

Appeal 2005



International Federation
of Red Cross and Red Crescent Societies

SIERRA LEONE

Appeal no. 05AA023

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, objectives, and related activities to be implemented in 2005, and the corresponding 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, or can be requested through the respective regional department.

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Click on the title below to go to the relevant text; click on the figure to go to the programme budget

Programme title	2005 in CHF
Strengthening the National Society	
Health and care	972,025
Disaster management	552,167
Humanitarian values	1,290,010
Organizational development	460,753
Total	3,274,955¹

¹ USD 2,601,200 or EUR 2,109,500.

National Context

Considerable progress has been made towards reconstruction, reconciliation and consolidation of peace as Sierra Leone emerges from its eleven years of destructive conflict which was officially declared over in January 2002. While advancing governance and developing longer-term strategies for sustainable development, there continues to be short-term relief and recovery needs to be met to reinforce peace and stability at the community level, especially in the vulnerable areas of the country. The election of district councils, which have not existed since the early seventies, and the move towards decentralized governance, should help continue the momentum.

Successful reintegration of the displaced and affected populations remains central to continued recovery in Sierra Leone. In 2004, 12,000 Sierra Leonean returnees were received by the end of April bringing the total of returnees of 257,000 since late 2000. It is estimated that a further 10,000 remain to be repatriated before the end of 2004. Many areas of the country, particularly in the north and east where displacement and war-related damage were at their highest, still have very low access to basic services and livelihood support. Community-based interventions, targeting primary needs in vulnerable communities remain the priority of the UN agencies and the humanitarian community.



The sub-regional situation has stabilized with the consolidation of peace in Liberia and recovery in Sierra Leone. The presence of UNMIL in Liberia and the establishment of the interim government should diminish the potential threat of border instability and allow for the repatriation of Liberian refugees beginning in late 2004. Presently, over 66,000 Liberian refugees are supported in Sierra Leone; approximately 55,400 in eight camps and 10,600 in urban areas and border regions.

As the UNAMSIL draw down continues, a residual presence will remain in Sierra Leone until June 2005 to safeguard stability within the country. While the situation in Liberia has stabilized, the situation in Guinea remains a concern with ongoing political tensions that could have potential negative ramifications on sub-regional stability. Although encouraging steps have been taken towards recovery and peace building, the challenges are enormous. These include pervasive poverty, a fragile judicial system, corruption, dilapidated infrastructure, high unemployment and the absence of adequate social services.

The need for immediate relief and recovery interventions while addressing long-term recovery and development challenges remains imperative. In accordance with the Federation Strategy 2010 priorities, the national society works closely with government and its partners on the transition to sustainable development. Sierra Leone remains last of 177 nations in the UN Human Development Index and the statistics below give an indication for this rating.

Human Development Indicators at a Glance

Category	Sierra Leone	Sub-Saharan Africa	World
Total population (millions)	4.8	641.0	6,225.0
GDP per capita (USD)	150	469	5,174
Life expectancy at birth (years) - Female - Male	35.6 – 33.1	n.a.	n.a.
Infant mortality rate, per 1,000 live births	165	108	56
Maternal mortality per 100,000 live births (adjusted ratio)(2000)	2,000	n.a	n.a
Population (%) with sustainable access to an improved water source (2000)	57	57	82
HIV prevalence (% , ages 15-49) (2003)	n.a	7.7	01.1
Adult literacy rate (% , ages 15 and above) Female - Male	n.a	n.a	n.a

Source: UNDP Human Development Report, July 2004: Human Development Index (pages 139-250). Refer to http://hdr.undp.org/reports/global/2004/pdf/hdr04_HDI.pdf Note: Data is 2002 unless noted above.

For ease of reference, the table below lists the standard abbreviations and references used in this Appeal.

ARI - Acute respiratory infection(s)	MoU – Memorandum of Understanding
CAPS – Community animation and peace support	PLWHA – Person(s) living with HIV/AIDS
CAR – Child advocacy and rehabilitation	PNS - Partner National Society(ies)
CAS – Cooperation Agreement Strategy(ies)	RDRT – Regional Disaster Response Team(s)
CBHC – Community-based health care	SHARP - Sierra Leone HIV/AIDS response project
CPCC – Community Peach Consolidation Committee(s)	STI/ STD - Sexually-transmitted infections / diseases
IDP – Internally-displaced person(s)	SWOT – Strengths, Weaknesses, Opportunities, Threats
IHL – International Humanitarian Law	TB – Tuberculosis
JAWA – Job Aid for War Amputee(s)	UNAMSIL – UN Mission in Sierra Leone
MoHS – Ministry of Health and Sanitation	UNMIL – UN Mission in Liberia
Movement - International Red Cross and Red Crescent Movement.	VCA – Vulnerability and capacity assessment
ARCHI 2010 – refer to http://www.ifrc.org/what/health/archi/	
ERU – Emergency Response Unit(s) Refer to http://www.ifrc.org/what/disasters/eru/	
FACT – Field Assessment and Coordination Team(s). Refer to http://www.ifrc.org/what/disasters/fact/	
Strategy 2010 – refer to http://www.ifrc.org/who/strategy.asp	
Ouagadougou Declaration – refer to http://www.ifrc.org/meetings/regional/africa/5thpac/5thpacde.asp	
Seville Agreement – refer to http://www.ifrc.org/meetings/statutory/ga/ga97/ga_97_8.asp	

Red Cross Red Crescent Priorities

National Society Strategy/Programme Priorities:

The priorities of the Sierra Leone Red Cross Society² are based on its 2005-2007 strategic plan. This plan has gone through some stages of development, the last of which took place in May 2004. In developing the strategic plan, much consideration has been given to the Federation’s strategic documents (Strategy 2010 and ARCHI 2010), the Movement’s strategy, the government of Sierra Leone’s strategies (The National Recovery Strategy, Vision 2025 and the Poverty Reduction Strategy) as well as the UN Human Development Index and the Millennium Development Goals.

The national society has adopted a new mission statement “To improve the lives of vulnerable people and advocate on their behalf, working in close collaboration with communities and other stakeholders whilst adhering to the Movement’s fundamental principles”. To achieve this, seven strategic objectives were developed as follows:

1. To retain trained, qualified, committed and motivated staff and volunteers than can provide quality services.
2. To implement well-designed programmes within the framework of the Movement’s strategies and government priorities within the country.

² Sierra Leone Red Cross Society - <http://www.ifrc.org/where/country/check.asp?countryid=152>

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3. To improve on the management systems of the national society.
4. To improve the revenue base of the national society.
5. To ensure that the Sierra Leone Red Cross has well functioning and decentralized structures and systems that is responsive to local vulnerabilities.
6. To fulfil the national society's role as auxiliary to government of Sierra Leone.
7. To improve the image of the Movement in Sierra Leone.

In terms of programme priorities, the Sierra Leone Red Cross will continue to provide vital core programmes and services similar to those in 2004. However, the objectives of the national society's strategic plan place a priority on 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 programmes. The national society offers the following programmes and services:

Health and Care

- Community-based health: with a specific emphasis on reducing maternal and infant mortality rates. The Federation support will place less emphasis on clinical, curative activities, although the Sierra Leone Red Cross will continue with sustainable users' fees on a cost-recovery basis.
- HIV/AIDS/STI awareness with an emphasis on peer and adult educators. It is now a programme on its own with intensified activities.
- Blood services: the main activity of this programme is to recruit voluntary donors who donate non-remunerated blood. This service is not included in the appeal because it has received little funding from the Federation in the past. However, funds are urgently needed to keep this vital programme functioning and any interested donors are encouraged to contact the national society and/or the Federation.

Disaster Management

- Moving from the emergency period, the Sierra Leone Red Cross has placed more emphasis on disaster risk-reduction and response. Considerable work is being done with the government of Sierra Leone and other agencies to develop a national disaster management plan. The national society is playing a lead role in this effort.

Organizational Development and Volunteer Management

- This programme lays emphasis on building capacities at national and branch levels. Much is being done towards restructuring and decentralizing the branches for the purpose of more empowerment. Volunteer management is greatly taken into consideration in this development work.

Humanitarian Values

- The CAPS programme helps communities and individuals to rebuild their lives after the devastation of the 11-year conflict.
- The CAR programme aims to de-traumatize children affected by the war and reintegrate them back into their communities.
- Of the many atrocities committed in the war, amputations and mutilations were some of the worst. The JAWA programme helps amputees with skills training and economic self-sufficiency.

Communication and Tracing

- These programmes educate the populace about the mandate of the Movement, promotes its fundamental principles and the basic concepts of the IHL. It also includes restoring family links, which traces family members separated by the war through the use of Red Cross messages.

Resource Development

- The Sierra Leone Red Cross has been diversifying its fundraising activities to include a viable fundraising centre that sells used clothing as well as a pilot pharmacy. In addition, the national society was successful in becoming the principle recipient of the Global Fund for TB in Sierra Leone.

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Movement Context:

The Federation

The Sierra Leone Red Cross embarked upon a strategic planning process in 2003 up to the first half of 2004. The plan has been revised to cover 2005-2007 and serves as a guide for setting development priorities. The MoU for development cooperation, signed between the Federation, ICRC, the Spanish Red Cross and the Sierra Leone Red Cross, is based on the national society's strategic plan. Other signatories include the Canadian Red Cross and Danish Red Cross who attend coordination meetings when present in the country. The CAS, intended to support this three-year plan, has yet to be developed.

The operational planning for 2005 was completed on a holistic basis including plans and activities for each programme regardless of donor support or fundraising plans. The narrative plans and attached 'logframes' contained in this appeal document therefore reflect this approach. The budget, however, only includes the portion of the plan to be funded through Federation multi-lateral partners. The Federation appeal budget accounts for approximately 75 percent of the overall budget.

ICRC

The ICRC continues to maintain a strong presence in Sierra Leone and has good relations with the Sierra Leone Red Cross. They are supporting dissemination and IHL, Family Links Restoration, Conflict Preparedness, the Humanitarian Values programmes and other capacity-building activities.

Bilateral and multi-lateral partners

In 2004, the Movement partners in Sierra Leone continued to implement the MoU for development cooperation signed in May 2003. The MoU outlines coordination mechanisms as well as roles and responsibilities of each partner. Although all Movement partners have been encouraged to sign this document, many have not done so, limiting its effectiveness particularly in the area of cooperation and coordination.

The Spanish Red Cross has established a fourth CAR centre in Koinadugu district on a bi-lateral basis and plan to continue long-term support to the Sierra Leone Red Cross. The Danish Red Cross also intend to support the national society on a bi-lateral basis with particular emphasis on expanding the HIV/AIDS activities in the country.

The table below reflects the support to the national society from multi-lateral and bilateral partners.

Programme>	CBHC	HIV/AIDS	DM	OD	CAR	CAPS	JAWA	Others
Federation Multi-lateral								
Partner								
Swedish Red Cross	X			X	X	X	X	
British Red Cross	X	X		X	X	X		X
Finnish Red Cross			X					
Swiss Red Cross			X		X			
Canadian Red Cross				X	X	X		
Netherlands Red Cross	X	X	X	X		X		
Icelandic Red Cross					X			
European Union			X					
Bilateral								
ICRC					X	X	X	X
Spanish Red Cross					X			
Danish Red Cross		X		X				
German Red Cross			X					
Global Fund	X	X		X				
UNHCR	X							
Unicef	X							
PLAN International		X						

Strengthening the National Society Health and Care

Community-Based Health Care Programme (CBHC)

Background and Achievements

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 MoHS listed other problems such as reproductive health, HIV/AIDS/STI and maternal and neo-natal mortality. In addition to these are TB, ARI and childhood vaccine-preventable diseases and, of particular concern in Sierra Leone, cholera and Lassa fever.

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 CBHC 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 (WatSan) activities.

There are a number of international organizations active in Sierra Leone; UNICEF, WHO, UNAIDS, UNFPA and WFP for nutritional activities. UNHCR is responsible for refugees. There are also a number of international and local organizations working in CBHC that Sierra Leone Red Cross may collaborate with, such as GOAL, Concern Worldwide, MSF and MERLIN. Consequently, the national society, in line with the ARCHI 2010 and in collaboration with MoHS, is improving and strengthening its networks of volunteers at the community level in ten district branches and focusing on the first two levels of primary health care - prevention and control. A health officer coordinates the health activities in the branches and supervises the health coaches who work directly with the volunteers in each community.

Networks have been formed for immunization, HIV/AIDS, WatSan, nutrition, malaria control, cholera and Lassa fever prevention, safe motherhood, growth monitoring, and hygiene promotion to enhance the smooth implementation of community activities. Community sensitization campaigns are utilized to intensify awareness in 86 depressed communities in five branches on malaria control, vaccine preventable diseases and Lassa fever.

Red Cross Clinic attendance 1997-2003

Year	1997	1998	1999	2000	2001	2002	2003
No. of operational Clinics	7	7	4	10	11	13	10
Under five years	52,170	61,766	31,765	56,418	68,303	56,109	54,450
Ante natal	3,095	3,587	4,527	10,794	15,705	19,837	18,478
Post natal	0	0	0	0	1,205	1,868	1,904
General	38,861	45,850	44,114	39,797	51,508	41,213	31,289
Total	94,126	111,243	80,406	107,009	136,541	119,027	106,121
Average per clinic	13,447	15,892	20,102	10,701	12,413	9,156	10,612

Source: Sierra Leone Red Cross annual reports

Lessons Learned

- Programme integration can improve participation at all levels.
- Women volunteers are more committed and are readily available for community services.
- Participation is improved when the seasonal calendar of the communities is considered during planning and implementation.

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Goal: The morbidity and mortality rate of under-fives and women of childbearing age has been reduced and the health status of the most vulnerable improved while the HIV/AIDS/STI prevalence has been stabilized.

Objective – Community Based Health: The morbidity and mortality rate of under-fives and women of childbearing age has been reduced and the health status of the most vulnerable improved.

Expected Results:

1. Community social mobilization activities intensified and volunteers' capacity to operate within ARCHI 2010 framework improved.
2. Quality primary health care services are provided to the most vulnerable in 12 Sierra Leone Red Cross branches.
3. Access to drinking water and sanitary latrines is improved in 58 Sierra Leone Red Cross operational communities.
4. Collaboration and coordination with MOHS, UN agencies, NGO's and Ingo's is strengthened.

<Refer to the Logical Framework Planning Matrix: Sierra Leone Health-CBHC>
http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA023HC.pdf

HIV/AIDS

Background and Achievements

The 11-year conflict had many consequences for young women and girls who were raped and abducted and used as sex slaves. There was also a high concentration of different fighting forces and a lot of sex work due to poverty, which has increased the risk of STI and HIV infection.

Additionally, some cultural practices such as wife inheritance, FGM and tribal incisions, to name but a few, have also increased the risk of HIV/AIDS. There was no authentic data on the prevalence rate until 2002 when a prevalence survey was conducted. Results were 4.9% nationally and 6.1% in Freetown. Even this result has been controversial therefore the country now uses 1.8%. (Source: USAID 2003 report)

Nevertheless some ad hoc studies have shown low use of condoms and knowledge on HIV/AIDS among youths and adults. As a result of the low knowledge, stigma and discrimination is high towards PLWHA and their families.

The government of Sierra Leone, in response to this problem, established SHARP, preceded by the National AIDS Control programme. A policy on HIV/AIDS/STI has been developed and ratified by parliament in 2003. The government was also successful in being awarded funds from the Global Fund for 2005.

The Sierra Leone Red Cross established its HIV/AIDS/STI project in 1993 in four districts. To date, ten districts participate in the programme and plans are underway to cover the remaining three districts by the end of 2004. There is also collaboration with international NGOs, local NGOs, community-based organisations, faith-based and other humanitarian organizations.

Strategies being used are:

- Social mobilization – peer and adult educators giving drama performances and giving health talks in schools and communities, radio and television programmes, World AIDS day commemoration, football matches symposia and quick competitions.
- Peer education and training – community resource persons, youth and adult peer educators, commercial sex workers and others trained on HIV/AIDS/STI prevention
- Social marketing of condoms – 10,080,000 pieces of condoms were sold within the social marketing plan
- Home based care – 50 home care kits prepared and distributed to PLWHA.
- Baseline surveys were conducted

Lessons Learned

- Involving communities at all stages of the programme enhances community participation.
- Communities have a lot of talent, which can be tapped and developed. An example is the youth peer drama groups in the different communities.

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Objective: HIV/AIDS/STI prevalence has been stabilized, stigma and discrimination is reduced and support to people infected and affected by HIV/AIDS is provided in Sierra Leone.

Expected Results:

1. Social mobilization on STI/HIV & AIDS is increased in 13 Sierra Leone Red Cross branches.
2. Stigma, discrimination of PLWHA is minimized in the Sierra Leone Red Cross operational areas.
3. Quality support to persons infected and affected with HIV/AIDS is improved.

<Refer to the Logical Framework Planning Matrix: Sierra Leone Health-HIV/AIDS>
<http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/africa/05AA023HH.pdf>

Disaster Management (DM)

Background and Achievements

The occurrences of disasters in Sierra Leone have varied in type and from region to region. These disasters are a source of temporary hardship and distress and a factor contributing to persistent poverty. This is most apparent in the economic pressures forcing people to live in dangerous locations such as flood plains or on eroded hill slopes, but other underlying causes of vulnerability include population growth, government's economic policies, unsustainable management of natural resources, and rapid urbanization among others. The marginalized groups and socially disadvantaged are usually the most vulnerable to and affected by these hazards, reflecting their social, economic, cultural and political environment.

The country still faces considerable challenges including the reintegration of both Sierra Leonean IDP and returnees from neighbouring countries and the continued sub-regional uncertainties, particularly in Guinea due to the possible end of the present regime. The country is still host to some 66,000 Liberian refugees, a situation that further aggravates poverty, high unemployment and lack of basic infrastructure.

Although a lot has been accomplished in this regard, Sierra Leone still lacks an adequate national disaster management (DM) plan or government legislation to ensure clear roles and responsibilities.

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 2004, the national society focused on restructuring its DM, training of its volunteers and staff, piloting a VCA process to identify hazards, including developing a well designed VCA methodology and tools and mapping out a realistic disaster response plan. In 2005 and 2006 community-based DM programming will be tailored to address the specific hazards identified in vulnerable communities, including health issues, environmental risks, degradation issues, reduced agricultural outputs and complex emergencies. In line with the DM general approach to reduce vulnerability in high risk communities, activities will be implemented through partnership with other national society's programmes, NGOs and the government.

Both the ICRC and the Federation will provide a coordinated support to the national society in building its natural or man-made disaster preparedness and disaster response capacities. This will be done in collaboration with the Mano-River region DM strategy and the RDRT model.

Lessons Learned

Lessons learned during 2003/ 2004 are as follows:

- The working group on the National Disaster Plan developed a database on disaster response resources available in Sierra Leone. However, much still needs to be accomplished in terms of disaster information gathering and sharing and also in terms of raising awareness in communities most at risk
- Volunteer-based Disaster Management Action Teams in the most disaster-prone communities is the basis for implementing Community-Based Disaster Management. The teams are useful for information gathering on existing/potential hazards, and assist in defining and prioritizing community mitigation measures.
- To be effective, public Early Warning Systems for large-scale hazards need to be supplemented by sensitization campaigns. Here, the Sierra Leone Red Cross volunteers could play a vital role if properly and jointly trained in all national society programmes, adopting an integrated approach to vulnerabilities in communities. But this can be done only if capacities of the national society volunteers to conduct VCA are adequately strengthened.

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- It has been demonstrated that launching World Disasters Report has triggered the process of National Disaster Management Programming. With an existing working group coordinated by the Office of National Security, established by government, the Sierra Leone Red Cross is well placed to provide support in the development and implementation of the Plan.
- Authorities and partners in Sierra Leone consider the national society as the most experienced and trained national organization in the area of Disaster Preparedness and Disaster Response. Expectations are many to see the national society share its experience and know-how with other partners in the country. Meeting these expectations will require further enhancement of the capacities of the national society staff at the headquarters through learning visits to sister national societies, external courses and/or distance-learning in DM.
- The attachment of a disaster management delegate to the DM programme at headquarters contributed to the profiling of the programme, reinforcing the need of adequate and specific coaching and marketing support to the national society by technical delegates. Now that no DM delegate will be 100% attached to the national society, there is a need to strengthen the linkages between the DM staff at the headquarters and technical delegates based in Abidjan and Dakar to sustain progress. This is very important because the national society will probably engage into a long term DM partnership with the European Union in 2005 and therefore will need to increase the quality of its DM programming.
- The adoption of a regional approach to address the critical security issues within the West Africa region not only guarantees timely access to relief services for refugees but also enhances the Sierra Leone Red Cross DM programming. There can be a greater benefit from this approach not only in DM but also in Health and Care, OD, Social Welfare and Volunteer Management programmes. This lesson learned applies particularly to cross-border Early Warning collaboration of Red Cross volunteer network.

Goal: The effects of disasters in Sierra Leone are mitigated through efficient interventions of the Sierra Leone Red Cross and enhanced collaboration with government and partners.

Objective 1: The level of vulnerability in disaster-prone communities is reduced.

Objective 2: The capacity of the Sierra Leone Red Cross to provide timely and effective response to disaster victims is strengthened

Expected Results:

1. Female heads of households and HIV/AIDS affected families' access to agro-inputs and nutritional information is increased.
2. Awareness is raised on mitigation activities at the national, regional and community levels with support from the Sierra Leone Red Cross.
3. DM knowledge and skills at headquarters and branches is upgraded using the finalized training curriculum.
4. Logistics, Communications and Relief Stocks and Management Systems are improved.
5. Humanitarian assistance provided to disaster victims by the Sierra Leone Red Cross is timely in collaboration with the ICRC, the Federation, UN agencies, the government and other partners.
6. The collaboration between the Sierra Leone Red Cross and the Movement partners, government, other NGOs and agencies, and other national societies in the sub-region to respond to regional disasters and conflicts is increased.

<Refer to the Logical Framework Planning Matrix: Sierra Leone Disaster Management>

<http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA023DM.pdf>

Humanitarian values

Background and Achievements

It is estimated that 17,000 out of the 45,000 that took active part in the bloody conflict were children. In addition, some 100,000 children were directly exposed to the woes of war, including rape and other sexual assaults, witnessing of brutal killings of loved ones and neighbours.

The abduction of children to serve as fighters, sex slaves and labourers for the fighting forces was extensive. Wanton destruction of communities was commonplace. Brutal killing, rape, maiming and displacement of a large proportion of the civilian population had disastrous consequences for the victims. At the height of the war, the warring factions adopted horrendous terror tactics by hacking the limbs of especially young children, women and men with crude implements and machetes. As a result, thousands of children had been forcibly separated from their

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families and communities, robbed of a child's life and educated into the strategies and violence of war. Communities were left completely destroyed, divided and suspicious of each other. Other victims were ex-combatants, land mine victims and those who suffered from serious gun shot wounds and had to have their limbs amputated due to lack of proper medical facilities.

Since their inception in 2000, the CAR, CAPS and JAWA programmes have been helping children, amputees and beleaguered communities to address, cope and overcome the aftermath of the war.

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

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, for example motor mechanic, tally clerk, security guard, gardener, sales clerk, bottle sorter, hairdresser, 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, shoes and vegetables. Secondly, a skills training sponsorship programme was introduced with amputees being trained in tailoring, and gara tie dying. The training is conducted by existing skills training institutes. After completion of the one-year course, the amputees are given a sewing machine or other tools to start their own business or to use at their new place of employment.

Of the estimated 7,000 amputees scattered all over the country, 85% are heads of households and are without jobs. They find it difficult to take care of their homes. Since the job placement was going on at a slow pace, the national society decided to add other components which were skills training (tailoring and fabric making), micro-credit revolving loan scheme, animal rearing and backyard gardening so as to help alleviate the sufferings of the amputees. Initially, the project started in Freetown but it has spread to Lungi, Port Loko, and Makeni in the Northern Province, Bo and Pujehun in the southern province and Kenema and Kono in the Eastern Province.

Achievements

- The programme has helped the following beneficiaries tremendously in alleviating the suffering over the past three years.
 - Seventy-four (74) amputees have been placed in various jobs ranging from security guards, gardeners, and bottle sorters retailers to receptionists.
 - Thirty (30) are currently engaged in skills training, whilst eight-three (83) have graduated so far.
 - Two hundred and sixty-five (265) have been assisted nation-wide in micro-loan scheme and ten have benefited from animal-rearing support.

Lessons Learned

- There are more amputees in need of assistance than the Sierra Leone Red Cross can provide.
- The behavioural attitude of amputees assisted by the Sierra Leone Red Cross has improved.
- The community supports given to those reintegrated have been very encouraging.
- The standard of living of those assisted by the Sierra Leone Red Cross has improved significantly.
- Street begging is no longer part of those who have been assisted by the Sierra Leone Red Cross.

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Objective 1: JAWA programme: The self-reliance of 680 war-affected amputees is improved through JAWA.

Expected Results:

1. 40 amputees' job-related skills in Kailahun and Koinadugu districts have improved.
2. 230 amputees have enhanced their socio-economic status through animal rearing.
3. 20 amputees are selected and employed in identified jobs and integrated within their communities.
4. 230 amputees are provided with backyard gardening facilities support.
5. 156 amputees' children are provided with education assistance.
6. Amputees interested in psychosocial support have skills to identify and reduce stress symptoms.

*<Refer to the Logical Framework Planning Matrix:
Sierra Leone Humanitarian Values-JAWA programme>*
http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA023HV1.pdf

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 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 2004, the following were achieved in the project:

- In June 2003, 48 new communities were added to the already existing 48 communities being assisted in Moyamba and Bo districts.
- 1,200 people, (including 56% women), have completed adult literacy training
- 200 farming and gardening groups comprising of 5,600 people (58% women) have received seeds and agricultural tools and nearly all-96 communities have constructed communal seed banks.
- 78 drama groups were formed and provided 458 performances on conflict and peace building themes
- Over 200 work groups comprising of over 5,500 people within all of the communities have cleared and planted agricultural fields, built homes and community structures, built roads and football fields.

Objective 2: CAPS programme: War-torn communities' capacity for poverty reduction and post-war reconstruction and development is strengthened through CAPS.

Expected Results:

1. Community cohesion and family ties and the ability of communities to resolve conflict and strengthen structures for post-war reconstruction and social action are strengthened.
2. Rice and other staple food cultivation, household and farm incomes and sustainable living standards are increased.
3. Awareness and respect for human rights and participation of women and youth in community development is increased.
4. Access to social services including shelter is increased.
5. The capacity of Sierra Leone Red Cross to address needs of war-torn communities and profile the programme is increased.

*<Refer to the Logical Framework Planning Matrix:
Sierra Leone Humanitarian ValuesCAPS programme>*
http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA023HV2.pdf

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Child advocacy and Rehabilitation (CAR)

The CAR project was initiated to respond to the needs of these children affected by war. As disarmament and demobilization of the fighting forces continued, avenues for reintegration and reconciliation of child ex-combatants and those children who experience war-related violence became critical. The physical and psychological development of the children was seriously affected as a result of multiple displacements. Many children missed schooling for an average of five years.

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 living a 'normal' life with peers, family and the community. As a result of their traumatic experiences, they struggle with mixed emotions, 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.

To address these concerns, the CAR project began in February 2001 in the Waterloo area and has expanded to include three additional centres in Kambia, Port Loko and Kabala. The children, aged 10 to 18 years old, do not attend school, and are from communities that experienced war-related violence. 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 CAR project has been able to take on board both "perpetrators" as well as "victims".

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 the 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-2004 the following have been achieved in the project:

- 750 children have gone through the CAR programme in Waterloo, Kambia and Port Loko; 75 children aged 10-13 years were reintegrated into formal schools and they are progressing. The remaining graduates have continued their skills either as an apprentice, in group enterprise/cooperatives and have found jobs.
- In 2004, a new CAR centre was in Kabala and 150 children have graduated.
- Three groups of 150 children each have enrolled in Waterloo, Kambia and Port Loko.
- A total of 900 youth have participated in skills training in carpentry and furniture building, bread-baking, tailoring, gara tie dying and soap-making, hair-dressing and agriculture.

Lessons Learned

- Training of the Community Peace Consolidation Committees (CPCC) must begin upon entry to enable them gradually assume greater responsibility for their organization and facilitation roles in peace building and conflict resolution in their communities.
- Sensitization on HIV and STI prevention and family planning needs to be strengthened in CAR.
- The standards of living of all beneficiaries have improved considerably.

The Sierra Leone Red Cross has built on these lessons by:

- Increasing its sensitization by improving its selection practises and monitoring beneficiaries.
- The roles, terms of reference and training of CPCC has begun within the first two months that the animators have entered the communities.
- The sexual and reproductive health syllabus has been reviewed and sessions have taken place with the children beneficiaries, their parents and family members.

Objective 3: CAR programme: War-affected children are rehabilitated and reintegrated into child friendly communities through the CAR.

Expected Results:

1. The process of de-traumatizing war-affected children, fostering participation in healthy peer youth relationships is enhanced and human rights are promoted and advocated for in home communities.
2. Self-reliance and development capacity of registered children at the centres is increased and income generation and development awareness capacity of home communities is increased.
3. The capacity of the Sierra Leone Red Cross to address the needs of war-affected children and their communities is increased and the capacity of profiling the programme is enhanced.

*<Refer to the Logical Framework Planning Matrix:
Sierra Leone Humanitarian Values-CAR programme>*
http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/africa/05AA023HV3.pdf

Organizational Development

Background and Achievements

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. With peace and stability now 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 at the headquarters and branches, there was a need to re-build capacities and structures throughout the country. Branches have been re-established in 11 of the 13 districts nation-wide and the volunteer and membership base is growing rapidly. It is anticipated that by the end of 2004, one more branch in Kailahun will be established followed soon after by the last branch in Pujehun. Once this network is complete, a process of de-centralization of management and systems from headquarters to branches is anticipated.

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. The mobile phone network is gradually being established throughout the country, which assists with communication but it remains quite costly to do so. The National Power Authority is still struggling to provide basic electricity needs in the country requiring a heavy reliance on generators, batteries and solar panels. Monitoring of programs and services to beneficiaries is compromised sometimes due to transportation difficulties.

Financial management is currently problematic due to delays in transferring of funds and receipts to and from the branches. However, some progress is being made in the country-wide banking system, as bank branches are gradually being re-established in the main centres. This will ease the safety of funds transfer to the Red Cross branches. Nevertheless, the Sierra Leone Red Cross has been able to achieve a considerable amount in the past year:

- Staff members, volunteers and governance further refined their strategic plan for the national society for 2005-2007.
- A planning workshop for 2005 took place in July 2004, which included branch field officers, field and headquarter programme staff and management.
- Much has been achieved in improving the financial management of the Sierra Leone Red Cross through a project with a local consulting company known as PCL International. Key staff were trained on basic computer skills, the accounting procedures have been upgraded and new hardware and software has been purchased. A third phase to upgrade and train the staff and fully computerize the accounting system will be implemented in the last quarter of 2004 and will continue throughout 2005.
- A "History" project is underway to document the experiences of the Sierra Leone Red Cross and the Red Cross/Crescent Movement throughout the eleven-year conflict.

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- A new branch building is nearly finished in Kailahun district and will be officially opened in the last quarter of 2004.
- Construction of the new branch building in Pujehun is to be completed by the end of 2004.
- 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 has been successful with the sale of used clothing and other goods. A pilot pharmacy has also been opened to raise additional funds for the national society.
- Fundraising activities in branches included membership fees, clinic fees, special events such as sponsored walks and football matches.

Lessons Learned:

- The SWOT analysis completed during strategic planning revealed a need to focus on management systems and organizational structures, particularly in the area of financial management
- 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.
- The aging fleet of vehicles has caused high maintenance costs and reduced monitoring capacity.

Goal: The capacity of the Sierra Leone Red Cross to deliver sustainable and effective programmes that support the most vulnerable population is strengthened.

Objective 1: The Sierra Leone Red Cross trained and motivated qualified staff and volunteers based on revised human resource policies and procedures and quality service to beneficiaries is provided.

Expected Results:

- The Sierra Leone Red Cross staff and volunteer policies and procedures are improved and implemented.
- The quality of service to beneficiaries is improved.

Objective 2: The Sierra Leone Red Cross diversified local and international fundraising strategies to maximise its partnership and revenue base.

Expected Results:

- 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.
- The national society's unique role as auxiliary to the 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.
- 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.
- The administrative, financial, logistical and management systems that enhance coordination, efficiency, accountability, monitoring and communication are improved.

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Objective 3: Core Sierra Leone Red Cross programme activities are delivered in existing and future branches that are strengthened by an effective and strong volunteer/membership base throughout the country.

Expected Results:

- The Sierra Leone Red Cross branches in all 13 districts in Sierra Leone are established.
- The volunteer/membership base is strengthened throughout Sierra Leone Red Cross.
- Core Sierra Leone Red Cross programme activities are delivered in 13 branches by effective volunteers and members.

Objective 4: The national society's unique role as auxiliary to the government is effectively fulfilled and knowledge about Red Cross principles and operations is enhanced at every government strata and the responsibilities of the government are respected.

Expected Results:

- The local and national government knowledge of the Sierra Leone Red Cross mandate and status is improved.
- The incidence of the Red Cross emblem being used inappropriately is reduced.
- The Sierra Leone Red Cross government's observance of IHL is improved.

Objective 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.

Expected Results:

- All Sierra Leone Red Cross programmes are planned and implemented within the framework of strategy 2010, ARCHI 2010, Ouagadougou Declaration, and other Red Cross policy document
- The capacity of the Sierra Leone Red Cross senior and middle managers accountable for the implementation and timeliness of quality planning, monitoring, evaluation and financial and narrative reporting is improved.
- Beneficiaries and stakeholders have participated in the planning, implementing, monitoring and evaluation of all programs.
- The human rights and dignity of beneficiaries are promoted and upheld by all staff and volunteers.

Objective 6: The administrative, financial, and logistical and management systems that enhance coordination, efficiency, accountability, monitoring and communication are improved.

Expected Results:

- The Sierra Leone Red Cross financial management system is computerized and improved according to appropriate standards.
- The administrative and logistics management systems are improved
- The internal communication system is improved.

<Refer to the Logical Framework Planning Matrix: Sierra Leone Organizational Development >
<http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA023OD.pdf>

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<[Appeal budget below - Click here to return to title page](#)>

BUDGET 2005

PROGRAMME BUDGETS SUMMARY

Appeal no.: 05AA023

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	20,031	0	19,157	0	0	0	39,187
Clothing & textiles	2,874	958	23,659	0	0	0	27,490
Food	0	8,352	92,483	0	0	0	100,835
Seeds & plants	0	47,414	27,299	0	0	0	74,712
Water & Sanitation	27,590	0	3,831	0	0	0	31,421
Medical & first aid	12,781	18,726	4,789	0	0	0	36,296
Teaching materials	6,776	0	293,659	0	0	0	300,435
Utensils & tools	0	0	3,831	0	0	0	3,831
Other relief supplies	2,395	100,000	0	0	0	0	102,394
SUPPLIES	72,447	175,450	468,708	0	0	0	716,605
Land & Buildings	0	0	0	0	0	0	0
Vehicles	8,621	9,387	9,579	4,789	5,000	0	37,375
Computers & telecom	3,850	10,989	7,034	160,013	-5,000	0	176,886
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	12,471	20,376	16,613	164,802	0	0	214,262
Warehouse & Distribution	4,885	11,073	4,521	0	407	0	20,885
Transport & Vehicules	65,125	18,028	106,427	46,602	-407	0	235,774
TRANSPORT & STORAGE	70,010	29,101	110,948	46,602	0	0	256,660
Programme Support	63,182	35,891	83,851	29,949	0	0	212,872
PROGRAMME SUPPORT	63,182	35,891	83,851	29,949	0	0	212,872
Personnel-delegates	89,745	38,462	102,566	26,641	0	0	257,414
Personnel-national staff	384,040	59,982	189,154	118,995	0	0	752,171
Consultants	0	0	0	0	0	0	0
PERSONNEL	473,785	98,444	291,720	145,636	0	0	1,009,585
W/shops & Training	158,785	145,462	185,514	42,241	0	0	532,001
WORKSHOPS & TRAINING	158,785	145,462	185,514	42,241	0	0	532,001
Travel & related expenses	8,085	1,618	4,314	7,448	0	0	21,466
Information	39,917	12,452	15,805	0	0	0	68,173
Other General costs	73,343	33,373	112,538	24,075	0	0	243,328
GENERAL EXPENSES	121,345	47,443	132,657	31,523	0	0	332,968
TOTAL BUDGET:	972,025	552,167	1,290,011	460,753	0	0	3,274,955