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BAN CHILD LABOUR, MR PRESIDENT.

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Endemic and Disgraceful Child Poverty in Sierra Leone is a National Shame

Sierra Leone has the highest rate of extreme child poverty in West Africa, and one of the highest rates in the world.

The 2018 Child Poverty Report – produced by the government's very own Statistics Sierra Leone – stated that over 70% of children in Sierra Leone live in dire poverty. That is higher than either Niger or the Central African Republic. In Koinadugu District alone, 85% of children are experiencing extreme poverty, characterised by lack of access to healthcare, education, water and

sanitation, shelter, and food. In southern Sierra Leone, the figure is 74%, while in the east of the country, it is 71%. In Freetown, the capital, it is 32%. These figures are no doubt manipulated by the government to make them look 'better'. The real figures are worse than those currently being projected by the government.

This endemic child poverty is compounded by the state's poor capacity to formulate and deliver effective social policies to mitigate this disturbing and unrelenting trend. Weak departmental leaderships produce

weak government, and weak government perpetuates corruption and creates poverty for a population that is already humiliated by systemic and prolonged economic degradation. It is time we acknowledged that such a state of living is unacceptable. It is inexcusable to see city dumps in central Freetown teeming with children as young as two years old who are sifting through rotting rubbish for food.

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Freetown schools get science lab equipment



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Wheelchairs for disabled children in Sierra Leone



WIN

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yourself a new laptop or camera

Are you a doctor, a nurse, a teacher, or just an ordinary citizen with challenges?

See inside for more details

The Life of Sierra Leone's Neglected Amputees

There are more amputees per 100,000 people in Sierra Leone than there are anywhere else in the world.

This figure is driven by the decade-long civil war, in which all warring factions resorted to mutilation as a means of civilian subjection.

Mutilations were so prevalent that even days-old babies were not spared. In 2002, immediately after the civil war, mutilated people (including babies and their mothers) were rounded up and taken away from their families, villages and livelihoods.

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Today, sophisticated foreign fishing vessels litter the coasts of Sierra Leone.

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In food markets in Duff Court, Kru Town Road and Lumley, rotting chicken livers, gizzards and feet are sold to poorer families. These chicken parts are imported mainly from China and Brazil, where they are preserved with chemicals ranging from formaldehyde to methanol for the long journey to Sierra Leone. They are so heavily infused with these chemicals that they can be sold on the streets for several days without a single fly sitting on them, and their colours never change. The consumption of these foods by those in poverty has led to major health problems, including cancer in children. Cancer has become so common in children in Sierra Leone that national hospitals are ill-equipped to handle the cases coming in. In fact, many parents see it as a natural occurrence. But these are diseases that were hardly part of the national health concern for children twenty years ago.

Food consumption habits have drastically changed in Sierra Leone over the last fifteen years. Poor people used to eat healthily; then, just over fifteen years ago, fishing rights were signed over to foreign fishing companies. The country became protein-poor almost overnight, as drag-netting, pair-trawling and excessive fishing depleted fish stocks along the coast. Subsistence fishing families were instantly made unemployed and food-poor. In fact, many were chased out of the water by foreign fishing vessels whose crews threatened them with guns. These are some of the families whose children are now living on rubbish dumps.

In exchange for the organic fish from Sierra Leonean waters, factory-produced,

chemical-infused chicken livers, gizzards, and feet are shipped in large quantities to Sierra Leone. In addition to the importation of poor-quality chicken, unregulated and cheap processed food has flooded the country, and this is a key factor in the rise in frightening health problems such as diabetes and high blood pressure. City hospitals now receive more patients with high blood pressure and diabetes than the traditional malaria. Strokes, too, have become a common health phenomenon.

Adult unemployment and food insecurity in semi-urban areas has also caused children to be fed with drugs and used as income-earners, working endlessly as hustlers on the streets. In many communities in Freetown, criminals are feeding labouring children with Tramadol (a narcotic-like pain-reliever used to treat moderate to severe pain, which has fatal side-effects if used with other substances) to force them to work for long hours with little or no food. In Western Freetown, an urgent meeting was called just before Christmas by the LUC (Local Unit Commander) of the Sierra Leone Police. I sneaked into the meeting, sat at the back, and listened to the stomach-churning discussions about criminals from Eastern Freetown coming to the area with Tramadol and other substances for labouring children. Giving drugs to children to make them work the whole day in slave labour is shocking. Unemployment has driven desperate families with no adult income-earner in Sierra Leone to send their young children onto the highways to sell whatever is available to them to help put food on the table. The economic situation is so challenging for some families that children as young as four

years old are selling items as meagre as five kola/cola nuts in a broken dinner plate. Many carry visible signs of Kwashiorkor, which is malnutrition produced by severe protein deficiency.

Culture is also playing a very significant part in entrenched child poverty in Sierra Leone. Many of the women and their children who live and beg on city streets are those with feminine health problems such as fistula. These are mainly underage girls who were given into early marriage when their bodies were not ready for childbirth. Many of these girls contract fistula at childbirth and become 'undesirable' not only in their marital homes but also in their families. They are spurned and forced to live on the streets



Domestic abuse and mental health problems are other issues that force women to live on the streets with their children.



with their babies. These women and their children know no other place but the streets, where they spend day and night begging for food or living on rubbish dumps.

Some of the women who live with older children (over five years old) 'rent' out their children to visually impaired people or other people with disabilities as begging assistants. These children are used exhaustively from dawn to dusk on city streets to beg for food and money. Many of the older children, especially girls, endure horrific rapes on the streets.

Domestic servitude is also one of the leading channels through which children are subjected to abuse in homes across the country. Relatively well-off Sierra Leoneans have child domestic servants living with them in their homes. These children are worked to exhaustion day and night. They are used as domestic servants and auxiliary income-earners for their host families. These are children who are removed from their villages and towns with the promise of education and 'better' living in cities. Once lured out of their communities, these children live in appalling conditions under stairwells, kitchen floors, etc. They are the first to wake up and the last to go to bed. After their morning domestic work, they are sent to the street to sell meagre items for

their hosts.

Our research team came across a very disturbing case of a boy whose sale had been stolen from him. He was sitting on the pavement crying and not wanting to go home for fear of being tortured by his guardian for losing money to thieves. Our team took him to his house and interviewed his guardian. The little boy was not going to school, and he was used as an income-earner for the woman and her children. The income the boy brought home was used to pay for the education of his guardian's children and provide food for the family. His guardian had taken him away from his village with the promise of 'good education and a better life'. Upon arriving in Freetown, he was denied education and was subjected to never-ending labour.

It is children like him who are also subjected to abuse on the streets.

The rape of children has become so rampant in the country that it was declared a national emergency in 2018. This was



Every single woman sitting along the pavement in this photo is a street beggar.

followed by the 'Hands Off Our Girls' campaign. This campaign, unfortunately, is ineffective and has become a total failure.

The government has just announced the launch of the country's first special court to combat rising cases of sexual and gender-based violence. This court, like many before it, will become totally pathetically ineffectual in combatting the rape of children if the very children who are being raped are living and working on the streets – this is a country that still overlooks extreme child labour. That five-year-olds are allowed to wander on city streets with pathetic merchandise is inexcusable. The court will be hopelessly lost if the very culture that still permits girls to be given into marriage aged twelve is allowed to thrive unchallenged. The fact that men as old as fifty – or of any age, for that matter – are allowed to marry underage girls under the pretence of 'culture' is a disgrace.

Until we ban child labour, child marriage and child domestic servitude, no number of special courts will eliminate child rape. Widespread child poverty, culture, and domestic servitude are the key perpetuating factors of child rape in Sierra Leone.

Sort it out, Mr President.



These five-year-olds, who are only just taller than the tyres of a 4x4 vehicle, were found on the highway selling rotting bananas.

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They were relocated to isolated camps outside of cities and larger towns, and most remain in these camps to this day. Every regional city in eastern, southern and northern Sierra Leone has at least one amputee settlement. Three years after these camps were created, the government began to neglect the occupants, leaving them to endure humiliating hunger, disease, miserable poverty, and a life of begging. These camps, removed from larger towns and cities, have no schools or medical centres for the occupants and their children.



Today, amputee camps such as the one in Bumpah, southern Sierra Leone are so neglected and impoverished that buildings have started to crumble over the heads of the occupants. Child mortality among the occupants is the highest of any group in the country. The whole community is riddled with diseases.

Pit latrines, dug over sixteen years ago when the camps were created, are so full and waterlogged that the structures are now growing algae. They are overflowing and are contaminating living quarters. Soil and shallow water wells in close proximity to these latrines are contaminated, posing major health problems for the occupants.

The two old wells in the settlement in Bumpah, silted with contaminants, have been abandoned and disused because they are polluted by faecal deposits from shallow cesspits.

The community has now resorted to drinking water from the nearby river, which is also a bathing, washing and sanitation stream. It is therefore a source of waterborne diseases for the people.

Many of those who were mutilated as babies are now in their late teens and twenties. Some have gone to live in cities. But they are no different from those they have left in the camps in terms of their access to education, jobs, support and state resources. They too live a life of

deprivation, worsened by negative cultural perceptions of disabled people. A recent COVID-19 related study we carried out in Freetown in partnership with the University of East London (UEL) through the Global Challenges Research Fund (GCRF) lifted a lid on the lives of disabled people in cities.

When asked, 'Do you feel you would need to be supported in relation to your response to COVID-19 and thereafter?', only 2.1% said they do not need support at all. 6.6% said they need a bit of help, 56.8% replied that they needed a lot of help, and 34.4% said they would need complete help. The total figure of respondents who at least need a lot of help is 91.2%. The underlying difficulties that disabled and disadvantaged young people face during the COVID-19 pandemic is that most previously relied on street begging to survive. The imposition of a nationwide lockdown without sustainable, long-term consideration for the destitute and disabled people who live on the streets has turned an already bad situation worse. Some have had to live on rubbish dumps to survive.

The international proposal for Sierra Leone's resettlement plans (which was part of the end of the civil war discussions) was woven with provisions for restorative peace and the comprehensive socio-economic rehabilitation of those who bore the deepest scars of the war. The contributions of the United Nations, the European Union, and the UK and US governments were for indefinite social security support for mutilated civilians who were living in isolated camps. This provision, which came through the government of Sierra Leone, stopped there. For over seventeen years, mutilated civilians and their families have endured the most brutal and wicked form of state corruption. Funds received from international partners for income-generating and self-reliance skills training for disabled people do not reach them. Many amputees have taken it upon themselves to learn new skills, only to hit a brick wall of there being no access to tools or start-up funds.

Today, destitute amputees have nowhere to turn.

Our COVID-19 support for disabled and disadvantaged youths in Freetown was the most comprehensive of any provision made by the state or any other NGO yet in the country.

Every participant received a sack of rice, litres of cooking oil, stock cubes, a wash bucket, soap, and washable and reusable face masks.

Disability and persistent/extreme child poverty are inseparably linked in Sierra Leone. Children growing up in households with someone living with a disability are less likely to go to school. These children become the sole carers for their disabled family member, undertaking endless domestic chores and combining that with street begging, pickpocketing, and theft of street merchandise. Successive governments



have only been interested in disability when international contributors attach funding to the approval of inclusive policies. The establishment of the Persons with Disability Act of 2011 is a good example. The act is not even worth the paper it is written on; it is not just the approval of such laws that counts – it is also their implementation and enforcement. Disabled people have been brandishing these laws in the face of state officials, employers and educational institutions, only to be told to get lost. Yet, next time there is a new wave of funding-attached disability-related policies by institutions such as the UN, the Sierra Leone government will be running to sign them, take the money and run away. Funnily enough, funding-related international conferences on disability are not attended

by people with disabilities from Sierra Leone, but by state officials who suddenly become self-appointed advocates for the disabled. In January this year, a state official, who is the district water and sanitation officer, called disabled people 'dogs'. We had paid him to complete a water tower project for a disabled camp, and he refused to complete it. When we reported the matter to the Minister for Water Resources, we did not even get a reply, nor was any action taken against the official. This example highlights the prevalent outlook and disregard for disabled people.



Girls who are begging assistants to disabled people on city streets are more likely to be mothers by the age of fifteen.



Wheelchairs for disabled children in Sierra Leone

Our next shipment will contain these impressive manual wheelchairs and two new borehole machines with accessories.

Both the wheelchairs and the borehole machines and accessories are made by our friends at HR Smith, an independent, high-tech avionics manufacturer serving the aircraft industry. These very lightweight,



manual wheelchairs are suited for disabled children to use to go to school.

We are also shipping additional electric wheelchairs for leg amputees and polio sufferers with additional needs.

This Balder six-wheeler wheelchair (right) will be part of a number of power chairs to be shipped.



Critical insight: urgent need to address the impacts of COVID-19 on young people's development and mental wellbeing in Sierra Leone

Overview

This article focuses on the development and mental wellbeing of young people in Sierra Leone, particularly at this challenging time when the impact of COVID-19 could have a serious effect on the mental wellbeing and development of young people in the country.

The article provides an overview of the mental health situation in Sierra Leone, considering the eleven-year civil war, Ebola, the mudslide, and poverty and unemployment rates amongst young people—all major challenges to personal development and wellbeing.

It also throws light on a solution-focused intervention by the University of East London (UEL), Practical Tools Initiative (PTI), and the Global Challenge Research Fund (GCRF), with the project titled "KICK OUT COVID-19" in Sierra Leone.

Background

The COVID-19 pandemic is the biggest health crisis for generations. The measures that the government has taken to limit the spread of the virus—including restrictions on movement, social distancing, and the closure of schools to most students—have been necessary to save lives in Sierra Leone.

However, what happens now will have a lasting impact on young people's personal development and mental wellbeing for years to come—whether that is because of traumatic experiences at home, the pressures of isolation, unemployment and lack of opportunities, or a breakdown in the support services that give them hope.

Young people under the age of thirty-five years comprise about 72% of the entire Sierra Leone population. These young people are already facing challenges such as health inequalities, lack of access to education and skills training development, unemployment, and underemployment. It is particularly important to present opportunities to establish a solid foundation for young people's development and wellbeing.

There are no existing services that provide tailor-made interventions for young people. The current street protests, violence, and the state's response do not paint a good picture. As restrictions lift, we need to prepare for more young people needing support for their personal development and mental wellbeing. Currently, there is no social support system for young people who are facing extreme poverty and vulnerability. Sierra Leone's poverty is deeply entrenched, with over 70% of the



Young disabled people waiting to receive COVID-19 support

working population absorbed by the informal sector. Poverty has escalated the risk of mental health problems, and this is compounded by disenchantment with a system that is characterised by social inequalities and poor economic and physical living conditions.

Positively supporting young people to get out of poverty and helping to reduce the number of young people with mental health issues will play a very important role in their development as civil members of society.

There is a clear need to support young people in coping with the impact of COVID-19 and the challenges it brings. The increased attention given to mental health after emergencies can raise the interest of policy makers, and this may create the political will to make significant changes in order to improve mental health and address other development challenges—particularly amongst young people.

This is why we are calling on the government and the international community—including non-governmental organisations—to take urgent action as we emerge from this pandemic; action to ensure that young people can get the help they need when they need it. This includes more funding to support capacity-building interventions which will create socio-economic opportunities and increase access to mental health facilities for young people and their families. Funding is also needed to promote national awareness campaigns on mental health and wellbeing.

Mental health in Sierra Leone

Mental illness is a silent epidemic in Sierra Leone; a large proportion of the population are experiencing mental health issues as a result of various factors, including the

eleven-year civil war (1991–2002), the Ebola outbreak (2014–2015), and the mudslide (2017). The elements of social inequality, drug and substance abuse, and—more importantly—the current COVID-19 pandemic and its lockdown and restrictions on movement have all posed serious threats to public mental health in the country, particularly amongst young people, including those living with disabilities.

Sierra Leone has a population of seven million, but there is only one mental health hospital in the whole country. The gap in mental health treatment has exceeded 98%; only 2% have access to mental health treatment.

According to a survey conducted by the Ministry of Health and Sanitation and the World Health Organization (WHO) in 2012, about 700,000 people in Sierra Leone are suffering from serious mental health challenges and need medical attention. Of this figure, 350,000 have psychotic-related drug and alcohol abuse problems or illnesses such as cerebral malaria, more than 20,000 are suffering from bipolar manic depression disorder, and about 175,000 are experiencing epilepsy or schizophrenia.

Furthermore, the Situational Analysis outcome of the World Health Organization in 2012 revealed that almost the entire population had been exposed to critical, potentially traumatic experiences such as sexual abuse, mutilation, child abuse, human trafficking, and being witness to the killing of a close family member. Children and young people and women suffered most, and are therefore the most likely victims of mental illness in Sierra Leone.

According to the World Bank (2020), government funding of the health care sector, which includes mental health care, has been a

major challenge. Furthermore, the available funds are not only insufficient and untimely but are unreliable. This has a profound effect on the planning and implementation of various health care and development projects.

In 2015, the country's only psychiatric doctor, Dr Edward Nahim, emphasised the seriousness of post-traumatic stress disorder, psychosis and depression amongst victims of the civil war, Ebola, and substance abuse. It has been estimated that 10% of the country's population, including children and young people, are suffering from mental disorders.

Within the last few years, the country has produced two young psychiatrists who are currently working in the mental health department.

KICK OUT COVID-19 project

This project is supported by the University of East London (UEL) in partnership with Practical Tools Initiative (PTI), and the Global Challenge Research Fund (GCRF) to deliver an "agile solution-focused" COVID-19 project, responding to COVID-19 in Sierra Leone, with the potential to explore other areas in line with Sustainable Development Goals.

Phase one of the "Kick Out COVID-19" project provided emergency food support and face masks to 228 disadvantaged children and young people, including those living with disabilities in Freetown, and conducted a survey as part of the project's planning tools. The project also provided information on COVID-19 preventative measures, using social media, at national and community level.

The focus of the project planning tools (COVID-19 Childhood and Youth Planning Tool) was

to investigate how children and disadvantaged young people are coping during the COVID-19 lockdown. It collected timely and robust data to understand their needs and mental wellbeing.

There were 228 overall participants, with 99.9% from Freetown and 1% from rural districts within Freetown, such as Waterloo.

Phase Two of the project will lead to the co-creation and implementation of a youth-specific COVID-19 health literacy campaign and a mental health and wellbeing first aid kit. These will be underpinned by the research outcome. It will include the development and piloting of an Afrocentric Children and Young People (CYP) mental health and wellbeing screening tool. This engagement will encourage knowledge transfer and help bring mental health studies students from UEL and from Sierra Leone together.



Ibrahim Sesay is PTI's volunteer Partnership Development Strategist. (Ibrahim also works for the University of East London).

Challenges that students with disabilities face in universities in Sierra Leone

Living with a disability in Africa is very challenging, especially in Sierra Leone.

I am Fatmata Jalloh, a polio student at Fourah Bay College, University of Sierra Leone. I walk with two crutches. I live in Sierra Leone – Freetown, to be specific. I am also a third-year student (honors one) at the University of Sierra Leone, Fourah Bay College, studying Mass Communications.

I was not born disabled; I used to walk, but at the age of five I got fever while playing with my friends. Since then, I could not use my legs to walk.

It is a great challenge for persons with disabilities to pursue education in universities or colleges in Sierra Leone. As a result of that, I have faced many challenges since I met the academic requirements to study at Fourah Bay College.

One of the major challenges I have encountered was to access the Sierra Leone Government's Grant-In-Aid, which is supposed to be a scholarship, according to the Persons with Disability Act of 2011. When I was given an acceptance letter from the university, I went to the National Commission for Persons with Disability (NCPD) to complete the application form for the Grant-In-Aid, but I was referred to the Ministry of Technical and Higher Education. I applied, but I was not given the scholarship, even though according to the Persons with Disability Act of 2011, students with disabilities should be given automatic scholarships once they have been accepted at a university or a college.

During my primary and secondary schooling, the Liliane Fonds Foundation used to support me, but when I entered university, the foundation said that it is clearly spelt out that I should have a scholarship from the government for my university education, so they withheld their support.

At the university, I attended all lectures, but the university never gave me a registration number to prove that I am a student. They said that I must submit a letter from the Ministry of Technical and Higher Education or pay fees. Each time I went to the ministry, they would tell me to go and just to continue attending lectures as long as the university did not ask me to leave. Can you imagine, as a polio victim with two crutches, having to move each time from the university to the ministry to settle this matter until the first semester exams began? During the first semester exams, I sometimes found it difficult to get the university to allow me to take the exams. After the exams, when

the grades were published, mine were not published because I did not have a registration number. I became discouraged and downcast and thought that I would have to quit.

If it were not for the Students with Special Needs body (SWISN), which had already been established at Fourah Bay College to intervene with issues like mine, I would have been a dropout. They advocated on my behalf to the Ministry of Technical and Higher Education, with reference to the Persons with Disability Act of 2011. They counselled me not to give up but to continue with my hard work. As a result of that, I also used various media platforms to advocate for all students with disabilities in the country who are attending universities or colleges with the aim of ensuring they benefit from the Sierra Leone Government's Grant-In-Aid funding.

Unfortunately for me, at the end of the academic year all my grades were missing. I had to repeat my exams the following year.

However, one day, I was invited by One Family People (OFF), a local NGO, to chair a launching programme (HER CHOICE). During my statement, I explained the constraints students with disabilities are facing in terms of receiving scholarships at university and how I was almost excluded from the programme. Since that time, HER CHOICE has started sponsoring ten university ladies, including me.

Meanwhile, through the advocacy by Student with Special Needs (SWISN), we have been able to get the Grant-In-Aid. On the other hand, despite the struggles we go through to access the Grant-In-Aid, students with albinism are not even recognised by university authorities as being eligible to access it, as they are not considered to be disabled.

Another challenge that students with disabilities are facing relates to the accommodation at universities and colleges. For the past years, the hostels have been closed, and some of us are living far away from the campus. For instance, I live at Hastings and first have to take a motorbike taxi to Jui. From there, I have to board a commercial vehicle to IMAT Junction where I again use a motorbike taxi to get to the campus (FBC). For a day, I spend Le20,000 (\$2) for transportation to and from FBC. Other students with disabilities are travelling from even further distances than me. There is both the challenge of accessing vehicles and the financial challenge of paying fares

to deal with. The Grant-In-Aid covers our university fees and nothing else. We also have to strive to buy our college materials, including online research resources.

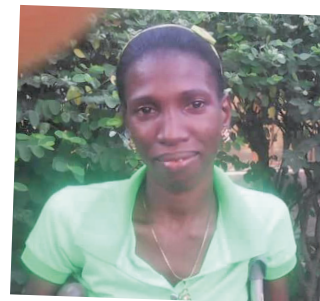
Moreover, the buildings are not disability-friendly, especially for us crutch-users; most of the classes are taken upstairs. The main building at FBC where we take some lectures has up to seven floors. Sometimes, we will be sitting down and all of a sudden, the lecturer will just ask us to move to another classroom or department. Getting down those stairs and transferring is very difficult.

The Executive Director of the Sierra Leone Association of Persons with Albinism (SLAPWA), who is also a person with albinism and a student at the Limkokwing University of Sierra Leone, has said that the challenges for students with albinism involve a lack of learning aid materials such as magnifiers, binoculars, computer software for visually impaired people, lenses, broad font textbooks, sunglasses etc; the majority of those with albinism have visual challenges. He also said that they are facing discrimination at a higher level because society has stereotypic ideas about people living with albinism. Sometimes, people get scared to associate with them.

According to Elsie Yagbagie, a wheelchair user and also a school-going pupil, some of the challenges she is going through at school are as follows. Firstly, the road to the school is bad, and sometimes she has no one to push the wheelchair; she therefore struggles to move it. This has caused her only wheelchair to get damaged, and she has no access to another one, so she is having to manage using the spoilt one to go to school. At one time, disabled students were given free wheelchairs, but now they must buy them, and they are very expensive. Secondly, the classrooms are not disability-friendly; her wheelchair cannot climb the stairs unless her friends carry her, as the building does not have a ramp to allow entry to classrooms.

According to Bashiru Bah at FBC, a visually impaired student at the university, some of their challenges are as follows. There is the difficulty of travel to and from universities or colleges, as most of the students live far away from their campus.

They don't have personal guides or white canes. Learning materials are inadequate – especially recorders, typewriters and



Fatmata Jalloh

computers.

There are problems with access; it is difficult for many students to climb long staircases to access classrooms. There are problems with access to prescribed braille textbooks. Bashiru Bah also noted that he has only known one female visually impaired student in the past ten years who has managed to overcome these challenges and attend Fourah Bay College. He has also seen a friend who wanted to pursue law drop out of college because there was no provision for them to do the course.

Those students with hearing impairments, epilepsy and mental disabilities are even more vulnerable when it comes to education at university level. There is absolutely no provision for them at university or college. They are permitted to go through primary and secondary school, and often they meet the requirements to attend university. However, there are, for example, no sign language lecturers for those with hearing impairments, so they are completely barred from pursuing their education further.

Finally, I would note that being a crutch-user is very difficult because the government is not issuing crutches.

By Fatmata Jalloh

Vice President.

Students With Special Needs (SWISN).
Fourah Bay College.

Are you a doctor, a nurse, a teacher, or just an ordinary citizen with challenges you want the world to know about?

Win yourself a new laptop by writing about your workplace experiences or the challenges you face on a daily basis.

All you have to do is write about the challenges you face on a daily basis. This competition has only two prizes – first prize is a laptop; second prize is a tablet. By submitting your work to the competition, you agree for it to be published in our report, which is distributed for free in Sierra Leone and abroad. Only winning submissions will be published. Only one submission is

allowed per person. The submission must not be more than three A4 size pages, using **Arial font size 12**. Please add your name and phone number to the body of the email when you submit. Submissions must be sent no later than the **16th of October 2020** to **info@practicaltoolsinitiative.org**. Late submissions will not be accepted.



First prize: an HP Chromebook laptop – 14in G1 INTEL 1.4GHZ 4GB RAM 16GB SSD HD WEBCAM CHROME OS.



Second prize: a Dragon Touch 10 Inch Android tablet, 2GB RAM 16GB ROM Storage.

ANNUAL REPORT 2019-2020

Chair's Introduction

It is my delight to welcome you to our 2019-2020 Annual Report and Financial Statements. It is such an unprecedented period for us all with the current COVID-19 pandemic sweeping across the globe.

First, I would like to thank you all for your prayers and support for our work during this incredibly challenging time. I must also hasten to say that this year has been the busiest for us so far in our short history: we have been delivering some major community projects in water and sanitation in two regional settings, supplying key medical equipment to hospitals and clinics, reaching out to the disabled and disadvantaged, carrying out exciting building works, providing tools to skilled artisans, giving sports kits to community football clubs, and offering educational support services to schools.

Other significant achievements during the year included our work with our Swiss friends on the Mattru-on-the-Rail water and sanitation project, and our partnership work with CED (Christian Engineers in Development) – we delivered our first project together, which was a community life-changing water project at Gbonko Kasonga in Lungi, Northern Sierra Leone. Furthermore, just before the close of our operational year, we worked in partnership with the University of East London on a key project of Youth Empowerment and Capacity Building. This involved supporting self-advocacy and capacity building for disadvantaged youths and communities in Sierra Leone, including first intervening to provide COVID-19 educational support and nutritional support for disabled and disadvantaged youths. The work with the University of East London was undertaken simultaneously with similar activities in Zambia and South Africa, and the work in Sierra Leone enabled us to collect valuable data.

Our output this year was phenomenal, especially given that we have very small teams both in the UK and in Sierra Leone. Our efficiency and effectiveness were much improved, and I can only thank our UK and Sierra Leone teams. I especially thank our National Coordinator in Sierra Leone, Joseph Mbayoh, who did excellent work on our outreach and research activities and

COVID-19 interventions.

Nonetheless, we have encountered some very difficult challenges, with unsavoury state practices that hindered the implementation of one of our projects (details of which will be found in this report).

Notwithstanding these challenges, our highly successful work across all regions in the country has truly made us national, and we can only march forward with these community-transforming interventions. I take this opportunity to thank all our partners at home and abroad who have worked with us over the year.

I look forward to another transformative year.



Strategy & Plan

Practical Tools Initiative's overall commitment remains the prevention or relief of poverty or financial hardship anywhere in the world.

We do this by providing or assisting in the provision of education, training, healthcare projects and other necessary support designed to enable individuals, communities and institutions with a charitable need to achieve their goals.

We achieve our aims directly through our services and through influencing the system around them. We will continue to deliver to communities and to disadvantaged peoples across Sierra Leone, independent of any destructive political directive. We will continue to maintain our strong independence and take no prejudicial or political direction from anyone. We will stand up for the marginalised and expose the damaging policies and practices that drive people to destitution.

Our objects as a charity are designed to deliver maximum benefit to the peoples and communities we work with. In this regard, we work in partnerships with them, thereby making sure that they have a major input into the decision-making processes and the developmental activities that we carry out. In reaching out to rural schools, for example, we work with teachers, parents and community leaders to make sure that what we deliver is appropriate. This approach has transformed the provision of services in rural areas; schools are performing better with the high-value educational resources we deliver, clinics are operating with absolute commitment with the medical aids and training support that we provide, destitute women are being lifted out of absolute poverty, and people living in disabled communes are given a route to escape a life of want by becoming independent income earners. This model of intervention is greatly valued by our implementation partners as it provides the most direct and practical benefit to the disadvantaged and their communities.

We are highly successful in delivering our projects because we have an unmatched approach to their monitoring and supervision; we hold individuals, institutions, communities and ourselves accountable.

All our aims and objectives will be achieved through a well-established planning process

These are our key objectives for the coming year (2020-21):

a) Maintain our current project activities in Sierra Leone to ensure that the neediest are reached (for example, providing clean and accessible water and sanitation for marginalised communities).

b) Work to improve the lives of destitute children and young people through education (for example, building a modern school for labouring children), advocacy and skills training. This area of work will be one of our main priorities this year.

c) Continue to build our capacity in Sierra Leone to help implement and monitor activities and to create a coordinating centre for new projects.

that gives us the impetus to tackle some of the most difficult, unpopular and overlooked areas of post-war and post-disaster rehabilitation and regeneration (such as education, destitution, unemployment, food security, and lack of access to water and sanitation). We are now working extensively with evidence-based research to allow us to approach these issues by not only providing material support and skills training but by also making sure that sustainability is planted within project delivery.

Are you a keen photographer – or just an ordinary citizen with a smartphone?

Win yourself a new camera by submitting a photo of everyday life in Sierra Leone.

All you have to do is submit photos of everyday life in Sierra Leone. These could be of rural or urban life challenges or of wildlife. We are particularly interested in the daily challenges people face in Sierra Leone, and the country's natural life. This competition has only two prizes – first prize is a Canon Powershot SX430; second prize is a Samsung WB350F. By submitting your photos to the competition, you agree for them to be published in our report or other

publications. Our reports are distributed for free in Sierra Leone and abroad. Only winning submissions will be published. Only three photo submissions are allowed per person. Please add your name and phone number to the body of the email when you submit. Submissions must be sent no later than the **16th of October 2020** to **info@practicaltoolsinitiative.org**.

Late submissions will not be accepted.

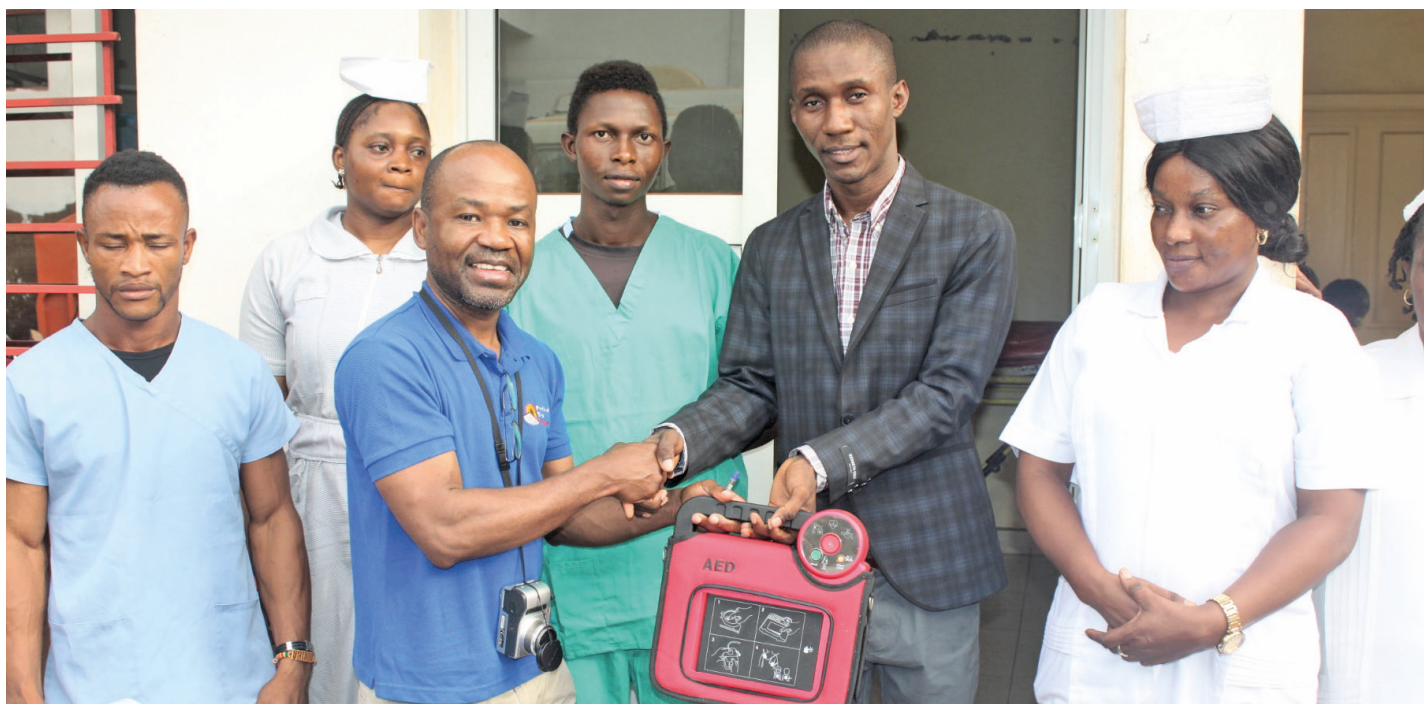


First prize: a Canon Powershot SX430 20MP 45x Zoom Bridge Camera – Black.



Second prize: a Samsung WB350F Smart Camera – White (16.3MP, Optical Image Stabilisation) 3-inch LCD.

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James Fallah-Williams | Programme Director | Practical Tools Initiative
Delivering a defibrillator and other medical equipment to the Macaulay Hospital in Central Freetown

Programme Director's Report & Review

Hello, and welcome to our annual report and review of activities. At the start of our operational year in August last year, it was impossible for anyone to imagine a pandemic that would redefine our global outlook on health and human development within a twelve-month period.

2020 has totally transformed and repurposed national as well as organisational priorities, restructuring not only the way we work but also how we allocate resources to meet our basic needs and those of our communities.

Even in these unparalleled times, we reached a new level of achievement in our delivery programmes across the country, thanks to our highly committed staff, friends, and partners. For example, we delivered two key water and sanitation projects in northern and southern Sierra Leone to some of the most neglected communities in the country.

In addition, we started an exceedingly significant community education centre project – a model library; the first of its kind in the whole country. The library is destined to hold five thousand books, computers with internet access, projectors, documentary films, health and sanitation education resources, and a meeting place for the community. This library, located in Manowa, will serve several schools, healthcare centres and communities in two chiefdoms. We are setting the highest standards in the provision of quality education in the country, and we are determined to make it a catalyst for planned library projects for the coming years.

One of the other standout achievements of the year was the delivery of science lab equipment to three major schools in the Western Area. We delivered key science lab equipment for biology, chemistry and physics to the Freetown Secondary School

for Girls, The Methodist Girls' High School, and the Prince of Wales Secondary School. This is in part-fulfilment of some of our pledges to transform science education in the entire country. We target responsible schools with the capacity to accountably manage valuable learning resources for the benefit of their pupils. Targeting two girls' schools in Freetown is also a clear recognition of our aim to improve girls' participation in the sciences.

This year we continued with the provision of skills training and professional tools, mobility aids and business support services to destitute single mothers. We also continued providing sports items, including football kits, to schools and community football teams. We also worked with hospitals and maternity clinics, where we delivered much-needed medical equipment to hospitals. I am extremely proud of the work of Practical Tools Initiative in Sierra Leone.

These successes, nevertheless, did not come without some very serious challenges. For example, a piece of land that was allocated to the construction of a model primary school for labouring children, including stone-breakers and hawkers, was encroached upon by the Deputy Minister for Local Government in Sierra Leone, who sent military officers to demolish construction pillars that our contractor had erected. This was a major setback for the provision of education for street children in the country. You will find details of this in our report, especially in the Special Edition report, which will be distributed nationally in Sierra Leone. The Special Edition will focus on disadvantaged children, disability rights and our planned response to them in the coming 2020–2021 operational year.

In the meantime, please see our detailed report of activities in Sierra Leone.

“

**Many thanks again to all our teams and partners.
Your support is extremely important for our work.**

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Water & Sanitation

Access to WASH
(Water, Sanitation and Hygiene)

Facilities:
Mattru-on-the-Rail Disability Camp,
Southern Sierra Leone

This is perhaps the boldest water and sanitation project we have undertaken yet.

The key elements of the project were to provide safe drinking water by drilling a borehole powered by solar panels to a water tank to supply seven tap points in the war amputees' camp. Furthermore, the project was to provide twenty separate latrines to ease the acute problem of overflowing sanitation facilities in the camp. Moreover, the project was aimed at providing food-growing support to the community to help relieve challenging food shortages in the camp and encourage income-generation through the sale of the excess food they grow in the community. Another additional aspect of the project was to encourage income-generating skills training through the provision of professional tools and equipment, and train four volunteers to maintain, repair and take care of the water and sanitation systems in the camp to support up to 800 people.

The work started in September 2019. The project was unique not only because of its three-pronged approach to community rehabilitation through water, sanitation and income-generation, but also because of the status of the beneficiaries, who are war victims secluded from the general population and abandoned in an isolated camp together with their families by the government. These are people who were brutally hacked by warring factions in Sierra Leone's civil war. Their seclusion from the general population and their total abandonment immediately after the civil war is one of the cruellest social policy implementations by any government towards the end of the twentieth century.

Today, the residents of Mattru-on-the-



Rail are enjoying an uninterrupted flow of clean, safe drinking water, pumped from 100 metres down and supplied to seven strategically located water points (tap points). The residents also have new latrines in the camp. Support was also provided for food-growing, with professional tools delivered to skilled artisans for self-reliance through income-generation.

We will look at each of the three aspects of the project – the provision of water, sanitation and food-growing support.



Our borehole team had a little dance in the mud before finally arriving at the site, where the heavy equipment drilled overnight to achieve a 100m depth to access pure water.

Aspect One: Water Borehole Specification

Dept: 100 metres

Submersible pump level: 84.5m

Depth of water: 15.5m from 100m

Number of taps: 7

Tank capacity: 10,000 litres

After the drilling was complete, a flurry of activities was undertaken on the water tower between January and February 2020.

The tower was finally finished in February and was painted with the colours chosen by

community members themselves. They are so proud of the installation that they painted the tower in the national colours of green, white and blue! After completion of all activities, the water system was turned on for a test run to supply the seven tap points across the camp. The gravity feed from the tank was impressive – the tower was raised significantly to ensure that the tap points that were further away received stronger water flow.

The water tower



Three large solar panels providing power to the submersible pump.

10,000-litre water tank to supply seven tap points.

Intake pipe from the borehole to the tank.

Pipe supplying seven taps across the camp.

Highly secure storage with steel door and locks protecting equipment from damage and theft.

Borehole and access to submersible pump. This is also highly secure with its own steel cover and lock.

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The Impact of the Project on Education

In the amputee community, the responsibility for the collection of water for household use has long fallen on the children or able partners of amputees.

This is because the parents or partners who are amputees are unable to carry water in containers. Before the borehole project was initiated, many children spent up to four hours each day collecting water from the swamp or from neighbouring communities, especially during the dry season. As a result of this responsibility, many were missing school – especially as attending a junior or secondary school itself involves walking at least five miles.

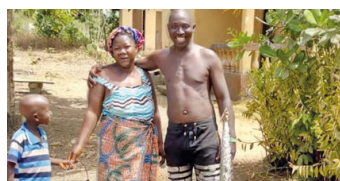
The project has completely transformed this situation, as more and more children are now able to participate in full-time education without interruption.

The families in the community now have water at their doorsteps!



The Impact of the Project on Sanitation, Health and Wellbeing

Existing hand-dug wells in the camp were contaminated by sewer seepage from the latrines, which were full or near overflowing, shallow, unlined, and over fifteen years old. This problem has been the main source of frequent breakouts of diarrhoea, typhoid and other associated diseases caused by faecal pathogens.



Aspect Two: Sanitation New Latrines

In addition to the borehole, we provided twenty separate latrines (two per pit) for the community. These latrines were lined with concrete to prevent seepage (as seen above). Each pit is located by the building to facilitate easy emptying by vacuum trucks from the regional city for Bo. This is the first time a system like this has been implemented in a secluded settlement in the country.

Right at the start of the excavation, we discovered highly contaminated surface water just five or six feet under! This, though surprising, helped us to place the last jigsaw puzzle piece to the data we had collected – that, indeed, all existing unlined and full-to-capacity latrines in the camp had been contaminating the camp's hand-dug wells, and had been the main cause of the prevalence of waterborne diseases in the camp.

We discussed this and redrew the plan for the latrines. The new plan involved concreting and screeding the base of all the pits and then lining the walls with concrete blocks and plastering them with waterproof material. This had three effects: 1) containing water within the latrines and stopping it percolating into the old wells, 2) facilitating emptying the latrines when they are full, using vacuum trucks from the city, and 3) upholding good environmental standards and protecting the health and wellbeing of the camp's occupants. The new latrines will last up to four times longer than the old ones. The borehole and the latrines are now transforming the health and wellbeing of the community, and we will monitor the occurrence of any waterborne diseases in the camp. We will then compare the data with pre-project information collected.



Sanitation Education

Good hygiene and sanitation training were an integral part of the project, and all community members were involved. This holistic approach to project delivery is totally transformative. The camp has

rapidly changed in just six months. The occupants are still in awe of what is being done for them. They have been neglected for so long.

Aspect Three: Provision of Support for Food-Growing and Income-Generating Skills

The provision of water and sanitation in an isolated and destitute settlement was only one part of the work to equip the community. The third aspect of the project was the provision of support for food-growing to enable self-sustainability for the amputees and their families in the camp. This was intended to make sure that the community is empowered and enabled to grow food both for their own consumption and to sell in the local market.

This will be a way of generating income for community expenditures in repairing the water and sanitation systems.

This third aspect of the project itself had three components:

a) Provision of support for food-growing

We delivered ten goats and four sheep. The community were to raise them as a source of protein and also as a source of income for the community.

b) Provision of seeds

We provided seeds for the community to grow peanuts for the local market. Just at the start of the rainy season, the community embarked on food-growing activities that brought everyone together.

c) Delivery of professional and skills training tools to the amputees

We delivered high-quality professional and skills training tools to skilled amputees and to those disabled people who are learning new skills. This was aimed at empowering disabled people so that they do not have to rely on begging on the streets to earn a living.

We delivered seven quality sewing machines to a skills training workshop run by a leg amputee to help train a group of female trainees.

We have reserved enough tools to give a set of tools to anyone who successfully completes a training programme. This intervention is life-changing, particularly for disabled female participants, some of whom are single parents.



LETTER TO THE PRESIDENT

LETTER TO THE LANDS MINISTER

His Excellency, The President of the Republic of Sierra Leone,

Brig. Rtd. Julius Maada Bio,
State House,
State Avenue, Tower Hill,
Freetown, Sierra Leone.

13th January 2020

Dear Sir,

I am writing to inform you that the Deputy Minister for Local Government and Rural Development, Mrs Melrose Karigo, has brutally evicted a local NQO, Practical Tools Initiative, from the land the community people at N02 River, Western Freetown, had allocated for the construction of the first purpose-built primary school for working children – an independent education provision in support of your free, quality education programme in Sierra Leone.

In October 2018, Practical Tools Initiative made a pledge to support the government's free, quality education with educational resources to the value of \$1.3m nationally over a four-year period. In addition to this, as the largest independent provider of educational support services in Sierra Leone, we currently hold new medical textbooks worth nearly \$800,000 – enough to support all medical training institutions in the country. Furthermore, we have just shipped a container of science lab equipment and tools for schools in Sierra Leone.

The school construction project at N02 River Community in Western Freetown, which only started a few weeks ago, was savagely interrupted by the Deputy Minister for Local Government and Rural Development, who sent vandals to demolish the pillars at night, as can be seen from the photos above. The destruction was brutal and alarming, even the steel rods necessary for construction were stolen from the site. On the morning after the incident, she sent a group of people to intimidate construction workers – she told them on the phone that if anyone evicted any other structures apart from hers on the land, she would send people from the ministry to demolish them. On the 7th of January 2020, the Deputy Minister again sent army officers to the site to dig and start constructing a shed there.

The school is a major project to provide free, uninterrupted primary education of an international standard for stone-breaker children, child health and education, and a safe place for children to learn and play. It is a huge project, and a huge library holding over the thousand new books. The school will also have its own in-house dispensary to provide medical support services to working children, who often carry horrendous injuries as a result of the hard labour they undertake every day.

The land was given to Practical Tools Initiative by the local community in 2018 to construct the school. In December 2018, we visited with a UK volunteer architect and surveyor to draw a plan for the school. In December 2019, we signed a Memorandum of Understanding with the community to start working on the plot to build the school. A week before work started, the Deputy Minister sent people to erect beacons on the plot to claim it. In fact, the beacons earned the Government of Sierra Leone inscription (as seen in the photos below). She was claiming the land on behalf of the Government of Sierra Leone, but for her to build a private property there for herself, I went to see her in her office with the local Headman of the N02 Community, where I explained to her the purpose of the project. Within days, she sent people at night to demolish all the pillars that had been put up by our contractor.

This is a major blow for destitute children in Sierra Leone. You may be aware that, today, Sierra Leone's rate of extreme child poverty and child illiteracy is the highest in West Africa and among the highest in the world. Children as young as four years old are being fed drugs and used as income earners, working eternally in stone quarries and as hushers on the streets. These extremely young children are often seen carrying trays of rotting fruits and dehydrated vegetables to sell to passers-by on the highway. Many carry visible signs of kwashiorkor, malnutrition produced by severe protein deficiency.

These are the children we are building the school for. And for the Deputy Minister for Local Government and Rural Development to disconcertedly use state powers to covertly deprive destitute children of this opportunity, is despicable. It is deeply disturbing and reprehensible. It grotesquely undermines the very concept of your free, quality education programme in Sierra Leone.

Sir, I took us two years to raise funds in the UK to start building the school. For the deputy minister to arbitrarily use state powers to destroy this hugely significant national project undermines any civil and democratic credence we aim for in Sierra Leone. It is profoundly unsettling and deplorable: what sort of institutions are we building? This abuse of power should not be allowed to destroy the lives of extremely vulnerable children in our country.

We have made a formal report to the Sierra Leone Police at Adonkpa Police Station in Western Freetown. They have visited the site, taken photographs, interviewed local people and collected evidence.

As a UK registered charity, too, funded by UK taxpayers, we are copying this letter to the UK's Prime Minister, Boris Johnson. The UK Government is the largest supporter of free, quality education in Sierra Leone, and we have therefore copied in The Rt Hon. Alok Sharma, the UK Secretary of State for International Development. We have also copied in our local MP, Sulaata Braeman, her constituents, including my family, are contributors to the project.

Sir, I have also copied in the following ministers in Sierra Leone: Minister of Lands, County Planning and the Environment, Minister of Social Welfare, Gender and Children's Affairs, and Minister of Primary and Secondary Education.

I have attached to this letter the full plan for the school.

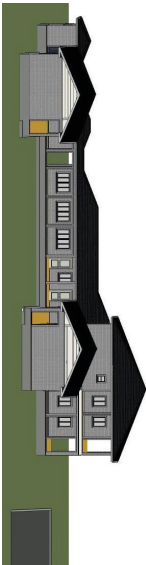
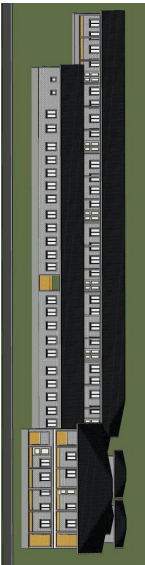
I look forward to hearing from you.

Yours sincerely,

James Falah-Williams
Programme Director
Practical Tools Initiative
16 Pedro Drive, Kanyama
Lunley,
Freetown.



Demolished pillars at the school construction project



The vision for the school



New posts erected by the Deputy Minister for Local Government & Rural Development, Mrs Melrose Karigo

Dr Denis Sandy
Minister for Lands,
Housing & County Planning
3rd Floor Youyi Building
Brookfields Freetown.

14th February 2020

Dear Dr Sandy,

Re: N02 River Community School & the Deputy Minister for Local Government, Mrs Melrose Karigo.

I am delighted that we have finally met in the way we did during my visit to your office on Monday, where we were engaged in a not-so-cordial conversation.

My visit to your office was a follow-up to my letter to the President in relation to the N02 Community School and the Deputy Minister for Local Government, Mrs Melrose Karigo. In the first seconds of our conversation, you accused me of being a 'land grabber' and stated that the Mod with the community was a 'fake'. When I challenged you on this, you backtracked, stating that you had not called me a 'land grabber', but that I am aiding and abetting land grabbing. I further challenged you on this, and said that if you think that I am aiding and abetting and grabbing, then you should take me to court.

I have the pleasure of defining what land grabbing is in this context: it is when you use state powers and authority to unlawfully take away land from the powerless for your own personal benefit. This is what the Deputy Minister for Local Government, Mrs Melrose Karigo has done to the N02 community, and it is reprehensible by any standard.

The Deputy Minister used the local headman, and she went on to erect beacons with the Government of Sierra Leone's inscription on them, but with the aim of building a private property there for herself. Who is aiding and abetting and grabbing here?

It is understandable that in a case like this, you are supporting your colleague minister, who has behaved in such a naive and politically damaging way. I had met her and told her about the project a week before she erected those beacons. The fact that she sent military officers to demolish our pillars at night is as cowardly as it is a grotesque and primitive exercise of state powers, especially in this modern day and age.

You told me in our conversation that the land in question was government land. Now, which is the right thing to do: allocate a piece of government land for community use, or allocate it to a personal friend for their private property?

You are the Minister for Land, Housing and County Planning. Have you reserved any land in this particular section of the Western Area for healthcare, education, and recreation? Can I assume you are aware that heavily pregnant women are still being carried on motorbike taxis for miles to the nearest maternity clinic? And that from Sussex to Tokyo, community people have to take their five-year-olds to work in fields, on the streets and in stone quarries because there are no community schools to take them to? Despite these facts, you have allocated a piece of government land to your colleague minister while children in those communities go uneducated. Is this your way of community planning?

You are picking a fight with the wrong man. I have to advise you in advance that we are currently making a documentary on our work in Sierra Leone for an international media organisation, and this issue will feature in that programme. Furthermore, the N02 case will be published in the United Kingdom in the next coming weeks. It is my duty to defend the neglected children of Sierra Leone, and it was fascinating that in our conversation you couldn't articulate your thoughts on the matter. And it was completely out of place and risible when you flanked yourself with six armed military officers with AK47s when you were talking with me. What were you afraid of? After all, we were having a conversation.

You rightly described our projects as 'fantastic', but went on to say that I must tell the government what I am doing in the country. Have you spoken to your fellow ministers in education, health, sports, and social welfare about what we do? Nonwithstanding, we don't need middlemen: we are independent and self-sufficient!

I am looking forward to reading your report to the Chief Minister. I have copied him in this letter. I have also copied in the Social Welfare Minister.

Thanks,

James Falah-Williams
Programme Director
Practical Tools Initiative
16 Pedro Drive, Kanyama
Lunley,
Freetown.

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Water and Sanitation for Gbonka Kasonga Village in Lungi, Northern Sierra Leone



Gbonka Kasonga Village in Northern Sierra Leone was one of the communities to receive a deep borehole.

The borehole serves the whole community and the local school.

This work was undertaken together with our partner, CED (Christian Engineers in Development). CED also provided the technical detailing and support.

Left: This is the spring where the community used to get their drinking water from. It was also the place for bathing and washing of clothes.

Right: The new borehole is now providing clean and pure drinking water for the community. This is a major outcome for the people who have endured persistent outbreaks of waterborne diseases.



Presenting Science Lab Equipment to The Prince of Wales School

Education

One of the outstanding interventions of the year was in education. This, of course, is one of our 'traditional' areas of support over the past seven years, and we have helped to transform schools and higher learning institutions, including medical training colleges.

This year was no exception. We delivered high-standard science lab equipment to three key schools in Freetown as a follow-up to the science textbooks we had given to them the previous year. Each of the schools had received 1000 new science textbooks as part of our covert operation to bring science education back into schools

across Sierra Leone. In many of the schools where we have delivered lab equipment, some of the students, though in the GCSE class, had never previously seen real lab equipment!

This year, we targeted girls' schools including FSSG (Freetown Secondary School for Girls (1926)) and MGHS (Methodist Girls' High School (1880)).

When we visited FSSG to present the lab equipment, well over 1000 students were already congregated in the school square for the school assembly.

“

We can proudly say that we are the largest independent providers of educational support services in Sierra Leone.

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Science lab equipment presented to Freetown Secondary School for Girls (FSSG) and Methodist Girls' High School in Freetown.

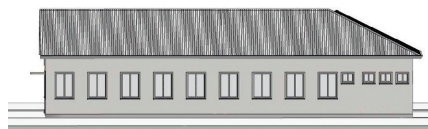
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Community Education Centre – The Manowa Library

In addition to the delivery of science lab equipment, and as part of our educational support services provision, one of the lead projects we started during the year was the construction of a model community education centre in Manowa, Eastern Sierra Leone.

This is the first community library of its kind in Sierra Leone. The library, when finished, will hold 5000 books (including medical textbooks for maternity and community medical practitioners, with additional medical information services supporting the Kailahun District),

computers with internet access, printers, projectors, and sections for documentary films on health, the environment and wildlife. The library will be equipped to the max, and it will serve as a focal point for community education for several chiefdoms in the Kailahun District.



Construction of the library in progress



When finished, the study section of the library will look like this



More construction images

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Construction of primary school for Freetown children

One of the major projects that we also intended to start this year was the construction of a model primary school for street children in Freetown.

The school was to be the first of its kind in the country, combining the provision of international standard primary education, a purpose-built library holding 5000 books, computers with internet access, and a medical centre for injured working children.

Unfortunately, just as we started construction, the Deputy Minister for Local Government, Mrs Melrose Kargbo, encroached on

the land, and sent military officers to demolish the pillars contractors had already constructed. This is such a setback for working children.

Details of this are reported in our Special Report publication, to be distributed in Sierra Leone. At the start of this year, we also faced another major challenge in obtaining customs clearing of our container of educational resources, which was intended for schools and for the working children who would be attending the school. The container was shipped in November 2019 but was not

cleared by customs until January 2020. The Chief Administrator at the Ministry of Social Welfare, Gender and Children's Affairs sat on our container documents for several weeks, refusing to send them to the minister to be signed off. This sort of attitude is severely limiting our capacity to deliver much-needed resources to destitute institutions and communities. It is also costing us a considerable amount in demurrage and container clearance charges.



“

We delivered Christmas gifts to 200 working children in Western Freetown in February. Prior to this support, we had presented learning resources to 300 children in the community. Many of these children are stone-breakers who spend many hours a day in quarries.

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Healthcare

In our previous annual reports, we have consistently highlighted the many difficulties that national hospitals, maternity clinics and other medical facilities face.

The lack of equipment, medicines, and basic consumables such as vinyl gloves, umbilical clamps, etc. is an extremely common complaint in every hospital and maternity clinic in Sierra Leone. The country remains the most dangerous place in the

world to give birth – maternity mortality is so rife that what are supposed to be routine deliveries are fraught with danger for both mother and child. For example, many maternity wards in the capital, Freetown, do not have oxygen concentrators for mothers who run into breathing difficulties during labour, and many are left to die in labour wards.

Lack of equipment across all hospitals in Sierra Leone is so shocking that some

doctors have never even seen defibrillators! Those patients who suffer cardiac arrest are left to die on hospital floors. This year we reached out to frontline maternity hospitals in Freetown to present crucial medical equipment and consumables. At Cottage Maternity Hospital (above), we delivered an oxygen concentrator to Ward 2, where many women had died before.

“

Sierra Leone's healthcare system is broken and mismanaged.

”



Macauley Street Hospital in Central Freetown

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Tools and Equipment Support for Disabled People & Young Women

This year, we targeted highly skilled and qualified artisanal women in need of high-standard tools to practice their trades.

They were supported with new tools and trade accessories that they could use to start their own businesses.

Supporting disabled people in Sierra Leone is a key area of service provision; one in which we excel. This year we continued with our high-standard provision. In Mattru-on-the-Rail, for example, the residents received a comprehensive selection of tools, ranging from plumbing tools to carpentry, bricklaying and tailoring tools. These were used by the community to contribute to the construction of the borehole and

its water tower, latrines and tap points.

The professional-quality tools will remain available for use by the community. Many of the amputees were professional artisans before the war. Some, however, underwent skills training as amputees after the war. Skilled tailors, mainly leg amputees, received a vast array of sewing machines that they now use to produce quality items for sale in cities.

It is liberating to see young, disadvantaged women making effective use of the tools we deliver. Many of these skilled tailors were absolutely instrumental in COVID-19 PPE production.



Skilled rural women receiving tools (tailoring)



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Case Study

Sumoi, a polio sufferer, is in his late fifties.

He lives in a disabled commune along Pademba Road, near Central Prison in Freetown, with his ten-year-old son, Mehdo. The pair are pictured on the right; they have a striking resemblance.

A skilled metal worker, Sumoi is very resourceful and relies on his hands to make ends meet.

He learnt his skill through a traditional blacksmith in Pejeh Bongre Chiefdom, eastern Sierra Leone, before the war. Sumoi had to escape during an attack on his town and was helped by the legendary Captain Ben-Hirsh, a Rambo figure in the Sierra Leone army. Captain Ben-Hirsh freed Sumoi and other people from the woods. He then asked Sumoi where he wanted to go because his town had been completely destroyed and there was no one to look after him. Sumoi told the captain that he wanted to go to the

regional capital in Kenema. The captain took Sumoi to Kenema, from where he found his way to Freetown in the mid-1990s.

Sumoi has lived in Freetown ever since. Sumoi is a single parent looking after his son, Mehdo. His wife, who was also disabled, died during childbirth a few years ago. Sumoi used to use a manual wheelchair, but arthritis has taken its toll on his hands, and he is no longer able to propel himself in a manual wheelchair. He has become immobile, and his son has become his sole carer. They live in a shack along the main Pademba Road, where Sumoi has a small bric-a-brac shop selling items other disabled people have produced in the commune.

We surprised Sumoi with a motorised wheelchair.



Rural teachers living miles away from their schools received mobility support with bicycles.

One of the recipients of our motorised wheelchairs is Mr Keifala Koi, who is the Eastern Regional director for the Anti-Corruption Commission (ACC).

Though in a respectable state role, Mr Koi did not have access to a wheelchair that was suitable for him.



Mr Keifala Koi with his motorised wheelchair

ANNUAL REPORT 2019-2020

Kick Out COVID-19 in Sierra Leone

Our partnership with the University of East London (UEL) was aimed at responding to COVID-19 in Sierra Leone with the "Kick out COVID-19" project in line with the Global Challenges Research Fund (GCRF) objectives.

This is part of the "Sport for Sustainable Development" project pilot phase we implemented in Freetown in December 2019.

As a result of the pandemic, the Sport for Sustainable Development project will follow the route of the Kick Out COVID-19 project planning tool. This seeks to investigate how children, disadvantaged young people and people living with disabilities are coping during the COVID-19 lockdown. This will be a springboard for post-COVID-19 intervention and the continuation of the Sport for Sustainable Development project. The main focus of the research is mental health issues, and it will ensure collection of timely and robust data to understand the needs and mental wellbeing of these groups.

During our intervention in Sierra Leone, a survey was conducted in different locations in the capital city, Freetown, to understand the impact of the pandemic on disadvantaged young people, children and people living with disabilities. The project also engaged with various communities to make them aware of the virus and what can be done to minimise its spread.

During this engagement, face masks, food items and non-food items (including soaps and handwash buckets) were distributed amongst the participants, including those with disabilities.

Our team targeted some of the most marginalised communities in Freetown, and conducted detailed registration procedures as well as using the project's planning tools.

The planning process was very clinical, and we delivered at a time when destitution had become unbearable for most of the recipients. Many of those who received support were disadvantaged people who survived through begging on the streets in

Freetown. The imposition of a lockdown made it impossible for them to survive through begging. Our intervention was thus very timely.

Each participant received a sack of rice, cooking oil, stock cubes, a hand wash bucket and face masks. It was a delivery like no other; it was incredibly touching to hear that this intervention was the first for many of these people.

In addition to this support, a team created a COVID-19 education animation in the UK. This was released through social media in Sierra Leone. The two leading national TV stations also got involved and reported on the hugely successful intervention. Furthermore, one of our talented young people released a single on COVID-19 education and the intervention by PTI and UEL.



GOVERNANCE



Status and Objects

The charity is a company limited by guarantee. Our governing document is the Memorandum & Articles of Association, which dates from 2012. Our formal objects are set out in the section on Strategy & Plans on page 6.

Governing Body and Structure

Our governing body is a committee. The committee members are the trustees of the charity. As of July 2020, there are four. In addition, we have strategic operational advisers who have specialist knowledge in all the major areas we cover in our work.

We are rapidly evolving our structure to encompass the increasing demands of our activities and the steady challenges that come with working at cross-national level. All emerging issues are dealt with at our regular meetings, and we are in constant contact with our operating partners. The committee regularly undertakes ad hoc working groups, for example on risk management (in the case of our Sierra Leone staff and volunteers working during the COVID-19 pandemic).

Decision-making

The committee formally set out how it saw its role before we completed our registration as a charity and has subsequently periodically reviewed its position. We regularly monitor how we are performing our duties, and during the year we carried out a full review of our effectiveness as a charity, drawing on best practice in the voluntary and corporate sectors.

We continue to see our prime function as ensuring the good governance of the charity, and to this end we focus on matters of policy and general strategy, the approval of plans, the monitoring of progress with charitable projects, and financial control.

Operational responsibilities are delegated to the Programme Director. The committee is assisted by the Chair who advises us on governance generally. We also have our

Treasurer who monitors financial matters on our behalf.

Trustees

There was a change during the year where a new trustee was appointed. When we recruit, we follow a well-established practice. We carry out a skills audit to identify the qualities sought in potential candidates, and a trustees' working group manages the appointment process. It is our policy to provide the new trustee with a structured induction that includes comprehensive documentation, individual briefings and the opportunity to meet our supporters, volunteers, and beneficiaries.

Risk Management

Our approach to risk management is well-established and it is steadily refined. A Risks Register is maintained. The assessment of risks on the register is documented and rated in terms of the likelihood of occurrence and the potential impact. The whole situation is reviewed annually. We can confirm that the major risks to which the charity is exposed as identified by the Trustees have been reviewed and systems have been established to mitigate those risks.

We are the only National Non-Governmental Organisation in Sierra Leone to have a comprehensive policy on the following:

- Public Benefit Statement
- Safeguarding Policy & Procedures
- Policy on Financial Crime, including Anti-Money Laundering and Terrorist Financing.

Reserves

We follow the golden rule of making sure that we have reserves to support us for at least three months.

Investments

We are not currently undertaking any investment activities.



This is a local team wearing Brighton & Hove kit



This is the amputee football team wearing Arsenal kit

SPORTS



Above is a community youth team in Western Freetown

Support for community football development is one of the most neglected areas of sport in Sierra Leone

Many community football teams lack the basic resources they need, and as a result, highly promising young footballers are missing crucial stages in their development.

Regular training in local communities is very limited – young people attending training have to be provided with kits to ensure safety as well as a professional setting where they become familiar with discipline. Furthermore, many of the young people attending training come from very challenging backgrounds where access to food is difficult. We are initiating a three-year project through which we will work with community football trainers. We will provide not only quality kits, but also food support for those who attend training. This combined approach will make sure that young people are truly focused on training without worrying about nutritional support. They will also have access to a strong source of supervision, training and medical assistance.

This year was incredibly significant for our work with football clubs across the country. Our last shipment contained well over 200 individual football kits from British football clubs across all leagues. We received kits from our usual Premier League supporters, including Brighton & Hove, Arsenal and Manchester United. The resources were so significant that we contacted local community teams in Sierra Leone to deliver the kits to them. We have been working in this area of supporting sport in Sierra Leone for four years. The proposed long-term intervention is another step forward in creating meaningful opportunities for young people who are gifted in football.

We have built a strong reputation in Sierra Leone for setting high standards in the services we provide. Our approach is not only defined by the delivery of resources, but also by ensuring that sustainability and supervision are maintained for a good outcome.



Community football teams, including women's teams, are also supported