 were trained in marketable skills.
  - 297 received micro credit to start own petty trade.

### **Community Animation and Peace Support (CAPS)**

The CAPS project 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. Since June 2000, 96 communities have been targeted in four chiefdoms in the Moyamba and Bo districts.

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

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relied on subsistence living before the war. Poverty and its associated factors of illiteracy, high infant mortality, and low life expectancy were characteristics of these areas.

By mid 2003, the following were achieved in the project:

- 942 people, 61% women, have benefited from adult literacy.
- 1,698 have received micro credit.
- 224 farming and gardening groups comprising 4,156 individuals (62% women) have benefited from seed and agricultural tools inputs.
- 64 drama groups produced 591 performances on conflict and peace building themes.
- 201 work groups comprising 8,126 individuals in the 96 communities, built homes and community structures, made roads and football fields.
- 621 youths participated in skills training in carpentry and furniture building, bread baking, tailoring, gara tie-dyeing, and soap making.

### **Child advocacy and Rehabilitation (CAR)**

The CAR project was initiated to respond to the many 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 involved 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 youths 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 10 to 18 years old, do not attend school, and are from communities who experienced war-related violence as outlined above. The project aims at assisting these war-affected youths, 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 youths 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 organized to address issues such as the root cause of the war, human rights, and gender issues so as to assist communities in discussing, envisioning and implementing a way forward.

By mid-2003 the following have been achieved in the project:

- 254 children have graduated from the Waterloo Centre
- Three centres currently with 450 enrolment in Waterloo, Kambia, and Port Loko
- One centre to start in November 2003 in Kabala.

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- The Waterloo, Kambia and Port Loko townships have benefited from mini project support, ranging from Piggery, Swamp rice cultivation and groundnut farming.

### Lessons learned:

- The repayment of micro credit loans in JAWA and CAPS have taken longer than expected.
- Review of programming for girl mothers in the CAR project, to give further support to family planning and care of their babies.
- Period of intervention in a CAPS community to be extended to two years, to consolidate gains and better prepare the communities to take over.

**Goal: The Sierra Leone Red Cross and its operational communities' capacities are strengthened and poverty is reduced through effective community-based programmes in the four core areas of Strategy 2010.**

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

### Expected Result (s) and related projects for this objective are:

1. War torn communities' capacities are strengthened for poverty reduction and post-war reconstruction and development.
2. War affected children are rehabilitated and reintegrated into child friendly communities.
3. The capacity for 300 war-affected amputees in 8 of 11 Sierra Leone Red Cross branches to be self-reliant is improved.

*[<Click here to access the Logical Framework Planning Matrix document for Humanitarian Values>](#)*

## Organizational Development

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### Background and Achievements/ Lessons to date:

During the armed conflict, the Sierra Leone Red Cross focused mainly on responding to the needs of the victims of the civil war. Focus on development was very minimal and in some cases neglected as it was as though relief and development cannot go on simultaneously. As peace and stability have now been achieved in Sierra Leone the national society has recognized the need to change from a relief-focused operation to one of development, capacity building and self-sustainability. This transition has now turned the Sierra Leone Red Cross attention toward organizational development.

As a result of the serious destruction to headquarters and branches, there is a need to re-build capacities and structures throughout the country. Branches are being re-established in all 13 districts of the country and the volunteer and membership base is growing rapidly. The country does still have a serious lack of basic infrastructure that makes communication and transportation extremely difficult. With an unreliable or non-existent telephone system and bad road conditions, the HF radio network remains a vital link for the branches. Monitoring of programs and in some cases, service to beneficiaries is compromised due to an ageing fleet of vehicles that require heavy maintenance costs. In addition, the lack of a country wide banking system makes financial management problematic.

Nevertheless, the Sierra Leone Red Cross has been able to achieve a considerable amount in the past year:

- Staff members and governance developed a strategic plan for the national society for 2004-2006 after holding several workshops with various stakeholders.
- A Partnership Meeting was held in May 2003 with seven partner national societies and the ICRC in attendance.
- Following attendance at a PPP workshop in Ghana, the Sierra Leone Red Cross and Federation led a three-day training workshop that led up to the planning exercise for 2004.
- A new branch was opened in Kabala for the Koinadugu district on 28 March 2003.
- A new office building was completed for the Moyamba district on 9 August 2003.
- The local authorities of Pujehun district donated 1.6 acres of land and in Kailahun two town lots, for the construction of new branch buildings that should begin later in 2003.

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- The National Volunteer Recruitment Campaign held in May yielded 2,294 new members from all parts of the country.
- Staff capacity building occurred through a variety of local and international training events including the OD workshop, Conflict Transformation training, management courses.
- The fundraising centre re-opened with the sale of used clothing and other goods.
- Fundraising activities in branches included membership fees, clinic fees, special events such as sponsored walks and football matches.
- Two Sierra Leone Red Cross youth members attended International Youth camps in Gambia and Nigeria.

### **Lessons Learned:**

- The SWOT analysis completed during strategic planning revealed a need to focus on management systems and organizational structures.
- Moving into a development scenario will require a self-sustainability that is not donor dependent and has a diverse funding base.
- There is a need to adapt the current programmes and activities to meet the current realities and needs of the beneficiaries.
- The best way forward for good service delivery is a de-centralization of systems and activities to the branches.
- The Sierra Leone Red Cross needs to be strengthened through a broad volunteer and membership base.
- There is a need to sensitize communities and the general public about the ideals and principles of the Movement.

**Goal: The Sierra Leone Red Cross and its operational communities' capacities are strengthened and poverty is reduced through effective community-based programmes in the four core areas of Strategy 2010.**

**Objective: The capacity of the national society to deliver sustainable and effective programmes that support the most vulnerable population is increased.**

### **Expected Result (s) and related projects for this objective are:**

1. Standardized human resource policies and procedures are instituted. The Sierra Leone Red Cross trained, qualified and committed staff and volunteers are motivated and quality service to the beneficiaries is provided.
2. Diverse fundraising strategies are implemented to maximize the partnership and revenue base, including international support as well as local initiatives and the programmes are sustained.
3. Core Sierra Leone Red Cross programmed activities are delivered in existing and future branches that are strengthened by an effective and strong volunteer/membership base throughout the country.
4. The national society's unique role as auxiliary to government is effectively fulfilled and it is ensured that every level of government is knowledgeable about the Red Cross principles and its work and the responsibilities of government are followed.
5. Timely, informative and quality results-based planning, implementing, monitoring and reporting are improved and the needs of the most vulnerable are met and capacities are strengthened.
6. The administrative, financial, logistical and management systems that enhance coordination, efficiency, accountability, monitoring and communication are improved.

*[<Click here to access the Logical Framework Planning Matrix document for Organizational Development>](#)*

*[<Click here to access a related article from Red Cross Red Crescent Magazine \(Issue 3 – 2003\)>](#)*

## **Coordination, Cooperation, and Strategic Partnerships**

**Background and Achievements/ Lessons to date:** [<Click here to return to title page>](#)

In 2003, the Sierra Leone Red Cross, Federation and ICRC developed and signed a Memorandum of Understanding for Development Cooperation replacing the coordination of the Movement's activities through the Seville Agreement. This document provides a framework for cooperation between the Movement partners and the Sierra Leone Red Cross. Partner national societies have also signed the document that outlines the respective roles and responsibilities of each and the Cooperation Agreement Strategy. The Sierra Leone Red Cross strategic plan provides the basis for the cooperation between partners. In addition, two bi-lateral partners, the Spanish Red Cross and Danish Red Cross have established a service agreement with the Federation to provide support services.

Sierra Leone forms part of the Mano River Sub-region; improvement in regional cooperation in the coming years forms a major part of the Secretariat operational strategy for the coming years. There is potential for regional development particularly in Disaster Management and Organizational Development. The Abidjan sub-regional office will take the lead in coordinating these efforts in 2004. The Federation Country delegation will slowly be phased out over the next 3-5 years as the Sierra Leone Red Cross builds their management capacity. The Abidjan sub-regional office will gradually take over the direct support to the Sierra Leone Red Cross as the delegation phases out.

The sub-regional office will establish an integrated regional coordination mechanism in all the different sectors (Health, HIV, Disaster Management, Humanitarian Values, Reporting, Information, Finance, Administration, IT/Telecommunications and Logistics) that will facilitate knowledge sharing between national societies in the region through regional seminars and workshops in collaboration with the ICRC. This will be done with the regional technical personnel already in place and others that will be recruited. The sub-regional office will therefore become an operational centre for management, coordination and continuous education of country delegations and national societies in the region. These efforts will include evaluation and monitoring of the development of the national society staff in the region. The sub-regional office will develop and implement a regional cooperation strategy between countries whereby Liberia will work with Sierra Leone, Guinea-Bissau will work with Guinea (Conakry), and Côte d'Ivoire will work with Guinea-Bissau; each one will share knowledge on areas in which they are stronger.

**Goal: The Sierra Leone Red Cross and its operational communities' capacities are strengthened and poverty is reduced through effective community-based programmes in the four core areas of Strategy 2010.**

**Objective: The capacity of the Sierra Leone Red Cross to coordinate their plans, cooperate with all stakeholders and develop strategic partnerships is strengthened.**

**Expected Result (s) and related projects for this objective are:**

1. All Movement partners with Sierra Leone Red Cross have signed the MOU for Development Cooperation and have participated in the Coordination mechanisms outlined including the Cooperation Agreement Strategy.
2. The capacity of the Sierra Leone Red Cross to deliver quality programmes is enhanced through strategic partnerships with bi-lateral partners.
3. The Sierra Leone Red Cross has cooperated with other national societies in the Mano River sub-region to optimize learning opportunities and strengthen the effectiveness of programmes.

[<Click here to access the Logical Framework Planning Matrix document for Coordination and Cooperation >](#)

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

# BUDGET 2004

## PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.26/2004

Name: Sierra Leone

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	10,664	0	0	26,667	0	0	37,331
Clothing & textiles	0	0	37,933	0	0	0	37,933
Food	0	103,193	87,833	0	0	0	191,026
Seeds & plants	0	0	28,000	0	0	0	28,000
Water & Sanitation	194,187	0	0	0	0	0	194,187
Medical & first aid	133,523	0	3,298	0	0	0	136,821
Teaching materials	10,000	3,667	370,950	0	0	0	384,617
Utensils & tools	19,333	0	56,000	0	0	0	75,333
Other relief supplies	6,081	1,520	923	0	0	0	8,524
<b>SUPPLIES</b>	<b>373,788</b>	<b>108,380</b>	<b>584,937</b>	<b>26,667</b>	<b>0</b>	<b>0</b>	<b>1,093,772</b>
Land & Buildings	40,000	0	0	0	0	0	40,000
Vehicles	0	0	13,433	15,000	0	0	28,433
Computers & telecom	33,334	12,667	16,767	0	0	0	62,768
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
<b>CAPITAL EXPENSES</b>	<b>73,334</b>	<b>12,667</b>	<b>30,200</b>	<b>15,000</b>	<b>0</b>	<b>0</b>	<b>131,201</b>
Warehouse & Distribution	3,933	22,133	700	0	0	0	26,766
Transport & Vehicules	111,073	7,901	117,991	59,101	0	0	296,066
<b>TRANSPORT &amp; STORAGE</b>	<b>115,006</b>	<b>30,034</b>	<b>118,691</b>	<b>59,101</b>	<b>0</b>	<b>0</b>	<b>322,832</b>
Programme Support	107,533	23,689	111,624	32,338	0	0	275,183
<b>PROGRAMME SUPPORT</b>	<b>107,533</b>	<b>23,689</b>	<b>111,624</b>	<b>32,338</b>	<b>0</b>	<b>0</b>	<b>275,183</b>
Personnel-delegates	76,169	55,794	74,060	141,500	0	0	347,523
Personnel-national staff	397,365	47,717	490,156	124,587	0	0	1,059,824
Consultants	6,750	0	0	6,300	0	0	13,050
<b>PERSONNEL</b>	<b>480,284</b>	<b>103,511</b>	<b>564,216</b>	<b>272,387</b>	<b>0</b>	<b>0</b>	<b>1,420,397</b>
W/shops & Training	232,060	50,057	138,926	38,198	0	0	459,241
<b>WORKSHOPS &amp; TRAINING</b>	<b>232,060</b>	<b>50,057</b>	<b>138,926</b>	<b>38,198</b>	<b>0</b>	<b>0</b>	<b>459,241</b>
Travel & related expenses	29,206	14,320	30,706	15,133	0	0	89,365
Information	84,653	2,827	17,497	487	0	0	105,464
Other General costs	158,490	18,957	120,492	38,203	0	0	336,142
<b>GENERAL EXPENSES</b>	<b>272,349</b>	<b>36,104</b>	<b>168,695</b>	<b>53,823</b>	<b>0</b>	<b>0</b>	<b>530,971</b>
<b>TOTAL BUDGET:</b>	<b>1,654,354</b>	<b>364,442</b>	<b>1,717,289</b>	<b>497,514</b>	<b>0</b>	<b>0</b>	<b>4,233,598</b>