

TRANSTEC



EVALUATION MISSION

SIERRA LEONE

ECHO

GLOBAL PLAN 2000

INTERVENTION PLAN 2001

SECTOR "CHILD PROTECTION AND WAR VICTIMS"

FINAL REPORT

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TABLE OF CONTENT

1. EXECUTIVE SUMMARY	3
2. PURPOSE OF EVALUATION AND METHODOLOGY	7
3. BACKGROUND	8
3.1. History of the war from the standpoint of a child-combatant	8
3.2.1 <i>RUF and child combatants</i>	8
3.2.2 <i>CDF and child combatants</i>	9
3.2.3 <i>Gender and violence</i>	9
3.2. Consequences of the war	10
3.2.1 <i>Psychological consequences</i>	10
3.2.2 <i>Medical consequences</i>	11
3.2.3 <i>Education</i>	13
4. CHILD PROTECTION AND DISARMAMENT, DEMOBILISATION AND REINTEGRATION PROGRAMME FOR CHILDREN	13
4.1. Estimating national figures	13
4.2. Reintegration Plan for children affected by war conflict	13
5. EC CONTRIBUTION TO THE SECTOR	14
5.1. Humanitarian Aid	14
5.2. Rehabilitation and development / European Commission	14
6. MAJOR FINDINGS WITH RESPECT TO EVALUATION CRITERIA	16
6.1. Relevance	
6.1.1. <i>Identification of needs</i>	16
6.1.2 <i>Beneficiaries</i>	
6.1.3 <i>Strategy</i>	16
6.1.4 <i>Co-ordination, coherence and complementarity</i>	17
6.2. Effectiveness	18
6.3. Efficiency	17
6.3.1 <i>Partner's operational capacities</i>	18
6.3.2 <i>Personnel</i>	18
6.3.3 <i>Management of the operations in the field</i>	18
6.3.4 <i>Monitoring, evaluation and reporting</i>	19
6.3.5 <i>Quality of ECHO monitoring</i>	19
6.4. Impact	19
6.4.1 <i>General remarks</i>	19
6.4.2 <i>Strong points</i>	19
6.4.3 <i>Shortcomings</i>	20
6.4.4 <i>Cost-effectiveness</i>	21
6.5. Sustainability	22
7. CONCLUSION AND RECOMMENDATIONS	22

List of the Annexes

- ANNEX 1: List of abbreviations and acronyms
ANNEX 2: List of projects funded by the Global Plan 2000
ANNEX 3: List of projects funded by the Intervention Plan 2001
ANNEX 4: ToR of the Evaluation Mission

ANNEX 5: List of persons contacted during the Mission
ANNEX 6: Routing of the Mission
ANNEX 7: Map of Sierra Leone
ANNEX 8: NCDDR: Guidelines for Release and Separated Children
ANNEX 9: Outline of the programme
ANNEX 10: Children in ICC -Year 2000

1. EXECUTIVE SUMMARY

Evaluated Global/Intervention Plan

This report describes the evaluation of the European Humanitarian Aid Office's (ECHO) assistance for Child Protection and War Victims. The review covers the actions implemented during the 2000-2001 period and analyses the key strategic elements as developed in the following documents: (i) the Global Plan which ran from May 2000 to February 2001, related to "a Proposal for Community financing of humanitarian assistance to Sierra Leone populations" and; (ii) the Intervention Plan 2001, concerned with delivering Humanitarian Assistance to Sierra Leone from March 2001 to November 2001.

Date of Evaluation

15 September – 17 October 2001

Consultant's Name

Francine Dal

Purpose and Methodology

The purpose of the evaluation was to provide ECHO with informative and analytical elements, so as to assess the suitability of operations for the above-mentioned sectors as well as to enable ECHO to elaborate the strategy and programming for 2002 on the basis of lessons learned.

This sectoral evaluation was part of a global evaluation performed by a team of three consultants. After an initial analysis of the dossiers of ECHO's partners and meetings with the ECHO team in Brussels and in Sierra Leone, contact was made in the field with the International Non-Governmental Organisations (NGOs) concerned, as well as national staff, ministries, the European Commission and beneficiaries. Interview structures were developed according to the source of information and the different types of contacts. Because of the sensitive nature of the information collected and to allow free conversation, the interviews with the direct beneficiaries were confidential. Five projects were visited, which yielded insights into the difficulties and successes of the work carried out. In addition, informal discussions took place with different individuals involved in project implementation.

During the fieldwork, three interim reports were submitted. At the end of the mission, a debriefing meeting was held with the International NGOs involved in the ECHO Child Protection and War Victims programme and with the head of the European Commission and ECHO Technical Assistant.

Main Findings

The peace process is ongoing in Sierra Leone but remains very fragile. Elections planned for May 2002 will be crucial for a country affected by 10 years of conflict.

Children have fought with the various military factions involved in Sierra Leone's internal conflict. These forces included Revolutionary United Front (RUF), Armed Forces Revolutionary Council (AFRC), Sierra Leone Army (SLA) and Civil Defence Forces (CDF). The RUF was particularly perverse, capturing young people and manipulating the "cultural" infrastructure of rural life in Sierra Leone to its advantage.

The ex-combatants, separated children and kidnapped young girls constitute a very vulnerable group. They went through unspeakable, extreme situations; the abuse they had to bear left them in loneliness and silence. They will continue to be marked by these years, characterised by their dehumanisation and loss of values.

Girls in particular have suffered sexual exploitation and abuse and were victims of mass rape. Medical and social consequences for these girls can be especially serious, due to complications arising from sexually transmitted disease, social rejection and alienation because of sexual encounters. The babies, sometimes called “rebel babies”, are more at risk of abuse by their mothers (physical or emotional abuse) than babies of mothers who are supported by their family.

It is very difficult to get a precise figure for the number of children that are still missing in Sierra Leone and that are expected to be released through the Child Protection network. However, it is estimated that this process concerns 17,000 children: 5,400 combatants, 10,000 children associated with the fighting forces and/or separated and 1,500 additional abducted children. So far, since 1998, only 4,600 ex-combatants and 3,000 other separated children have been released to child protection agencies or have returned to their family. The United Nations Children’s Fund (UNICEF) reports that approximately 9,500 children remain unaccounted for.

The armed conflict has shown horrific examples of cruelty towards the people. Men, women and children have been mutilated, hands and arms have been cut off. No accurate statistics are available. For the regions of Freetown, Bo, Kenema and Makeni, the country’s Ministry of Health reported 800 cases of people having been amputated at the upper limbs and 600 at the lower limbs.

Relevance: ECHO focused on the first phase that follows the demobilisation of ex-combatant children and on the reception of separated children. ECHO targets the most vulnerable group of children, since these children, who are victims themselves, have also been perpetrators of human right abuse, sometimes against members of their own families or communities.

Through Cooperazione Internazionale (COOPI), young girls and mothers benefited from specific assistance. Partners, as a guideline, use the Convention on the Rights of the Child.

ECHO’s partners – by choosing to work with UNICEF, the National Committee on Disarmament, Demobilisation and Reintegration (NCDDR), child protection agencies and the Ministry of Social Welfare, Gender and Children’s Affair (MSWGCA) – are consistent in their efforts to ensure successful protection and assistance to ex-combatant and separated children. With the decision to support Handicap International (HI), ECHO facilitated the rehabilitation and reintegration of many disabled people: victims of amputation, war wounded and all the disabled people who are indirect victims of the war, such as the many people suffering from polio.

Effectiveness: Assistance provided by ECHO partners was dependent on the progress of the DDR programme and the release of the children by the RUF. The number of expected releases of children has not yet been obtained, especially among young girls; it is believed that they are still staying with the RUF. Indirectly, the babies of the young mothers benefit from the project.

Although only a limited number of children were reintegrated in their communities, the assistance provided by ECHO partners has generally gone forward as planned. The ECHO partners focused on the quality of reunification in families/alternative care.

Rehabilitation centres for amputees and disabled people are well organised and the goals set by the ECHO partner have been reached.

Efficiency: The partners have a good knowledge of the problems of traumatised children and the mission considers that, in general, operations implemented for the benefit of the child-combatant/separated children have been efficient.

The DDR programme, of which the Interim Care Centres (ICC) are part, is community-based and the interventions mobilise the resources of the individual, the family and the community. The individual is not reduced to a set of problems, but his potential is brought forward.

Capacity building of national staff is not always sufficient; more specific training is needed, along with access to professional documentation. This need can also be explained by the high turnover of expatriate staff. The mission also regrets that there is not enough exchange of expertise between NGOs who specialise in various activities.

A very important issue raised by the various partners is the "forgiveness" concept. Speaking for NCDDR, social workers stimulate forgiveness and encourage victims to forgive for the sake of peace. Forgiveness is probably a survival strategy, but it prevents the use of deeper psychotherapeutic work.

Impact: The most important impact is that the children are separated from the adult combatants. Children are provided with a safe environment and given appropriate medical-psychological-social assistance, respecting his/her culture and religion.

It is too early to measure the long-term impact of the programmes. There is a need for an assessment of the integration of the children in their family, alternative care and community.

The partners are all concerned with the future of these children and are aware that there are still children who risk abuse. The partners have emphasised the difficulty in organising long-term follow-up. The communities should take over. And training of local staff is crucial. The projects, which are organised for all the children in the community, are of benefit to the community via the training given to teachers, the foster family association and child protection agency.

Sustainability: Work with child combatants and separated children is a long-term job and must be done in view of the psycho-social and economic perspective, seeking a balance between immediate substitution and support of residual resources. Such work evolves from an emergency to a long-term intervention. Work on the capacity building of the social workers is essential.

It is clear that the reintegration of children in the community is proportional to the reduction of poverty and therefore economic recovery. Interventions by ECHO and the EC in other sectors are thus equally important when it comes to increasing the sustainability of the Child Protection Project. But in practice it is difficult to consider a chronological transition between funding instruments. In the child protection sector, it would be useful to plan for a speedy take-over by other donors.

Recommendations

In relation to the issue of Child Protection and War Victims, the mission recommends that ECHO:

- Accompany UNICEF in the phase down the ICC and provide a final support phase to the ICCs in Kono (IRC) and Daru/Kailahun (SCF), for at least six months (from January to June 2002). It is expected that some children will be released in March. A period of 6 to 8 weeks is required, to ensure the effective reintegration of those children into their family or in alternative care (foster families, group's home, etc.). Moreover, it should be stressed

that a longer period will be necessary for the reintegration of released girls and their babies. Those girls will probably be released at the very end of the DDR process.

- Support the Conforti Centre and the 'Drop in Centre' in Freetown (COOPI). This centre is the reference centre in Sierra Leone for the diagnosis, treatment and prevention of sexual abuse. In addition, young mothers who are rape victims are provided with care along with their young children, and work is done to prevent attachment disorders. ECHO could finance these projects, while trying to facilitate longer term financing.
- Carry out operational research on the problems of sexual abuse of children, in order to develop a strategy of multidisciplinary care (both therapeutic and legal) for families, children and perpetrators.

Lessons Learned

On the child protection issue, emergency assistance has to be seen as a precursor to development aid. At the beginning of the projects, ECHO has to plan, from day one, the continuation of the operation in the long term in collaboration with its partners. Clearly, certain factors lay beyond ECHO's immediate control.

ECHO has to stimulate the international NGOs to collaborate with national NGOs and support them. The local NGOs are the country's future. The national staff have to be more involved in the elaboration of the programme strategy and in the decision-making process. A documentation centre must be available, as well as access to internet.

There is a lack of systematic evaluation of the programmes by an external evaluator. The data collection on children affected by armed conflict is neglected. Analysis of the data is necessary for the development of effective rehabilitation for children and their family. Currently, the accuracy of available data is very low. To improve this situation, operational research has to be more developed. Collaboration with a local university should be encouraged.

2. PURPOSE OF EVALUATION AND METHODOLOGY

The evaluation's objective is to assess the projects financed by ECHO (Global Plan 2000, Intervention Plan 2001) for the issue of Child Protection and War Victims and to define the needs for 2002 in the same field, within the scope of the ECHO terms of reference (Annex 1). The evaluation team was composed of three consultants. Each consultant was tasked with focusing on a specific sector:

- Health, nutrition, water and sanitation
- Child protection and war victims
- Uprooted population + co-ordination of the mission (team leader)

The present report will focus on the issue of child protection and war victims, and will assess the projects directly targeting those beneficiaries. The team leader has assessed the rehabilitation activities of Handicap International in favour of disabled people.

After an initial analysis of the dossiers of ECHO's various partners and meetings with the ECHO team in Brussels, Sierra Leone and Guinea, contact was made in the field with the relevant international NGOs. All the ECHO projects were contacted, along with any project or person who seemed helpful for understanding the problem to be studied. These included NGOs working on projects on conflict-related sexual violence or domestic violence. The information reported was gathered by:

- Semi-structured interviews with:
 - ICC staff, including managers, caregivers, psychosocial workers, teachers and education co-ordinators.
 - Families and communities after the reunification process: ex-combatants, foster parents, members of foster parent associations, child protection committee, 'paramount' chief, etc.
- Team meetings and team supervision sessions.

Because of the sensitive nature of the information collected and to allow free conversation, interviews with the caregivers of the ICC and the ex-combatants were confidential. For some NGOs, we decided to break down the meetings, as the national staff did not speak as freely in the presence of international staff.

The group discussion with the care providers focused on:

- Case studies, to concretely describe the difficulties encountered and to develop responses, diagnosis of special needs, what therapeutic techniques are employed, work with aggressive children, responses in particular cases (drug addiction, sorcerers, HIV-positive people, etc.), and their own emotional needs. Some sensitive subjects were tackled very carefully, such as burn-out, trauma of the educators themselves. These subjects were only discussed if the possibility existed. Carers were also asked for their recommendations.
- Organisation of the ICC, link with reunification and reintegration process, tracing of the families, logistics, training, etc.

At the end of the mission, a meeting was held with the NGOs involved in the ECHO Child Protection and War Victims project. This enabled a debriefing, as well as an analysis of their recommendations for further cooperation with ECHO.

Programme documentation was collected whenever possible, as a mean of triangulating information.

The evaluation team met regularly to exchange information and to discuss the strategy employed.

In the report, the subject of (ex) child combatants and separated children will be considered. But it is impossible to go into all aspects of child protection, without running the risk of doing so superficially.

3. BACKGROUND

3.1. History of the war from the standpoint of a child-combatant

Children have fought with the various forces involved in Sierra Leone's internal armed conflict, which began in 1991. These forces include the RUF, the AFRC, the SLA and the CDF.

The political system in Sierra Leone was corrupt and characterised by a patrimonial system. When the RUF first appeared, led by Foday Sabana Sanko, it was a small group of exiles, socially excluded for reasons of political protest and student activism. The AFRC came to power following the military coup on 25 May 1997, which overthrew the government of President A. T. Kabbah, who was elected in 1996. The AFRC joined forces with the RUF after coming to power and remained its ally after forces deployed in Sierra Leone by the Economic Community of West African States (ECOWAS) forced the AFRC from power in 1998. With the signing of the Lomé Peace Agreement in July 1999, the Government of Sierra Leone (GoSL) and the RUF agreed to disarmament, demobilisation and reintegration of an estimated 45,000 combatants of the SLA, CDF, RUF and other paramilitary units.¹ The DDR programme was managed by the NCDDDR and facilitated by the United Nations Observer Mission in Sierra Leone (UNOMSIL).

3.2.1. RUF and child combatants

The RUF expanded by capturing young people. Some joined the RUF spontaneously, others were given by their parents in exchange for money. These youngsters had little option about whether or not they joined. Terrorised in the process of capture, they were later treated generously by the rebels. The rebels had positive inducements to loyalty. Some of the inducements were simply material. But it is important to understand that the rebels considered their bush camps as an alternative to the inadequate schooling found in the wider society. The country's economic decline was responsible for the failure of the school system. The rebellion was a chance for the children to resume their education.

The RUF knows how to manipulate the cultural 'infrastructure' of rural life in Sierra Leone to its advantage. The main idiom of transition from childhood to adulthood in forest society is that of initiation, followed by instruction in adult ways in the 'bush' school. The Poro 'devil' seizes boys from the family home and, in symbolically breaking the family tie, opens up membership of a wider social world. The rigours of initiation create bonds among peers, life-long respect for the expertise of the elders, and commitments beyond the web of kinship. The RUF leadership withdrew into the forest and used the language of initiation to justify its attempts to rebuild society from within. Initiation is a way of beginning again, where larger frameworks for social trust lie in ruins or perhaps never existed. Mention should also be made of the role of fear-inhibiting drugs in getting under-armed and inexperienced captive youngsters to fight. Drugs made them 'fearless' and made it possible to commit atrocities, such as killing family members and cutting off people's limbs. The use of marijuana, alcohol, blue boats (thought to be sleeping tablets) has long been widespread among people

¹ Case study of Children from the fighting forces in SL – Unicef.

digging diamonds in the forest. As a result of the extreme violence in the attacks on villages, the child-combatants were caught in a trap: they could no longer return to their village without risking punishment and possibly execution. These young soldiers were caught in a hellish alternative – they could do nothing but obey their commander. Disobeying led to punishment and possibly execution. Fighting, killing and raping meant survival. Victims themselves, they have also been perpetrators of human rights abuses, sometimes against members of their own families or communities.

3.2.2. CDF and child combatants

The Kamajo militia was, at least initially, a genuine ‘grassroots’ reaction to the war, as much as a response to the corrupt government army and to the RUF. The Kamajo militia units represented a revival of an older local patrimonial power, untrammelled by state interference. The target of the Kamajo militia intervention was the reclaiming of the ‘dead’² zone from either of the main parties in the war and returning the zone to the chief’s domain. The Kamajo fighters, as revitalised citizens of the ‘dead’ zone, had the magical power to move at will and to control all spaces. Kamajo magical power protects them from bullets. The RUF response to the ‘magic’ attack was socially disabling violence. Children were also beaten by the CDF when they disobeyed.

3.2.3. Gender and violence

Throughout the nine-year Sierra Leone conflict, the rebels (RUF, AFRC and West Side Boys) perpetrated widespread, organised and systematic sexual violence against women and girls, including individual and gang rape. In an unknown number of cases, sexual violence was followed by the abduction of women and girls and forced bondage to male combatants. Once captured, victims would try to attach themselves to one rebel so as to avoid gang rape, be given a degree of protection and to suffer less hardship. Victims often became pregnant, had children and remained with the rebels for years.³

It seems that rape has been uncommon among the CDF forces, the largest of which is the Kamajors. The Kamajors believe that power and potency as a warrior is dependent on sexual abstinence. In recent years, the Kamajors have been moved from their native areas and traditional chiefs given more responsibility in national security. Once separated from the influence of the ‘paramount’ chiefs, the Kamajors have become undisciplined and cases of rape have become more common.

An unknown number, but a minority, of girls have joined the army for their own protection or to gain access to food and shelter. Others may be given to armed forces groups by a parent, as a form of ‘tax’.

The traditional place of women in Sierra Leone, a country that is to a large extent still polygamous, must also be considered. A girl becomes a woman when she becomes a mother, and often she has a child at a very early age. Women are presented as depending on their husband and obeying the law, only rarely expressing their own opinions. In the villages, they are often married without real consent to an older man who may have other wives. It is not customary for women to speak about what they feel: their education teaches them to control their emotions. They tend to repress their feelings. This cultural factor must be taken into account during the therapeutic work with these young women.

² The RUF separates the country into safe forest enclaves and a rotten and collapsed wider society with a ‘dead’ zone between.

³ Amnesty International: Rape and other forms of sexual violence against women and girls, 29 June 2000.

UNICEF reports that, out of all the children associated with fighting forces who have been registered by child protection agencies, only 7.9% are girls and 36.9% of all the separated children registered in the Family Tracing Network are girls.

3.2. Consequences of the war

A Médecins Sans Frontières (MSF) study⁴, released in January 2000, showed that a high percentage of Freetown residents directly experienced, at least once, an event threatening their physical integrity – either by maltreatment (39%), torture (16%) or amputations (7%). The study indicates high levels of traumatic stress among the population surveyed.

3.2.1. Psychological consequences

- Impact on the society generally:

Sierra Leone's society is at a turning point. The peace process is going forward and is accompanied by a programme of disarmament and demobilisation. But the peace process could collapse at any moment. Elections are planned for May 2002 and the population will certainly remember that elections in Sierra Leone have never been peaceful. J.CI. Métraux⁵ talks about the "in-between" syndrome: in-between refers to the fact that one never knows if one can speak about peace or non-war. The result is rationalisation: the trauma incurred cannot be appeased, since the threat of war is still too present and the individual cannot yet feel safe.

By means of the Truth and Reconciliation Commission, the government emphasises the importance of forgiving. Forgiveness is probably a survival strategy, but it prevents the use of deeper psychotherapeutic work.

- Impact on the ex-child combatants:

Children are emotionally devastated by their experience. All have been subject to psychological traumas – traumas that are so extreme that self-defence mechanisms frequently result in the child having only blurred memories of its time with the rebels. These memories are so deep-seated that they may continue to re-visit the child in nightmares, hallucinations and delusions for many years.

Sometimes the emotional scars of committing violent acts are the hardest to cure, as guilt overwhelms the child's whole emotional and physical being. Children report psychosomatic disorders. The children have difficulties relating to other children, are suspicious of all adults, are fearful, insecure and display violent outbursts of anger. Depression is common amongst ex-child combatants, while hopelessness and desperation have been known to lead to self-destructive behaviour, such as drug addiction and para-suicide. These children feel stigmatised, often for good reason, as society shuns them as violent, unskilled and uneducated. These children are cut off from their families, at times for many years, and grow up without emotional and economic support, lacking guidance in morality and ethics. The family is the primary arena through which the process of socialisation occurs. And through interaction with the family and the society, the individual becomes aware of the self and learns what is considered acceptable behaviour and what is not. For these children, the meaning of notions like 'good', 'bad', 'justice' or 'injustice' have been significantly broken.

Specific impact on the girls:

⁴ MSF, *Assessing Trauma in SL*, Psychosocial questionnaires: Freetown Survey Outcomes, January 2000.

⁵ J.C. Métraux, *Au Temps du Silence, la Nosographie Reste Muette, Hommes et Perspectives*, 1999.

Unpublished research, led by the University in collaboration with the Forum for African Women Educationalist (FAWE), MSF and Forum MSWGCA, reports that over 60% of the 226 women (victims of rape) interviewed were gang raped. This resulted in widespread incidence of STDs of various types. 30.5% were involved in combat and many committed atrocities; 27% became pregnant as a result of the rape but only 15% had babies who survived. Others lost their babies or had abortions.

Girls in particular have suffered sexual exploitation and abuse and were victims of mass raping. Many of these girls became pregnant. There is no estimation of the number of these babies. This situation was particularly prominent in areas where feelings of revenge run high and where security is poor. The intent of the perpetrating group is to destroy a community by undermining its family structure: the targeting of women for sexual violence can devastate communities where women's chastity is bound up with ideas of cultural continuity. Forced pregnancy exacerbates the impact of rape by making it more visible, explicit and ongoing, precluding women from protecting themselves and their community through silence or denials, and symbolically branding the victims with the mark of the rapes.⁶

Medico-psycho-social consequences for these girls can be especially serious, due to complications arising from sexually transmitted disease (STD), social rejection and alienation because of sexual encounters. The ability of girls to breastfeed their babies is undoubtedly impacted by their membership of armed forces: girls are likely to be malnourished, lack adequate fluids and clean water, be deprived of rest, and suffer from disease or injury. Consequently, their babies become sick and often die.

The babies, sometimes called "rebel babies", are more at risk of being abused by their mothers (physical or emotional abuse) than babies of mothers who are supported by their family. As a result of sexual abuse and exploitation, these mothers show difficulties in coping with the issues of pregnancy and childbearing. Those mothers who have to support their family alone may project their aggressiveness and frustration on their babies.

3.2.2. Medical consequences

- General situation

The Sierra Leone population has experienced low standards of health, resulting in high levels of morbidity and mortality over the past two decades. These adverse conditions have the greatest impact on children. The infant and child mortality rates of 170/1,000 and 286/1,000 are among the highest in the world⁷. The Ministry of Health and Sanitation (MoHS) lacks the financial resources and infrastructures to deliver adequate health services to the population, even in accessible areas.

- Sexually Transmitted Disease

The problem of HIV/AIDS is important, and ex-combatants and separated children form a group at high risk. Health workers in SL estimated that 70 to 90% of rape survivors have tested positive for STD.⁸

⁶ Goldstein, A. Wing: S. Merchan: Rape, Ethnicity and Culture: Spirit Injury from Bosnia to Black America in Columbia Human Rights Law.

⁷ GOSL/UNICEF/UNFPA: Situation Analysis of Women and Children in Sierra Leone (April 1999)

⁸ Physicians for Human Right (2000, March). Preliminary findings and recommendations on the health consequences of human rights violations during the civil war. Unpublished report.

⁹ Preliminary Report on HIV/AIDS/WHO....

¹⁰ Survey Report on the Status of Women and Children in SL – November 2000- GoSL.

No statistically valid national epidemiological survey in SL has been conducted, due to prolonged conflict. In 1997, the estimate rate was around 3%. However, according to a recent unpublished survey of blood donors screened in accessible areas, the rate is now about 6%⁹ Research conducted in November 2000 reported¹⁰ that the majority of women of child-bearing age have either never heard of HIV/AIDS or lack basic knowledge about HIV/AIDS. One percent of the population uses condoms. Women who have heard of this disease expressed high levels of discriminatory attitudes towards individuals with this disease.

Factors affecting propagation of STD:

- Situation of war: breakdown in law and order, gang rape employed as an arm of war, abduction of young girls and boys, population displacement (Internally Displaced People, returnees), increasing number of sex workers and street children, drug abuse;
 - Ethnic and cultural traditional practices (tattooing, tribal marks, circumcision, excision, etc.), gonorrhoea as a symbol of manhood;
 - Religion: polygamy;
 - Gender differences: early marriage, rape, illiteracy more marked in the female population;
 - Health services not really accessible.
- Drugs use and child combatants
 - Former child combatants used marijuana, or djamba, alcohol and 'blueboats', usually in combination. Gunpowder was taken regularly on its own or mixed with food or drink. Cocaine was taken less. They used prescription drugs (ephedrine, promethazine), kumbejara, a locally grown plant, brownbrow (a crude form of cocaine), and sniffed petrol that had been left to dry in a sponge.
 - The children took drugs to deal with fear – to make them 'fearless' and able to do what was required of them in attacks, killing and maiming family members as well as others members of the community, burning houses and so on. In the long run they have chosen to use drugs to cope with the violent and abusive situation in which they found themselves.
 - No drug abuse specialist has been provided in Freetown.

- Amputees and war wounded/disabled people

The armed conflict in SL has shown horrifying examples of cruelty towards the people of SL. Men, women and children have been mutilated, hands and arms have been cut off. Many people have also had polio and many others contract polio due to the difficulty of immunisation, especially of those children living in the northern and eastern parts of SL.

No statistics are really available. In the report of the Workshop on Development of a National Policy on Prosthetics and Orthotics Services in Sierra Leone¹¹, the figures reported for the regions of Freetown, Bo/Kenema and Makeni give approximately 800 cases of people who have been amputated at the upper limbs and 600 cases of persons who have been amputated at the lower limbs. For the same geographic regions, the numbers of persons handicapped by polio is about 1,800.

The conflict has seriously disrupted the rehabilitation services, through the destruction of the infrastructures that used to provide such services. The World Health Organisation plays a role in strengthening the capacity of the country's Ministry of Health and Sanitation to develop a comprehensive strategy for rehabilitation and prosthetics and orthotics services.

¹¹ Organized by MoHS and WHO and USAID, May 2001.

3.2.3. Education

Net primary school attendance rate	41.9%
Literacy rates (Percentage of population aged 15+ who are able to read a letter or newspaper)	30%
Children reaching grade five (Percentage of children entering first grade of primary school who eventually reach grade five)	84.7%

Remarks:

- Basic education: in urban areas, 64% of children attend school while in rural areas 34% attend school.
- School attendance in the North and East (52% and 35%) is significantly lower than in the South and West (48% and 75%)
- At the national level, differences in primary school attendance by gender are small; 44% of male children and 40% of female children attend primary school.

4. Child Protection and Disarmament, Demobilisation and Reintegration Programme for children

In the wake of the Lomé peace agreement, the MSWGCA together with UNICEF launched a major initiative that has come to be known as the child protection network. The Network involves a number of international and national NGOs and associations coming together to receive, care for, trace and re-integrate all children affected by war. Child protection falls under the responsibility of the Ministry of Social Welfare, Gender and Children's Affairs. The MSWGCA lacks sufficient trained social workers and officers, adequate logistics and office space at regional and district level. UNICEF supports the capacity building of the MSWGCA. The overall goal of the Community Reintegration Project is to ensure the respect and fulfilment of the rights of children associated with the fighting forces, as expressed in the Convention on the Rights of the Child.

ECHO, in the intervention plan 2001, supports the direct cost associated with the children in the centres. ECHO does not support the cost associated with reunification with their family or alternative care (group homes, foster families, independent living), except for Children's Aid Direct (CAD) and HI.

4.1. Estimating national figures

It is very difficult to get a precise figure of the number of children that are still missing in Sierra Leone and that are expected to be released through the Child Protection Network. From the 17,000 children (5,400 Combatants + 10,000 children associated with the fighting forces and/or separated + 1,500 additional abducted children), approximately 4,600 demobilised children plus 3,000 other separated children have been released to child protection agencies or have returned to their family since 1998. UNICEF reports that approximately 9,500 separated children remain unaccounted for. Many children have not passed through the DDR process yet. Spontaneous reunification has also taken place.

4.2. Reintegration Plan for children affected by war conflict

Work with child combatants and separated children is a long-term job and must be done in view of psycho-social and economic perspectives, seeking a balance between immediate substitution and support of residual resources. This work evolves from an emergency

intervention to a long-term intervention. Civil society agents will insure reintegration in community life after the child/adolescent goes through a demobilisation centre, in the case of ex-combatants, and to an ICC. The work needs a holistic approach, including a multitude of interrelated issues: health and basic needs, psychosocial support, family context, positive new relationship and opportunities for education and earning income and an inclusive community environment. A long-term alternative programme (foster care and group homes) will be expanded for the large number of children who are unable to be reintegrated in their families. (Annex 8: NCDDR: Guidelines for Release of Separated Children and Children Combatants, Annex 9, outline of the programme)

5. EC CONTRIBUTION TO THE SECTOR

5.1. Humanitarian aid

The Global Plan 2000 and the Intervention Plan 2001 focused on child ex-combatants and separated children by paying particular attention to a more vulnerable group: girls and women raped and abused during the conflict and those that have been mutilated. Special attention could also have been given to a third particularly vulnerable group during the war: the physically and mentally disabled. Only persons who were wounded or victims of amputation were taken into account. The periods covered by the two plans average 17 months. The ECHO-financed projects are confined to the Eastern half, Western and Southern parts of SL. The two global plans form a continuum, as few children have been demobilised by the RUF. Only currently are the regions of Kono, Kailahun and Makeni becoming accessible for demobilisation.

- Global Plan 2000: for the period May 2000 to February 2001, the funds reached an allocation level totalling 12 MEURO and provided assistance to the Sierra Leone population in Sierra Leone, Guinea and Liberia: 23 projects took place in Sierra Leone, 5 in Guinea and 2 in Liberia.

Of the 12 MEURO, 8.723 MEURO (73%) has been allocated to Sierra Leone; an amount of 2.355 MEURO (27% of the budget for Sierra Leone) has been allocated to the Child Protection Issue and War Victims.

ECHO supports the ICCs and the psychosocial counselling for the vulnerable groups (children and women) in the Internally Displaced Peoples (IDP) camps and in the returnees camps. In December 2000, ECHO decided, in agreement with UNICEF and the several Child Protection agencies and in line with its core mandate-emergency life support, that ECHO would focus primarily on the costs and operations of the ICCs.

- Evaluation Plan 2001: for the period March 2001 to November 2001, the funds reached an allocation level totalling 11 MEURO for 22 projects implemented in Sierra Leone. Of the 10.16 MEURO committed so far in Sierra Leone (ECHO Abidjan is excluded), around 1.810 MEURO (18% of the budget for Sierra Leone) supported activities benefiting child protection and war victims: that is 9% less when compared with the global plan 2000. The reasons were the fall in the number of children released and uncertainty about the DDR programme.

5.2. Rehabilitation and development/European Commission

The EC-Sierra Leone Resettlement and Rehabilitation Programme (EC/SLRRP) was designed in 1996 as part of the 7th European Development Fund and intervenes directly and indirectly in the rehabilitation and reintegration of the ex-child combatant/separated children. Indeed, SLRRP works indirectly by providing opportunities for vocational and other training for ex-

combatants and unemployed youth, by giving emphasis to projects that aim to promote food security and the recovery of the rural economy, by repairing and rebuilding infrastructure facilities like primary schools, primary health care facilities, village wells and latrines, feeder roads and so on. By supporting the communities, SLRRP supports the families and foster families for reintegration of the children. SLRPP's work is crucial, as it helps to give the population access to health care and education and reduces poverty by economic support.

Regrettably, the technical assistance team contract expires at the end of 2001 and it is feared that the new team will not be in place before the end of March-April 2002. The negative effect of this gap on the morale of the population should not be underestimated.

The budget line B7-704 of the European Communities has delivered a budget of 2 MEURO to UNICEF for the project 'Community Reintegration of Children Associated with the Fighting Forces'. The duration of the project is two years; it started in 2000.

This project is complementary to the project financed by ECHO. ECHO emphasises the emergency reception of children in the ICC and reunification of children with their families or an alternative milieu. The 'UNICEF' project is more complex, as stated above, and the various parts are interdependent. So at times it is difficult to pinpoint ECHO's intervention. This can be an advantage in itself, allowing ECHO to act at various stages of the DDR programme. Indeed, by training mental health care workers in the ICCs, ECHO indirectly interferes in the reunification and reintegration process. Other partners are:

- Government level: MSWGCA, Ministry of Education, NCRRR and the NCDDR;
- UN agencies: UNHCR, UNOMSIL, UNHACU, WFP;
- International NGOs such as COOPI, SCF, IRC, CAD, World Vision, NRC;
- National NGOs (funded by UNICEF).

UNICEF projects include tracing and support to family reunification, emergency interim care, provision of basic social services to communities to support reintegration, psychosocial support to children with their families, technical support of the MSWGCA and capacity building of co-operating NGOs.

UNICEF activities:

- Advocacy and sensitisation: dialogue for the release of children abducted and conscripted by the fighting forces
- Registration and tracing and reunification: the National Tracing Network is composed of 24 national and international NGOs and the MSWFGCA. Co-ordination and follow-up of tracing requests will have to be strengthened, to ensure that the child spends the minimum amount of time in interim care.
- Interim care: these centres will provide psychosocial training, trauma counselling, education and skills training orientation, family mediation and medical assistance. Day centres will develop community-based programmes. Separated children will be provided with care in foster families and group homes. Foster families will benefit from activities aimed at strengthening their capacity to care for separated children and also to assist them long term in their family. Training of the social workers and leaders of these institutions in protection and care will be strengthened.
- Reintegration: will be community-based in order to address the growing needs of other children in the communities who have been affected by the war and to prevent segregation of children associated with the fighting forces.
- Education: accelerated learning programmes will be developed for teacher training, peace education, human rights and civic education, apprenticeships, etc.
- Alternative care: children whose parents have not been traced or children whose families have rejected them will be directed to long-term programmes. These programmes will use a combined community and centre-based approach (training programmes for foster carers,

encourage sense of community ownership/responsibility, planning programmes for young women who have been sexually abused, etc.).

- Training of social workers/psychosocial assistants.
- Capacity building of NSWGCA.

National NGOs carry out implementation and coverage area for 70% of the UNICEF programme.

6. MAJOR FINDINGS WITH RESPECT TO EVALUATION CRITERIA

6.1. Relevance

6.1.1. Identification of needs

Focus on high-risk groups has been the objective of ECHO. The intervention of ECHO enables the assistance and protection of the vulnerable group of ex-combatant and separated children. ECHO's assistance is a critical resource for UNICEF.

As a result of the war, there is a large number of ex-combatant/separated children in Sierra Leone. As shown in the paragraph 'background', the group of combatant children and separated children is a highly vulnerable one. Thanks to the support of the international NGO COOPI, ECHO focused its attention on the girls released by the rebels and their children. The girls were systematically raped and many of them became pregnant. Medical and social consequences for these girls can be especially serious, due to complications arising from STDs, social rejection and alienation because of sexual encounters.

The babies, sometimes called "rebel babies", are more at risk of being abused by their mothers (physical or emotional abuse) than babies of mothers who are supported by their family. As a result of sexual abuse and exploitation, these mothers showed difficulties in coping with the issues of pregnancy and childbearing.

Another consequence of the war is people who were victims of amputations (directly caused by the rebels) and/or victims of the fighting (bullet wounds, lacerations, paralysis, etc.) There are also disabled people who have been directly victims of the war (like the numerous polio cases). The conflict has seriously disrupted the rehabilitation services, through the destruction of the infrastructures that used to provide such services.

6.1.2. Beneficiaries

It is very difficult to arrive at a precise figure for the number of children missing in Sierra Leone and expected to come through the Child Protection Network. UNICEF estimates in 1999 the number was 5,400 combatant children (RUF + AFRC + CDF), 10,000 associated with the fighting forces and/or separated, plus 1,500 additional abducted children. There is an unknown number of combatant girls/girls associated with the fighting forces.

Indirectly, the children of the girl-mothers will benefit from the programme, as well as the children of the community.

While the project aim is child protection for those affected by war, less attention has been given to the intervention plan 2001 for the children in the IDP camps and in the returnees camps. Only HI gives further psychosocial support to these children. All these children have been through the war and form a group of children neglected by the various organisations. With these children in mind, a few small, relatively inconsistent projects are organised by

national and/or international NGOs. According to an unpublished MSF study, 41% of these children present post-traumatic stress symptoms.

Even for the amputees and war wounded, no statistics are readily available. In the report of the Workshop on Development of a National Policy on Prosthetics and Orthotics Services in Sierra Leone, the figures reported for the regions of Freetown, Bo/Kenema and Makeni give approximately 800 cases of people who have been amputated at the upper limbs and 600 cases of persons who have been amputated at the lower limbs. For the same geographic regions, the numbers of persons handicapped by polio is about 1,800.

6.1.3. Strategy

The project funded by ECHO corresponds to the logic of the DDR programme developed by UNICEF and the MSWGCA. ECHO supports ICCs in several provinces. The ICC is an indispensable link in the DDR programme. Indirectly, ECHO also intervenes in the reunification and reintegration process, by means of the training that the agents received in the ICC. It is practically impossible to separate the phase of reception in the ICC from the reunification phase. The reintegration phase is a longer term job.

In 2001, ECHO renewed its support for the international NGOs working in the DDR programme, encouraging them to make a fund-raising effort to enable them to work in the longer term. In October 2001, the GoSL/RUF/UNOMSIL Committee on DDR agreed on the completion of the disarmament programme. The programme will probably finish by the end of November. This is unrealistic. Not all the children will be demobilised, reunified and reintegrated in the community at that time.

6.1.4. Co-ordination, coherence and complementarity

The DDR programme used in SL is based on experience with child-soldiers in other countries, but adapted to the Sierra Leone context.

There is coherence and complementarity between the various ICC teams. These teams, child protection agencies and other agents in the DDR programme meet monthly and try to develop the same strategy for taking charge of the children. If they did not do this, they believe children would leave one ICC for another that appears to be more advantageous for them.

The ICCs are complementary: COOPI specialises in working with young mothers and girls who are rape victims, SCF has developed a complete strategy on how to work with the RUF, and HI has expertise in working with severely traumatised children. The mission regrets that there is not more exchange of experience between the various teams and that the expertise of all is not used. Unfortunately, international aid is a highly competitive environment.

On several occasions, ECHO has organised meetings with NGOs that it finances. The mission has done the same and was able to see for itself that some NGOs feel that ECHO should restrict itself to financing the operations and no more.

6.2. Effectiveness

The ICCs supported by ECHO are located in Western (COOPI – Freetown), Southern (IRC – Bo) and Eastern (IRC – Kenema, Kono, SCF - Daru) provinces. Handicap International is responsible for the psychosocial support of the team of Christian Brother's ICC in Bo and St. Michael's ICC in Lakka. Children Aid Direct co-operate with Caritas on the reunification and reintegration of ex-combatant/separated children of the Northern Province.

Collecting data on effectiveness has been problematic.

In August 2001, there were 12 ICCs in Sierra Leone. ECHO supports six of them (50 %).

Number of separated children in ICC for year 2000 (sources UNICEF /Annex 10):

- Demobilised children 1,742 (190 girls)
- Separated children 979 (222 girls)

The mission observed a difference in the number of children, between observed results and anticipated results. Fewer children were received in the ICC than initially planned. The demobilisation of the children is very irregular. During the beginning of the second phase, the number of children in the ICC of Daru (SCF) remained very small, with a total of 20 boys and 6 girls. In June, 234 children were released, 175 from the RUF and 45 from the CDF. Most of the children released by the RUF did not require ICC facilities.

In almost all ICCs, there are still almost no teenage girls.

The lighter workload, due to the small number of children, enabled the mental health workers to concentrate on reunification work and particularly on the indispensable need for awareness work in the communities receiving former combatant children. The mission considers that on the whole work done was effective.

Unfortunately, there is a lack of data about average time passed in ICCs, severity of trauma and so on.

6.3. Efficiency

6.3.1. Partners' operational capacities

The international NGOs that act as ECHO's partners have experience in working with traumatised children. They collaborate closely with UNICEF, which has worldwide leadership in taking charge of unaccompanied children.

The international staffs are stationed in Freetown and spend proportionately little time in the field with the national staff: as a result, this staffs does not get continuing training.

Access to professional literature is insufficient for national staff (except COOPI), which hinders them in their professional fulfilment.

It is unfortunate that computers are not used more to process data for a database that would allow for research and analysis.

6.3.2. Personnel

The international staffs are responsible for the working strategy, while the national staff carries out the daily work under the supervision of the head of the expatriates. There is considerable turnover in the expatriate staff: this prevents continuity in training of social workers, who are constantly asked to adapt. The culture of Sierra Leone is complex—understanding and integrating it takes time, which is not compatible with short assignments. As a result, in some NGOs there is friction between the national and international staff, friction which is not always explicit but which causes frustrations for the national staff. The mission recommends that national social workers occupy more key positions and be more involved in developing strategies and taking decisions, as is the case in HI.

The gender representation in the national staff takes account of the problems. COOPI has far more women.

6.3.3. Management of operations in the field

The operations are structured. In the event of an emergency, such as serious difficulties with a young person, the ICC caregivers can always reach a social worker who will take action if necessary. The minimum personnel always include at least two caregivers working with the children. Medical monitoring of the children is well organised. In the event of hospitalisation, a carer stays with the child if necessary. The children are cared for individually, wherever possible, but this depends on the number of children accepted in the ICC.

The partners have a good understanding of the security implications. There is very regular contact between the base and the field. Cars are equipped with a radio. But the national staffs

criticise the expatriates' extreme prudence. Although certain international NGOs working in the medical sector are already in the field, Child Protection NGOs are holding back, despite the very real need for them.

6.3.4. Monitoring, evaluation and reporting

Although the number of children who have been reintegrated their families/foster families/the community is reported, none of the projects has done real analysis on the quality of the reintegration that would help adapt the strategy. Note that UNICEF has done an analysis of Alternative Care for Caritas and the Family Home Movement. The equipment for a job using operational research is available, and there is a lot of it. But due to lack of time, as well as the lack of use or familiarity with computers, the data has not been systematically recorded and analysed. Contacts are not established with the local university to set up research projects. The expatriates, with little input from the national staff, carry out any research work done. The persons involved complain about the quantity of reports they have to do for ECHO. The mission estimates that the four-monthly reports are too descriptive and repetitive. Quality of these reports is poor and they do not give an understanding of the evolution of the project, showing its achievements and difficulties. The reports are submitted at irregular intervals. The annual reports are more interesting and some of them, such as SCF, COOPI and CAD, explain their evolution and include self-criticism. They show flexibility in care and continually adapt their strategy.

6.3.5. Quality of ECHO monitoring

The Echo office in Freetown is the liaison between the partners and Brussels. The projects are visited more or less regularly. Availability of the technical assistant is noted with enthusiasm, but some describe ECHO as too rigid – an instrument in the child protection issue where the principle of life saving is not really applicable. Working in Child Protection requires specific, continuing training.

For the partners, it is clear that the number of children who come through the ICC is not the only factor—the psychological state of the children is also important. Partners emphasise that a single child can mobilise an agent for several days or even weeks, whereas four other children will need only relatively little support.

In ECHO's defence, the mission was affected by the lack of drive of certain partners, who do not always seem to have a clear strategy and who are not getting ready for the post-ECHO period by looking for financing.

6.4. Impact

6.4.1. General remarks

The most important impact is that the children are separated from the adult combatants and are provided with a safe environment, given appropriate medical-psychological-social assistance, respecting his/her culture and religion. The child gets education again. He/she can go through an accelerated course, thanks to the Norwegian Refugee Council (NRC), return to traditional schools or take vocational training. In general, there is comprehension and respect for the child's suffering. An ex-combatant is perceived more as a victim than a perpetrator.

The quality of the work with the children in the ICC is variable and depends on the quality of the training the carers received and therefore the availability of expatriate staff.

It is too early to measure the long-term impact of the programmes. Above all, an assessment is needed of the quality of the integration of children in their family and the community.

6.4.2. Strong points

- The children are provided with a safe environment, in which the child has the time and care to begin the healing of physical and mental scars. The child is not treated as a psychiatric case; he/she can become a child again. Due to limited resources and the large number of children to be aided, it is hard to deal with them individually and to devise a custom-made solution.
- As a result, the interventions are based on the resources of the individual, the family and the community. The resilience principle is used. The individual is not reduced to a set of problems, but his/her hidden potential is brought forward.
- The programme is community-based. The community is made aware of the problems of these children, with respect for the hierarchy in the community. Awareness must go through the paramount chief, who will encourage the community to adopt an attitude of openness and acceptance with regard to children in difficulty. In a way, the community is not excluded from aid. For example, when the child is integrated in a school, fees will not be paid, but the school will receive a grant intended for all the children.
- Foster Family Associations take part in selecting and training foster families. Their work is also to identify children who are suffering in families and to refer them to health care workers if necessary.
- Generally speaking, caregivers and social workers are easygoing with regard to the youngsters' behavioural disorders and they meet aggressiveness with understanding, and defining of limits. The social workers show a real commitment and, for the most part, express real feelings of empathy for these young people.
- A very strong point for SC is the work they do with the RUF commanders. SC established a contact with the RUF commanders and hold workshops with the children and their commanders. The aim of these workshops is to get the commanders' support for the DDR programme and to encourage the children to leave the RUF and join their family.
- In the SCF ICC, the children are involved, heard and considered in all things that affect them, including the day-to-day activities and methods working in the ICC. A child leader has been nominated by the children, to be a general advocate for children' issues and to represent children in other meetings or procedures.
- The work is well co-ordinated with the MSWGCA, the child protection agencies, the other national or international NGOs, schools, etc.

6.4.3. Shortcomings

- Some children are reunified with their family/foster family without an assessment of the child and the family. As a result, the child runs away. In the best cases, he returns to the ICC or becomes a street child. UNICEF has given guidelines for the selection of the foster families, but they are not always respected.
- In the ICC centres (except COOPI), there is not enough support for young mothers and their children. Even the long-term consequences of rape/gang rape are minimised.
- The social workers have difficulty admitting failures. They show a kind of blindness for problems such as: the consequences of rape and the stigma put on it by the population; the risk of sexual, physical and emotional abuse/exploitation of the child when reunified in his family/foster family; drug problems about the ex-combatants, the impact of HIV/AIDS, etc.
- Not all the children will be successfully reunified with their family, due to the loss of parents and guardians, family rejection, etc. UNICEF complains of the low rate of follow-up visits made by the social workers after the reintegration process. Children placed in foster families are more at risk of child abuse and neglect.
- No analyse of databases is available. Research could help to adjust the therapeutic work.

- Capacity building: except for COOPI, capacity building is insufficient. There is a large turnover in expatriate staff, which means that there is no continuity in the training. The national staff rightly complains about this issue. Tension is perceptible between the national staff and the expatriates in certain projects. The national staffs have very little literature, no reading work is done with them, and few reference materials are made available for them. They are trained to function on a daily basis with the children and no more. There is no exchange of expertise between the NGOs. For example, SC does a very interesting job with the RUF and COOPI has specialised in working with sexually abused girls. It seems that most of the social workers are willing to receive real training. The possibility of burnout in social workers and the healing of their trauma are not considered. The mission wonders whether the expatriates themselves are not subject to burn-out, given the huge job before them and the predictable difficulties of reintegrating these young people into society.

A very important problem is that posed by the concept of 'forgiveness'. The NCDDR, the government spokesman, recommends reconciliation of enemy citizens as well as civil peace. It also encourages the population to forgive the atrocities committed, to the extent that talking about the suffering is almost prohibited. Reconciliation concludes the political disorder caused by the civil war. According to C. Ricoeur¹², "The institution of amnesty can only correspond to an emergency social therapy, in the name of utility, not of truth." The social workers stimulate forgiveness and ask victims of rape and amputation, etc. to forgive in the name of peace. For the victim, forgiveness in itself is not necessary for survival, whereas recognition of the injustice he has incurred and recognition of his symptoms as a normal reaction to an abnormal situation are. The therapeutic work will also consist of helping the individual to give meaning to the atrocities committed, which may possibly help remove or decrease the other's responsibility. But the victim is the one who must decide if he/she can forgive. Forgiveness is probably a survival strategy, but it prevents the use of deeper psychotherapeutic work.

It is important to encourage a work on memory, plus mourning and guided by a feeling of forgiveness.

Girls who were victims of rape are at high risk of HIV infection. The problem is not tackled at all. This reaction must be understood in the Sierra Leone context, where HIV/AIDS tests are not readily available and treatment is non-existent. In coordination with WHO and UNICEF, the Ministry of Health has scheduled an epidemiological analysis of the incidence of HIV/AIDS.

6.4.4. Cost-effectiveness

It is hard to analyse cost-effectiveness. The international NGOs are generally involved in all the DDR programmes, while ECHO only supports the immediate costs of the ICC and, in the case of CAD, the group homes and foster care. UNICEF supports the tracing, reunification and reintegration. ECHO determined that the most appropriate way to offer support was in terms of expatriates, logistic and communications – areas where UNICEF would not be able to provide funding. Clearly then, ECHO offers indirect support to all aspects of the programme, since expatriates are responsible for the entire programme.

The mission estimates that in all likelihood equivalent results could have been obtained with fewer expatriates, since they do not focus sufficiently on training of national staff (except for COOPI) and spend too little time in the field. Part of the budget could have been devoted to a

¹² C. Ricoeur, *La Mémoire, L'Histoire et L'Oubli*, Seuil, 2000

research project, in collaboration with a local university, on the problems of trauma among child combatants.

6.5. Sustainability

The quality of reintegration of young people in their families/foster families/community is in direct correlation with:

- the political evolution of the country;
- the link with the EC child protection budget line should be encouraged – MSWGCA is unable to meet these needs and the child protection issue should be encouraged;
- reduction of poverty: poverty is partially responsible for the war, the enrolment of children, intra-family abuse, the existence of street children, etc;
- training of social workers: it is vital to give more specialised training courses in the child protection sector.

7. CONCLUSION AND RECOMMENDATIONS

The activities funded by ECHO made it possible to offer ex-combatant/separated children a safe environment and psychological-medical-social aid. In a way, these children had a chance to become children again. ECHO's assistance is an essential resource for UNICEF. Through its support to COOPI, ECHO supports the most vulnerable group: young girls, mothers and their babies. The mission estimates that the work done was effective, even if fewer children than before were admitted in the ICCs. The NGOs concentrate their attention on the reunification issue.

The capacity building of most of the national staff was not optimal and the partners have not, in general, being systematic in collecting information for monitoring and evaluation purposes. Analysis of the data is necessary for the development of effective rehabilitation for children and their family. To improve this situation, operational research has to be more developed.

The mission feels that ECHO rightly focuses its attention on enabling ex-combatant/separated children to recover a lifestyle suitable to their age. The benefits from the action undertaken are undeniable and make up the first step in abuse prevention.

In 2002, UNICEF will gradually phase out the ICCs.

In late August 2001, IRC opened an ICC in Kono district (Eastern Province). According to UNICEF, this centre will be essential, as many child soldiers in the area did not enter the demobilisation programme. There are also many children who originate from Kono, awaiting transfer to Kono or advance tracing. Since many separated children originate from Kono, this centre will be essential for the reunification of separated children from that area.

Kailahun district will probably be the last district to be demobilised. The demobilisation programme has been planned for the end of November 2001. According to SC, a two or three month delay in the DDR process may be expected in this district, since the RUF is trying to stall the Disarmament Programme in Makeni. The political situation is still very unstable.

Both districts are still mainly controlled by the RUF and have suffered much destruction. The accommodation possibilities are very poor and people are under economic pressure. This situation will result in more difficulties for fostering the children, organising vocational skills, and so on.

For the ECHO 2002 plan, the consultants recommend:

Accompanying UNICEF in the phase down of the ICC and providing a last phase of support to the ICCs in Kono (IRC) and Daru/Kailahun (SCF) for at least six months (from January to June 2002). It is expected that some children will be released in March. A minimum of six to eight weeks is required to ensure the effective reintegration of those children into their family or in alternative care (foster families, group homes, etc.). Moreover, a longer period will be necessary for the reintegration of released girls and their babies: it is expected that those girls may be released at the very end of the DDR process.

The Conforti Centre and ‘Drop in’ Centre – COOPI

The girls have been abducted, sexually abused and used as child combatants. Medical and social consequences for these girls can be especially serious, because girls in particular have suffered sexual exploitation and abuse and were victims of mass rape. Complications arise from STD, social rejection and alienation as a result of sexual encounters. The babies, sometimes called “rebel babies”, are more at risk of abuse from their mothers (physical or emotional abuse) than babies of mothers who are supported by their family. These mothers showed difficulties in coping with the issues of pregnancy and child-bearing, as a result of sexual abuse and exploitation. With the opening up of many areas, the child protection agencies have been able to reach out further and make these girls aware of the services available to them.

For the ECHO 2002 plan, the consultant recommends:

Supporting the Conforti Centre and the ‘Drop in Centre’ in Freetown (COOPI). This centre is the reference centre in Sierra Leone for the diagnosis, treatment and prevention of sexual abuse. In addition, young mothers who are rape victims are provided with care along with their young children, and work is done to prevent mother-child attachment disorders. ECHO could finance these projects, while trying to identify longer term financing.

An operational research project on the analysis of Sexual and Gender-Based Violence on the children. Due to the incidence of intra-familial abuse, it will be very important to analyse the situation of girls and boys placed in foster families. The vulnerability of the abducted/separated girls to sexual violence during war is obvious. Less evident is the vulnerability of these girls to sexual violence within their family/foster family. There is also a presumption that intra-familial violence has also increased. It seems that the taboo on this issue has decreased. The results of such an investigation will help the child protection agencies to strengthen their programmes, particularly through the development of a strategy of multidisciplinary care (both therapeutic and legal) for families, children and perpetrators.

List of the Annexes

ANNEX 1 : List of abbreviations and acronyms

ANNEX 2 : List of projects funded by the Global Plan 2000

ANNEX 3 : List of project funded by the Intervention Plan 2001

ANNEX 4 : ToR of the Evaluation Mission

ANNEX 5 : List of persons contacted during the Mission

ANNEX 6 : Routing of the Mission

ANNEX 7 : Map of Sierra Leone

ANNEX 8 : NCDDR: Guidelines for Release and Separated Chchildren

ANNEX 9 : Outline of the programme

ANNEX 10 : Children in ICC -Year 2000