

# Report 2006-2007



## SIERRA LEONE

Appeal No. No. MAASL001

18 May 2007

This report covers the period of 01/01/2006 to 31/12/2006 of a two-year planning and appeal process.

In a world of global challenges, continued poverty, inequity, and increasing vulnerability to disasters and disease, the International Federation with its global network, works to accomplish its Global Agenda, partnering with local community and civil society to prevent and alleviate human suffering from disasters, diseases and public health emergencies.



SLRCS health staff and community volunteers demonstrating the use of insecticide-treated mosquito nets (ITNs).

### In brief

**Programme Summary:** In the beginning of 2006, Sierra Leone Red Cross Society's (SLRCS's) programme activities were largely characterized by funding constraints and inadequate resources. However, by the last quarter, the funding situation improved, although some projects still remained under-funded.

Most programmes are constrained by inadequate resources. Since the recruitment of a reporting officer, the Sierra Leone Red Cross Society has been trying very hard to improve on the quality and timeliness of its reports. However, there are still problems of obtaining reports and updates from the branches due to logistics and mobility constraints.

The funds situation has impacted negatively on the efficiency and effectiveness required for proper service delivery to thousands of vulnerable Sierra Leoneans; which means not all of the planned activities have been implemented. This is unfortunate considering the crucial humanitarian situation in Sierra Leone. A significant increase in partner engagement is therefore essential to enable the SLRCS to achieve the set objectives as outlined in the Annual Appeal 2006-2007.

**Needs:** Total 2006-2007 budget CHF 7,830,622 (USD 6,471,588 or EUR 4,744,770), out of which 44.1 percent covered. **Click here to go directly to the attached financial report.**

For more detailed information on the 2006 activities, please see Programme Update 1 and 2:

Programme Update no. 1: <http://www.ifrc.org/docs/appeals/annual06/MAASL00101.pdf>

Programme Update no. 2: <http://www.ifrc.org/docs/appeals/annual06/MAA6300202.pdf>

**No. of people we help:** In 2006, the programmes benefited approximately 3,055,600 people in Sierra Leone as shown in the table below:

**Table 1: Estimated number of people we help**

<b>Programmes</b>		<b>Male</b>	<b>Female</b>	<b>Total</b>
Humanitarian Values programme	Child Advocacy and Rehabilitation (skills centres).	270	480	<b>750</b>
	War Amputees Reintegration and Empowerment.	1,200	800	<b>2,000</b>
	Community Animation and Peace Support/Community Reintegration and Peace Support/Food Security.	4,500	6,750	<b>11,250</b>
Community-based health programme	Community health talks	66,344		<b>66,344</b>
	Clinics	33,923		<b>33,923</b>
	Visits	2,122		<b>2,122</b>
	Campaigns and routine house-to-house visits.	1,963,518		<b>1,963,518</b>
	Long lasting insecticide-treated mosquito nets distributed to pregnant women and children.	875,000		<b>875,000</b>
	HIV and AIDS	74,758		<b>74,758</b>
	Blood donors	135		<b>135</b>
	Trainees	400	100	<b>500</b>
Disaster management	Community groups	1,600		<b>1,600</b>
	Disaster affected populations	8,000		<b>8,000</b>
	Volunteers and staff	6,800	8,900	<b>15,700</b>
<b>Estimated total</b>				<b>3,055,600</b>

*Note: In some of the programmes, we could not obtain data per sex.*

**Our Partners:** The Sierra Leone Red Cross Society works with local partners including ministries of education, science and technology as well as health and sanitation, area councils, communities and district authorities. Other local partners include the National AIDS Secretariat, the National Fire Force and the Office of National Security.

In addition, SLRCS is supported by Red Cross/Red Crescent partners including the Austrian, British, Canadian, Danish, Finnish (Government), Icelandic, Irish (Government), Netherlands, Spanish, Swedish (Government) and the Swiss (Solidarity chain) Red Cross societies. The National Society is also assisted by the International Federation's Regional Delegation in Dakar, the Federation Secretariat, the Federation's sub-regional office in Lagos as well as its country delegation in Freetown. The ICRC as well as 8 National Society initiative members are SLRCS's implementing partners as well.

SLRCS also collaborates with international organizations such as the European Commission, PLAN Sierra Leone, Swedish Rescue Services Agency and UN agencies (UNAIDS, UNICEF, OCHA,

## Current context

Although Sierra Leone is no longer in an immediate post-war situation, the circumstances that led to the war still exist; mismanagement, youth unemployment, high cost of living and poverty are visible in the main city and towns in Sierra Leone. It is feared that the next general and presidential election could be marred by political violence. The prevailing socio-economic situation in the country is characterized by abject poverty and nearly 100 per cent donor dependency as well as a low performing economy that has resulted in the weakening of national institutions and infrastructure.

Sierra Leone is a tropical country with vast vegetations and thick forests. However, at the start of rainy season in 2006, Sierra Leone saw very little or no rainfall at all, which caused severe water shortage and an outbreak of waterborne diseases such as diarrhoea. Some of these problems associated with natural disasters have been negatively influencing the operations of the Sierra Leone Red Cross Society. However, the Society has been trying very hard in its capacity and with the available resources to accomplish some of its global aims of pursuing sustainable development programmes.

## Progress towards objectives

### Health and Care programme

#### **Community-based Health Project (CBHP)**

**Goal:** The morbidity and mortality rates of children aged under five years and women of child-bearing age (WCBA) have been reduced and health status of the most vulnerable improved.

**Objective:** The morbidity and mortality rates of children aged under five years and women of child-bearing age have been reduced and the health status of the most vulnerable improved in 170 communities by December 2006.

#### **Progress**

Community social mobilization activities were intensified and volunteer capacity improved to operate within the ARCHI 2010 framework and Algiers plan of action addressing the prevention of the most common health priorities. Hygiene promoters continued to scale up sensitization on good hygiene practices, especially hand washing.

Mothers were supplied with tools and seed supplies for their gardens. As a result of their gardening activities, food security is improving gradually in the homes of the mothers' clubs members and their communities with available and affordable green leafy, vegetables, rice, cassava and yams in their communities. The traditional birth attendants and mothers' clubs continue to promote mother and child health activities including immunization, exclusive breastfeeding, growth monitoring, nutrition, weaning using local foods, ante natal care, post natal care, family planning, personal hygiene, water and sanitation, malaria control as well as HIV and AIDS prevention and control.

Monthly meetings were held with the District Health Management Teams (DHMTs), to discuss how to increase the vaccine coverage during routine immunization, national immunization days and data collection and dissemination. About 2,122 home visits were made, ranging from house-to-house sensitization and monitoring on the prevention and control of malaria, diarrhoea, Lassa fever and other community health hazards. About 4,095 Red Cross volunteers participated in the malaria and measles campaign that took place in November, where hundreds of people were sensitized on the dangers, prevention and treatment of malaria. A total of 875,000 LLITNs, donated by the Canadian Red Cross, were distributed, with support from the Canadian International Development Agency (CIDA). Social mobilization was intensified during the national measles and malaria campaign and several people, including health workers, benefited from trainings on malaria prevention and treatment.

A total of 66,344 beneficiaries were reached during the community health talks, 33,923 people were reached in the clinics and 1,963,518 people were reached during campaigns and routine house-to-house visits. During these visits and meetings, communities and people were sensitized on mother and child health services. As a result, positive healthy behaviours were observed in 391 communities, where coverage on maternal and child health preventive and care services increased. Kambia and Bonthe clinics continued providing mobile health care services to helpless communities in the hard to reach areas along the river on Bonthe Island and Yeliboya Island in Kambia District. In an attempt to increase the strength of the programme and ensure its survival, drugs were purchased to revitalize cost recovery service again for 2007.

Positive hygiene behavioural changes such as washing of hands, using plate racks, clothe lines compost fences and cleaning compounds and toilets are now well-practiced by some of these communities. The incidence of diarrhoea has reduced tremendously and its home management has improved greatly.

### **Constraints**

Lack of information, education and communication (IEC) materials and the issue of volunteerism are among the difficulties faced by the Community-based Health and Care programme. Some volunteers are still not committed to offering their services free. Many communities do not have clinics and are far from the nearest ones. To respond to this, the Kambia and Bonthe branches organized mobile services to reach communities that lack transportation for obtaining effective medical services.

In addition, field monitoring is sometimes hindered by transportation difficulties in some districts. Slow and irregular release of funds for implementation of activities in the branches, coupled with lack of materials such as TBA kits (gloves and dressing materials for umbilical cord dressings for new born babies) is another major barrier to implementation of activities.

### **HIV and AIDS**

**Objective:** Sexually transmitted infections (STIs) and HIV prevalence have been stabilized, stigma and discrimination are reduced and support to people infected and affected by HIV is provided in SLRCS operational areas.

### **Progress**

The project was able to contribute toward the global fight against HIV and AIDS, and was able to reach a total of 74,758 people believed to be infected with HIV in the country through community social mobilization activities, training sessions, drama performances and home-based care services.

A total of 150 youth peer educators drawn from 32 secondary schools in 24 communities in Pujehun, Koinadugu, Kono, Moyamba, the Western Area and Bombali branches were trained in drama and sensitization on HIV and AIDS awareness as well as prevention and life skills. In turn, the youth peer educators conducted 140 sensitization sessions in schools and communities on related topics, using drama as a communication tool. The youth peer educators also carried out 45 visits and health talks in schools, and organized two mass rallies in target communities in the Western Area, Pujehun, Koinadugu, Moyamba and Kono branches. A total of 100 link teachers and 248 youths were trained to facilitate and coordinate youth peer educators' activities in and out of schools that benefited from life skills trainings.

About 20 state-registered nurses, state-enrolled community health nurses, community health officers and traditional birth attendants also received training on HIV and AIDS as well as IEC/behaviour change communication (BCC) and on how to handle HIV-infected people. A total of 30 people living with HIV (PLWHIV) were provided with nutritional support to improve on their nutritional status in Bombali District. In addition, 30 PLWHIV and 10 carers of orphans and

vulnerable children (OVC) received home care start-up kits as support for income generating activities. Ten OVC received school support from the project including fees, uniforms, shoes, books, bags and lunch subsidy.

A total of 12 inter-school quizzes, 5 football competitions, 1 talk show, 10 drama competitions, 8 radio discussions and 5 essay competitions were organized for in and out of school youths in Pujehun, Koinadugu, Kono, Moyamba and Western Area branches.

Communication materials such as signposts, posters, brochures, T-shirts and one billboard were produced in order to develop and complement the social mobilization and awareness campaign in the operational communities. Nine Community-based Health and Care programme clinics were renovated and refurbished, and 60 staff and volunteers were trained on management of STIs. In commemorating World AIDS Day (on 5 December), the Sierra Leone Red Cross Society held drama performances in schools, on television, radio and in the Danish Red Cross-supported communities, through which HIV and AIDS awareness campaigns were conducted.

Consequently, people living with HIV were cared for in their homes and communities, stigma and discrimination in the community is gradually reducing, quality medical care is also available and most of them are on antiretroviral therapy (ART). Positive living has been enhanced and poverty reduced, thus, the people living with HIV are experiencing better quality of life. There is also increased community participation as well as STI, HIV and AIDS awareness and knowledge that have resulted in positive behavioural change and risk reduction among the target people.

The Sierra Leone Red Cross Society has approved an HIV and AIDS workplace policy. The policy pledges to combat stigmatization and discrimination of staff, clients and volunteers in the workplace, on the basis of their status, in all operational areas.

However, there are still significant grey areas that need further awareness, such as issues related to sexual behaviour with multiple partners and the habit of using condoms. It was also observed that there are varying and inconsistent standards and procedures for the same type of activities across the branches. The services and facilities in all the branches need to be standardized. For optimal output, the branches should be provided with all the necessary support materials and equipments required to enable them to function effectively on a timely basis.

## **Blood services**

**Objective:** Mobilization activities increase the availability of safe blood for the needy population in Sierra Leone.

### **Progress**

In line with the global objectives of SLRCS in trying to alleviate the suffering of the most vulnerable and improving on their living conditions, the blood services project conducted sensitization campaigns to increase the availability of safe blood for the needy population of Sierra Leone. The project has been striving hard to achieve this by training and motivating Red Cross blood donor volunteers and by establishing Red Cross blood donor clubs in 12 branches including Freetown. At the moment, a total of 31 blood donor clubs have been established and 135 blood donors registered. People in different clinics and hospitals requiring blood transfusion have been benefiting from blood donated by Red Cross blood donors.

However, activities in this department are being carried out under very constrained circumstances due to lack of modern equipments and means of transportation needed at the various blood banks in the country. Funding for the project was poor in 2006. The Sierra Leone Red Cross Society is therefore using this opportunity to appeal to donors to support its work so that it can achieve its objectives and benefit thousands of people in need.

## Disaster Management

**Goal:** The effects of disasters in the districts most at risk in Sierra Leone are mitigated through efficient interventions from SLRCS and enhanced capacities of the Ministry of Health and Sanitation (MoHS) and the Office of National Security (ONS) at district and national levels.

**Objective:** The SLRCS, the MoHS, the ONS and selected communities at chiefdom, district and national levels are actively saving lives through disaster prevention, mitigation and response.

### **Progress**

Through the disaster management programme, the SLRCS – in complementarity to government efforts to meet the demands of the vulnerable population in Sierra Leone – has been closely collaborating with the Federation through its delegation in Freetown, OCHA, the Office of National Security, the National Commission for Social Action (NCSA) and Ministry of Health and Sanitation, in coordinating a series of disaster response operations and carrying out a series of vulnerability capacity assessments (VCAs) in identified high-risk areas.

During such assessment missions, the communities have been encouraged and trained in simple disaster preparedness mechanisms, learning from the previous disaster situations, thereby increasing their response capacities.

From 27 March to 4 April 2006, a baseline survey was conducted in Pujehun, Kailahun, Kambia and the Western Area districts to identify the most vulnerable communities for the implementation of the European Community-Capacity Building project. The implementation strategy employed would provide a scope for expansion of the project's activities in the nine targeted districts and to replicate it in the remaining districts in the country before the phasing it out by the end of 2007.

In collaboration with the Community-based Health and Care programme, five four-day emergency first aid trainings were conducted for 106 staff members from American International School, Sierra Leone Brewery Limited, OXFAM, Save the Children-UK and community volunteers in Freetown, Kailahun and Kono. In addition, a five-day basic first aid emergency preparedness (FAEP) training was conducted for 30 new volunteers in three border communities of Koinadugu District, and the volunteers were equipped with first aid kits.

From 17 to 26 September 2006, a regional workshop on Regional Disaster Response Teams (RDRT) was held in Dakar, Senegal. The essence of the workshop was to train competent Disaster Management officers in the region, who would in turn use their skills to build on the respective National Societies' disaster preparedness and response strategies.

This was followed by an assessment on the dynamics regarding population movements across borders. As a result, an emergency plan of action on the surveillance mechanism at the crossing points and the preparedness level for response to population influx from Guinea into Sierra Leone was developed. The Disaster Management programme also carried out risk mapping, contingency planning and risk mitigation activities at community, regional and national level to enhance awareness and knowledge on existing hazards and capacities, with support from International Federation Delegation in Freetown.

The Ministry of Health and Sanitation, UNICEF, WHO, OCHA, UNDP, FAO and Office of National Security assisted in coordinating a series of disaster response operations and at the same time, conducted a series of vulnerability capacity assessments in identified high risk areas. The vulnerability and capacity assessment was carried out in 45 communities in nine chiefdoms in the Pujehun, Kambia and Kailahun districts during the last quarter of 2006.

A basic Disaster Management training was held for 105 Community-based Disaster Management Committees (CBDMCs). The Red Cross Disaster Management Team (DMT) also trained Sierra Leone Red Cross Society staff and volunteers, Blue Flag and other community volunteers on Disaster Management.

## Organizational Development

**Goal:** The Sierra Leone Red Cross Society is a well-functioning national society.

**Objective:** The SLRCS becomes a more efficient, credible and transparent NS, with strong and durable partnerships making available the needed human, material and financial resources at its headquarters and branch levels to provide quality services to the most vulnerable populations in Sierra Leone.

### **Progress**

A total of 300 volunteers per branch (in the 12 branches) and 495 volunteers in the Western Area were registered and trained to prepare them for the measles and malaria campaign. The volunteers assisted in the distribution of 875,000 LLITNs in the country. Plans are on course to set up a database for all volunteers.

The programme has also been facilitating the improvement of administrative, financial and logistic management systems that enhance coordination, efficiency, accountability, monitoring and communication in all the branches. There is a marked improvement in the coordination and information sharing among staff and volunteers in the branches and headquarters with respect to administrative functions and project implementation as well as monitoring and evaluation.

Under the umbrella of the 8 National Societies Africa Initiative, the Sierra Leone Red Cross Society organized a partnership meeting from 18 to 20 July 2006 in collaboration with the British Red Cross. The partnership meeting aimed to create a synergetic capacity building process, increasing the SLRCS sustainability and decreasing dependency, improving coordination among the National Societies Working Internationally (NSWI) and demonstrating learning within the Movement by putting identified lessons into practice. The British Red Cross and SLRCS were appointed as country focal points while the Federation Delegation in Freetown was identified as a member of the country coordination mechanism. The delegation will be actively involved in providing an advisory role guiding the National Society and reporting on this new partnership.

A workshop for decentralization and gender issues for the National Society was convened from 28 to 31 March 2006 in Freetown. This workshop was a follow-up of an assessment conducted by the Canadian Organizational Development delegate and the Organizational Development/Volunteer Management coordinator in all the branches.

The presence of the Red Cross is now felt in about 90 per cent of the country. About three quarters of the 149 chiefdoms in Sierra Leone are now covered by the Sierra Leone Red Cross Society. There is an increase in membership in the branches, which has helped the branches to carry out their activities with much ease and efficiency. The youth have been able to meet and share their experiences and knowledge gained on social problems such as drug abuse, banditry as well as HIV and AIDS.

### **Constraints**

Mobility and transport difficulties have hindered implementation of activities in the branches. In addition, there have been difficulties to secure funding for youth activities. There is also the need to recruit a national youth officer who would assist in increasing volunteer recruitment and retention in the branches.

## Humanitarian Values Programme

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

### **War Amputees Reintegration and Empowerment (WARE) project**

**Objective:** War amputees are empowered for sustainable reintegration and resettlement.

## **Progress**

In August, a total of 40 amputees from Kabala and Kailahun received training in tailoring and graduated in September and October respectively. All of them were supplied with sewing machines and accessories. A follow-up on tailoring beneficiaries' skills retention was done in the target communities by volunteers and project staff in Kabala and Kailahun. Out of the 40 beneficiaries, 22 were located and were still practicing their tailoring. Some have been put into apprenticeship in bigger workshops in Kailahun.

A total of 52 amputees were supported in backyard gardening in Pujehun, Port Loko and Moyamba. Seeds and tools were provided to each of these areas. Both management and governance at branch level took part in this activity. In addition, about 128 children of amputees have been earmarked and registered for support to continue schooling or start formal school. Out of this, 37 received support from Kabala and Kailahun branches.

The assistance directed towards amputees has increased community sympathy and concern for the welfare of amputees such that some communities now offer them material support. Sensitization meetings were held in Kailahun and Kabala by volunteers on amputee welfare. Volunteers working with targeted beneficiaries held group and individual counselling sessions for amputees, where the amputees were generally counselled on living positively despite their disability.

## **Child Advocacy and Rehabilitation (CAR) Project**

**Objective:** War-affected children are rehabilitated and reintegrated into child-friendly communities.

### **Progress**

Through its CAR centres in Kambia, Waterloo, Port Loko, Kabala and Kailahun, the SLRCS worked with child ex-combatants (between 10 and 18 years of age) by helping them to come to terms with their experiences during the war, to catch up on basic schooling, to learn some new skills (such as traditional gara tie and dyeing, soap making, construction and tailoring) and resume to normal life in their communities.

A total of 400 beneficiaries graduated from skills ranging from tailoring, gara tie dyeing and soap making, carpentry and hair dressing, 50 beneficiaries aged between 10 and 13 years were reintegrated into formal schools.

Counselling sessions were carried out in all the centres at least twice a week. War experiences were shared during these sessions. This enabled the activists to employ the correct counselling technique to each beneficiary. As a result, beneficiaries were able to overcome their individual difficulties.

Individual and group counselling sessions were regularly carried out in the CAR centres. SLRCS also visited beneficiaries' homes to observe and discuss with parents and guardians the different ways of helping their children change and improve their lives. About 125 home visits were made by each centre during the period under review. Parents and guardians appreciated the visits, and the rate at which beneficiaries were accepted in communities increased by 75 percent.

Community sensitization workshops on human rights, teenage pregnancy, early marriages and drug abuse were held in the project's operational communities. The workshops targeted local authorities, teachers and religious leaders. The aim of such workshops was to enhance understanding on human rights, especially children's rights. Five peer youth clubs were formed and they facilitated discussions on human rights and social problems such as drug abuse as well as HIV and AIDS in the centres and during community workshops.

Regular indoor and outdoor games, cultural activities and drama performances were organized, where the children had the opportunity of exhibiting their talents and share information on social problems such as banditry, STIs, HIV and AIDS. Through these games and cultural activities, children benefited

from the opportunity to develop confidence, game spirit and socialization. These activities fostered friendship not only among beneficiaries at the centres but also between them and other children in the communities. In addition, film shows on HIV and AIDS, teenage pregnancy, peace building, trauma and Red Cross activities, among others, were shown in the centres at least once a week.

In order to find a way of caring for some of the beneficiaries that are child mothers, a nanny centre was constructed at the Kabala Centre in August. The Kambia Centre, supported mainly by the Swiss Red Cross, is also constructing one nanny centre so that babies of child mothers can have a place where they can play while their mothers are engaged in their training.

The programme also constructed two water wells; one in Port Loko (funded by Freetown Cold Storage Company Limited) and the other in Kabala. This has reduced the difficulties encountered in fetching pure drinking water. The children at the CAR centre as well as the community members living around the surrounding will benefit from these wells, and the rate of water-related diseases will decrease.

The Kailahun community donated a five-acre piece of land to the SLRCS Kailahun Branch for the construction of a CAR centre. The Finnish Red Cross provided part of the funds to construct the new centre while the Iceland Red Cross is considering supporting the sinking of a bore hole for the new centre.

The capacity of the staff at the various centres were strengthened, these staff gained leadership skills that were particularly tailored to meet supervisory challenges at the centres. The staff also improved their capacity to deal with child protection issues. With the knowledge and skills gained, it is hoped that management at the centre will improve.

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

**Objective:** War torn communities' capacity is strengthened for poverty reduction and post war reconstruction and development

#### **Progress**

With support from the British Red Cross and expertise from a Canadian Consultant, the CAPS documentation was completed. This document proved to be very useful for a lot of public and private institutions as well as other non-governmental organizations including the central government. The draft report indicated that the project was a success and could be used by the government to help achieve the Food Security Scheme, as many CAPS communities now have food banks

An assessment was done by the CAPS staff in 24 selected communities in Pujehun District for the possibility of helping them improve on their water and sanitation situation. With funding from ICRC and the Spanish Red Cross, four communities that were found to be most in need were selected to benefit from this support.

One hundred hygiene promoters from 24 communities in Pujehun were trained in Participatory Hygiene and Sanitation Transformation (PHAST). This was to empower communities to identify and analyse their own hygiene and sanitation problems and to choose appropriate options to address them. In a bid to complement the efforts of the hygiene promoters, monthly community cleaning exercises were conducted each month in the 24 communities, and people were encouraged to make plate racks, cloth lines and garbage dumps. Community cleaning kits (shovels, wheelbarrows, head pans, cutlasses and hoes) were distributed to communities to facilitate the end of month cleaning exercises. Most of these communities are now using cloth lines to dry their laundry instead of drying them on the ground. These communities have also started practicing proper hygiene and health habits such as using toilets and cleaning their hands with soap after use, boiling the water they drink and the use of salt sugar solution, among others.

In order to facilitate and settle conflicts in communities, 24 Community Peace Consolidation Committees (CPCC's) were formed in Pujehun. Members of these committees were trained in conflict resolution and management. A total of 18 ex-combatants were rehabilitated and reintegrated into Bengie, Massao and Fullawahun communities after reconciling them with their respective communities.

With the support of a team of Spanish Red Cross delegates and SLRCS staff, the communities have become more hospitable and cooperative and are making collective efforts in the construction of peace huts, which have really proved to be a success. In a bid to increase community cohesion and the promotion of peace in the operational communities, the CPCC'S were trained on conflict analysis to equip them with skills and techniques in handling mediation and resolving conflicts that may occasionally arise in their communities.

## Working in partnership

The International Federation Delegation in Freetown has been coordinating the work of the Movement's partners in the country, in support of the National Society's priorities. It has also been participating in a number of meetings with the UN and other national as well as international organizations to represent the Sierra Leone Red Cross Society, encouraging partnership with the National Society and coordinating programmes while maintaining its neutral and independent role.

The Federation Delegation also offers guidance and on-the-job training on management as well as operational issues. The Federation Secretariat aims at empowering the National Society so that it can deliver quality and sustainable services to the most vulnerable population in Sierra Leone. Currently, there are two Partner National Societies (PNSs) – the Spanish Red Cross and the Canadian Red Cross – running bilateral projects with SLRCS.

## Contributing to longer-term impact

The community-based programmes delivered by SLRCS, with the support of Red Cross/Crescent Movement and non-Movement partners have largely contributed to the achievement of the Millennium Development Goals in poverty reduction, education, maternal health as well as gender equality, and aim to combat child mortality, HIV and AIDS and other diseases.

Communities have access to safer water, and are more water secure. PHAST methodology has resulted to better behavioural changes. The incidence of diarrhoea has reduced tremendously and its home management has improved greatly. The project was able to contribute toward the global fight against HIV and AIDS. Knowledge and skills have been updated, therefore, there is better performance in the implementation of activities and quality services by staff and volunteers.

The malaria programme has strengthened the capacity of the Sierra Leone Red Cross Society community health and care programme and the Ministry of Health in their fight against malaria, particularly in pregnant women and children aged under five years. The LLITNs distribution to pregnant women and children in the country contributed greatly to the reduction of malaria cases in Sierra Leone. Blood donors registered in 12 communities in SLRCS operational areas continue to support clinics and hospitals requiring blood transfusion. As a result, many lives have been saved.

The training for community-based disaster management committees has increased the people's awareness on prevailing hazards in these communities that have caused serious disasters or have the potential of causing disasters in future. A multiplying effect has been established for the project expansion and sustainability. Many communities are now able to replicate simple disaster prevention, preparedness and response procedures using locally available resources. Flood-prone communities have developed skills in flood mitigation measures.

Children affected by the war in Sierra Leone have been given hope for their future. The graduates have become more self sufficient and productive in their own communities. Now, community members particularly the youth have been able to change their social behaviours, making the Fundamental

Principles part of everybody's life. The assistance directed toward amputees has increased community acceptance, sympathy and concern for the welfare of amputees. Community farms have increased harvest and sales thus increasing the living conditions of affected communities. Community sensitization workshops on human rights, teenage pregnancies, early marriages and drug abuse have enhanced understanding on human rights, especially children's rights.

Peace has been restored in war-torn communities. Community cohesion is strengthened and intra-community relationships have been bridged. The communities now inculcate best practices and are promoting tolerance and public dialogue between former hostile communities.

The Organizational Development programme has ensured that core Sierra Leone Red Cross Society programme activities are delivered in all branches. There is better administrative, financial, logistic management systems that have largely enhanced coordination, efficiency, accountability monitoring and communication in all the branches. 75 per cent of Sierra Leone now has Red Cross volunteers and this has helped the branches to effectively carry out their activities.

## Looking Ahead

The Federation has applied for funds from the European Union to support the SLRCS in implementing a project aimed at providing sexual reproductive health clinical/community-based services (SRH). This project aims at promoting the rights of all people - especially the poor, marginalized and underserved - to make free and informed choices about their reproductive health and have access to SRH information, sex education and quality services.

A new initiative to improve Disaster Management in West Africa is being spear-headed by the International Federation, the Swedish Red Cross and the Swedish Rescue Services Agency. The project aims to establish a long-lasting, cross-border disaster management structure in the region, by building on already made efforts within Disaster Management.

The WARE, CAPS and CAR projects in Kambia, Kabala, Port Loko and Kaillahun will, for the next three years, continue focussing on assisting children, amputees and communities driven by conflict, to address and cope with the aftermaths of the war. However, the Waterloo centres (the oldest of the five centres) will focus on addressing issues of youth aged between 18 and 35 years.

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International Federation of Red Cross and Red Crescent Societies

MAASL001 - SIERRA LEONE

Financial Report 2006-2007

Selected Parameters	
Reporting Timeframe	2006/1-2006/12
Budget Timeframe	2006/1-2007/12
Appeal	MAASL001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
<b>A. Budget</b>	<b>2,009,099</b>	<b>1,365,367</b>	<b>3,304,533</b>	<b>784,814</b>	<b>366,809</b>	<b>7,830,622</b>
<b>B. Opening Balance</b>	<b>143,013</b>	<b>3,329</b>	<b>208,346</b>	<b>-127,025</b>	<b>61,263</b>	<b>288,926</b>
<b>Income</b>						
<u>Cash contributions</u>						
<i>Austrian Red Cross</i>			5,779			5,779
<i>British Red Cross</i>	106,468		201,681	24,716	93,598	426,463
<i>Canadian Red Cross Society</i>				188		188
<i>Danish Red Cross</i>	85,172					85,172
<i>European Commission</i>		428,181				428,181
<i>Finnish Red Cross</i>			127,980			127,980
<i>Icelandic Red Cross</i>			123,675	0		123,675
<i>Irish Government</i>				63,380		63,380
<i>Other</i>				-31,820		-31,820
<i>Swedish Red Cross</i>	185,729		584,536	147,124	89,485	1,006,874
<i>Swiss Red Cross</i>			160,071			160,071
<b>C1. Cash contributions</b>	<b>377,368</b>	<b>428,181</b>	<b>1,203,722</b>	<b>203,588</b>	<b>183,083</b>	<b>2,395,942</b>
<u>Outstanding pledges (Revalued)</u>						
<i>British Red Cross</i>				119,925	49,956	169,881
<i>Danish Red Cross</i>	30,229					30,229
<i>European Commission</i>		491,385				491,385
<i>Netherlands Red Cross</i>				182		182
<i>Swiss Red Cross</i>			-21,779			-21,779
<b>C2. Outstanding pledges (Revalued)</b>	<b>30,229</b>	<b>491,385</b>	<b>-21,779</b>	<b>120,107</b>	<b>49,956</b>	<b>669,899</b>
<u>Reallocations (within appeal or from/to another appeal)</u>						
<i>British Red Cross</i>				48,321	-48,321	0
<i>European Commission</i>		0				0
<i>Swedish Red Cross</i>				0		0
<b>C3. Reallocations (within appeal or</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>48,321</b>	<b>-48,321</b>	<b>0</b>
<u>Inkind Personnel</u>						
<i>British Red Cross</i>				23,147		23,147
<i>Danish Red Cross</i>	52,800					52,800
<b>C5. Inkind Personnel</b>	<b>52,800</b>	<b>0</b>	<b>0</b>	<b>23,147</b>	<b>0</b>	<b>75,947</b>
<u>Other Income</u>						
<i>Deficit Write-off</i>				21,909		21,909
<b>C6. Other Income</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>21,909</b>	<b>0</b>	<b>21,909</b>
<b>C. Total Income = SUM(C1..C6)</b>	<b>460,397</b>	<b>919,566</b>	<b>1,181,943</b>	<b>417,071</b>	<b>184,718</b>	<b>3,163,696</b>
<b>D. Total Funding = B + C</b>	<b>603,410</b>	<b>922,895</b>	<b>1,390,289</b>	<b>290,047</b>	<b>245,981</b>	<b>3,452,622</b>

## II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
<b>B. Opening Balance</b>	<b>143,013</b>	<b>3,329</b>	<b>208,346</b>	<b>-127,025</b>	<b>61,263</b>	<b>288,926</b>
<b>C. Income</b>	<b>460,397</b>	<b>919,566</b>	<b>1,181,943</b>	<b>417,071</b>	<b>184,718</b>	<b>3,163,696</b>
<b>E. Expenditure</b>	<b>-453,537</b>	<b>-187,056</b>	<b>-1,014,707</b>	<b>-101,929</b>	<b>2,647</b>	<b>-1,754,582</b>
<b>F. Closing Balance = (B + C + E)</b>	<b>149,873</b>	<b>735,839</b>	<b>375,582</b>	<b>188,118</b>	<b>248,628</b>	<b>1,698,040</b>

# International Federation of Red Cross and Red Crescent Societies

MAASL001 - SIERRA LEONE

Interim Financial Report 2006-2007

Selected Parameters	
Reporting Timeframe	2006/1-2006/12
Budget Timeframe	2006/1-2007/12
Appeal	MAASL001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance A - B
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A							B	A - B
<b>BUDGET (C)</b>		<b>2,009,099</b>	<b>1,365,367</b>	<b>3,304,533</b>	<b>784,814</b>	<b>366,809</b>	<b>7,830,622</b>	
<b>Supplies</b>								
Shelter - Relief	57,200		12,875				12,875	44,325
Construction Materials	634,545			22,273			22,273	612,272
Clothing & textiles	1,204		-23,049	57			-22,991	24,195
Food	113,520	5,451	5,919	84,149	90		95,609	17,911
Seeds,Plants	213,818			22,330			22,330	191,488
Water & Sanitation	88,846							88,846
Medical & First Aid	457,194	3,036	4,620				7,655	449,539
Teaching Materials	830,604			270,923			270,923	559,680
Utensils & Tools	243,229	150	150	8,988			9,288	233,942
Other Supplies & Services				-1,582			-1,582	1,582
<b>Total Supplies</b>	<b>2,640,160</b>	<b>8,636</b>	<b>515</b>	<b>407,138</b>	<b>90</b>		<b>416,380</b>	<b>2,223,781</b>
<b>Land, vehicles &amp; equipment</b>								
Vehicles	137,496		37,604	14,190			51,794	85,702
Computers & Telecom	161,631	9,843	10,095	461		12,533	32,932	128,699
Office/Household Furniture & Equipm.		493	1,551	82		25,650	27,775	-27,775
Others Machinery & Equipment		20,204		45,657		-54,321	11,540	-11,540
<b>Total Land, vehicles &amp; equipment</b>	<b>299,127</b>	<b>30,540</b>	<b>49,250</b>	<b>60,390</b>		<b>-16,138</b>	<b>124,041</b>	<b>175,086</b>
<b>Transport &amp; Storage</b>								
Storage	9,626	4,609	169			4,682	9,460	166
Distribution & Monitoring		4,111	4,111			7,959	16,181	-16,181
Transport & Vehicle Costs	614,027	23,988	27,774	102,743	637	1,305	156,447	457,580
<b>Total Transport &amp; Storage</b>	<b>623,653</b>	<b>32,708</b>	<b>32,054</b>	<b>102,743</b>	<b>637</b>	<b>13,946</b>	<b>182,088</b>	<b>441,565</b>
<b>Personnel Expenditures</b>								
Delegates Payroll	497,640	79				97,461	97,540	400,100
Delegate Benefits	336,392	78,897		17,466	23,213	17,590	137,166	199,226
Regionally Deployed Staff						2,796	2,796	-2,796
National Staff	165,758	10,207	1,768	48,648	-6,284	-8,311	46,028	119,730
National Society Staff	667,919	124,502	36,664	70,573	46,703	-536	277,907	390,012
Consultants	30,608	8,398		5,866			14,263	16,345
<b>Total Personnel Expenditures</b>	<b>1,698,317</b>	<b>222,082</b>	<b>38,432</b>	<b>142,554</b>	<b>63,632</b>	<b>109,000</b>	<b>575,700</b>	<b>1,122,617</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	984,029	31,035	14,154	24,801	15,352	4,158	89,500	894,528
<b>Total Workshops &amp; Training</b>	<b>984,029</b>	<b>31,035</b>	<b>14,154</b>	<b>24,801</b>	<b>15,352</b>	<b>4,158</b>	<b>89,500</b>	<b>894,528</b>
<b>General Expenditure</b>								
Travel	303,746	6,970	3,339	16,389	3,558	9,968	40,224	263,522
Information & Public Relation	311,147	1,112	754	21,557		438	23,861	287,287
Office Costs	259,523	16,820	11,242	18,352	1,654	37,055	85,123	174,400
Communications	104,940	7,098	1,493	361	60	42,489	51,500	53,439
Professional Fees	60,983	39,743	240	1,643	8,029	12,705	62,360	-1,377
Financial Charges	26,758	18,551		16,778		-118,122	-82,792	109,550
Other General Expenses		11,379		64,974		-108,173	-31,820	31,820
<b>Total General Expenditure</b>	<b>1,067,097</b>	<b>101,673</b>	<b>17,068</b>	<b>140,055</b>	<b>13,300</b>	<b>-123,641</b>	<b>148,456</b>	<b>918,641</b>
<b>Depreciation</b>								
Depreciation	9,248					9,399	9,399	-151
<b>Total Depreciation</b>	<b>9,248</b>					<b>9,399</b>	<b>9,399</b>	<b>-151</b>
<b>Program Support</b>								
Program Support	508,990	29,257	12,159	65,956	6,528	-172	113,727	395,263
<b>Total Program Support</b>	<b>508,990</b>	<b>29,257</b>	<b>12,159</b>	<b>65,956</b>	<b>6,528</b>	<b>-172</b>	<b>113,727</b>	<b>395,263</b>
<b>Operational Provisions</b>								
Operational Provisions		-2,395	23,425	71,069	2,390	801	95,290	-95,290

**International Federation of Red Cross and Red Crescent Societies**

MAASL001 - SIERRA LEONE

Interim Financial Report 2006-2007

Selected Parameters	
Reporting Timeframe	2006/1-2006/12
Budget Timeframe	2006/1-2007/12
Appeal	MAASL001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**III. Budget Analysis / Breakdown of Expenditure**

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A							B	A - B
<b>BUDGET (C)</b>		2,009,099	1,365,367	3,304,533	784,814	366,809	7,830,622	
Total Operational Provisions		-2,395	23,425	71,069	2,390	801	95,290	-95,290
<b>TOTAL EXPENDITURE (D)</b>	7,830,622	453,537	187,056	1,014,707	101,929	-2,647	1,754,582	6,076,040
<b>VARIANCE (C - D)</b>		1,555,562	1,178,310	2,289,826	682,885	369,456	6,076,040	

# International Federation of Red Cross and Red Crescent Societies

MAASL001 - SIERRA LEONE

Selected Parameters	
Reporting Timeframe	2006/1-2006/12
Budget Timeframe	2006/1-2007/12
Appeal	MAASL001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## IV. Project Details

Project	Name	Opening Balance	Income	Expenditure	Closing Balance	Budget	Variance
		A	B	C	A + B + C	D	D - C
<b>Health &amp; Care</b>							
PSL401	Community Based Heal	616	292,196	-196,127	96,685	1,324,129	1,128,002
PSL410	HIV/AIDS	6,013	0	-5,110	903	411,089	405,979
PSL413	CB & STI/HIV/AIDS	136,384	168,201	-252,300	52,285	273,881	21,582
<b>Sub-Total Health &amp; Care</b>		<b>143,013</b>	<b>460,397</b>	<b>-453,537</b>	<b>149,873</b>	<b>2,009,099</b>	<b>1,555,562</b>
<b>Disaster Management</b>							
PSL161	FirstAid Emergency P	3,329	919,566	-187,056	735,839	909,835	722,779
PSL162	Disaster Management	0	0		0	455,531	455,531
PSL201	Intern. Representati	0	0		0		0
PSL511	Emergency Assistance	0	0		0		0
<b>Sub-Total Disaster Management</b>		<b>3,329</b>	<b>919,566</b>	<b>-187,056</b>	<b>735,839</b>	<b>1,365,367</b>	<b>1,178,310</b>
<b>Humanitarian Values</b>							
PSL301	CAPS Humanitarian Va	0	242,871	-185,280	57,591	654,056	468,776
PSL302	CAR Humanitarian Val	185,786	821,464	-737,848	269,402	2,419,422	1,681,574
PSL303	JAWA Humanitarian Va	22,560	117,608	-91,579	48,589	231,055	139,475
<b>Sub-Total Humanitarian Values</b>		<b>208,346</b>	<b>1,181,943</b>	<b>-1,014,707</b>	<b>375,582</b>	<b>3,304,533</b>	<b>2,289,826</b>
<b>Organisational Development</b>							
PSL011	OD	-104,934	351,230	-101,929	144,368	784,814	682,885
PSL012	Community Integratio	-22,091	22,091	0	0		0
PSL015	Sierra Leone Red Cross Liabilities	0	43,750		43,750		0
<b>Sub-Total Organisational Development</b>		<b>-127,025</b>	<b>417,071</b>	<b>-101,929</b>	<b>188,118</b>	<b>784,814</b>	<b>682,885</b>
<b>Coordination &amp; Implement</b>							
PSL101	Coordination&Managem	61,263	184,718	2,647	248,628	366,809	369,456
<b>Sub-Total Coordination &amp; Implement</b>		<b>61,263</b>	<b>184,718</b>	<b>2,647</b>	<b>248,628</b>	<b>366,809</b>	<b>369,456</b>
<b>Total</b>	<b>SIERRA LEONE</b>	<b>288,926</b>	<b>3,163,696</b>	<b>-1,754,582</b>	<b>1,698,040</b>	<b>7,830,622</b>	<b>6,076,040</b>