



2022

NMDHR ANNUAL REPORT



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EXECUTIVE SUMMARY



Abdul Karim Habib
Executive Director

NMDHR's 2022 annual report is a proof of its efforts in maintaining its organizational internal policy. NMDHR has served as a key partner in implementing development projects/programs in Sierra Leone; since its establishment over 20 years in empowering communities to drive social change, impacting youth, women, and girls to demand social justice, and protect human rights in all forms.

Due to the current global economic challenges and the inadequate available donor support, NMDHR has been implementing projects in Kailahun and the Western Urban District. For the period under review, one of our key objectives was to create an enabling environment for Effective Primary Healthcare Delivery through empowering communities with relevant laws and policies to be able to hold healthcare service providers accountable for their action and better primary healthcare delivery system.

Amidst the challenges faced in mobilizing resources to implement development programs, we have been able to manage our little available resources to empower stakeholders to take the necessary actions to influence positive and sustainable change across our operational communities.

For Kailahun District, the project was initiated to improve quality, accessibility and affordability of primary healthcare services across 22 facilities, in Luawa and Kissi Tongi Chiefdoms. Our intervention benefitted **220** Facility Management Committee (FMC) members, **8** Community Paralegals, and **44** Community Healthcare Workers (CHW) with the relevant knowledge and understanding on how to break the barrier of ownership and participation in development initiative.

In our effort to curb Covid-19, our intervention was focused on addressing critical health justice issues across all our operational communities; Western Urban and Rural District, Kailahun, Pujehun, Koinadugu, and Tonkolili District. The key focus was to bridge the gap between communities and security forces in implementing the Covid- public health regulations. We engaged strategic partners to address issues such as police and metropolitan brutality on traders, ill-treatment of covid-19 regulation defaulters, arresting of passengers onboarding public transports without a face mask, and shop owners that allows customers without a face mask, who were in daily conflict with the Covid-19 regulations.

In summing up, our intervention in the respective areas delivered public education on laws and protocols to be observed by citizens, visited quarantine homes, and hospitals to monitor healthcare service delivery for survivors of covid-19; engaged the Freetown Metropolitan Officers to return confiscated goods of street traders, and police officers to release confiscated license to drivers who carried passengers without facemasks.

FOREWORD



Nabieu Kamara

Programme Director

It pleases me to present the NMDHR's 2022 Annual Report, which highlights the progress we have made in supporting the work of the Government of Sierra Leone to achieving its health objectives for the people. *The 2022 program calendar covers key aspect of our strategic thematic focus including; **Gender and Women's Health; Governance, and Participation Human Capital Development (Child protection).***

In 2022, NMDHR received support from the **Open Society Initiative for West Africa (OSIWA)** and **Funds for Global Human Rights (FGHR)** to implement development outcomes across its operational Communities in Sierra Leone. NMDHR has built a strategic and trusted partnership with the Open Society Initiative for West Africa (OSIWA) for the past 8 years in designing and implementing development outcomes in Kailahun District. We have also signed a Programme Cooperation Agreement (PCA) with the **Global Funds for Human Rights (GFHR)** to implement six months grant to deliver public education, media engagements on laws and protocols to be observed by citizens, visited quarantine homes, and hospitals to monitor healthcare service delivery for Covid 19 survivors.

NMDHR also played a key role in moving the National Coalition for Community Legal Empowerment (NaCCLE) and led the team to implement an advocacy activity for the unprecedented August 10, 2023 demonstration that led to the death of 6 police officers, and 21 ordinary citizens. The overall aim of the proposed advocacy approach was to amplify voices to change the perception of active citizens; especially against the misuse of social media to inciting violence and create unrest in the country. The NaCCLE Western Region Team engaged community stakeholders including Chiefs, head men, security personnel, youth leaders, commercial bike, and kekeh riders, traders media personnel, among others; to review and review the aftermath of the August 10, 2023 riot; enhance their knowledge and understanding about the violence and to build a culture of respect, peace, trust between citizens and the state.

Finally, we can humbly say that since 2002, we have been working pro-actively to improve human rights, good governance and democratic values in our operational communities, by ensuring that there is equal rights and opportunity for all and by extension the rights of women and girls to have access to better Socio-Economic facilities.



Cross section of participants during the Stakeholders Consultative Engagement at Waterloo

1. ABOUT US

- **Our Vision**

NMDHR envisage a world where all Human Rights, Democratic values are respected, promoted, protected, and realized for all

- **Our Mission**

Empower all people through Right Based Approach to achieve Sustainable Development and work to end Inequality and Poverty.

- **Our Core Values**



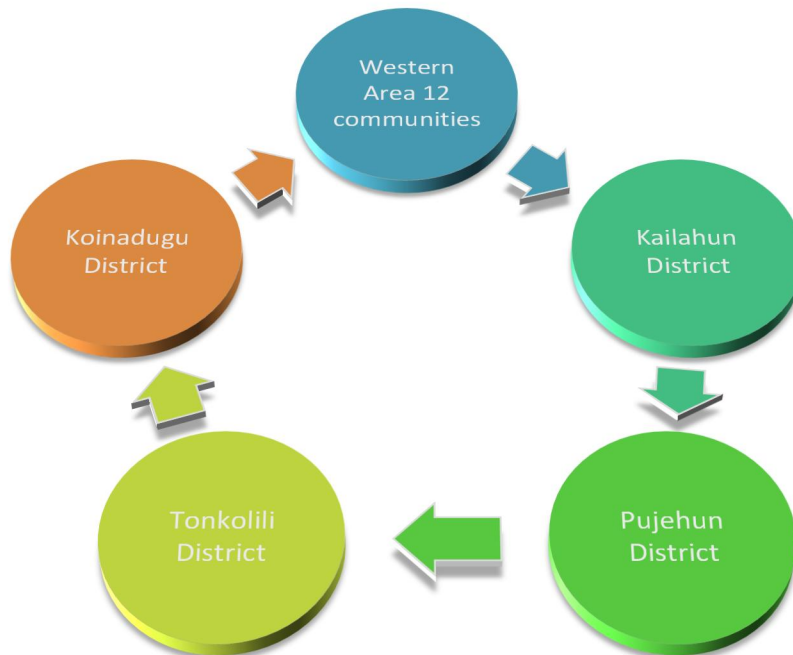
1.1 WHAT WE DO

NMDHR is a right-based non-governmental organization in Sierra Leone, established immediately after the brutal civil war, 2002, in promoting human rights, advocacy for improved gender empowerment outcomes, alleviating women and girls from extreme abuse, and increase accountability in service delivery within rural communities. Ever since, it has been contributing to the process of promoting peace, human rights, access to quality healthcare for rural women and instilling democratic governance in its post-conflict progress.

We are legally registered with the Government of Sierra Leone through the Ministry of Planning and Economic Development (MoPED) to operate as a non-government organization.

1.3 OUR OPERATIONAL COMMUNITIES

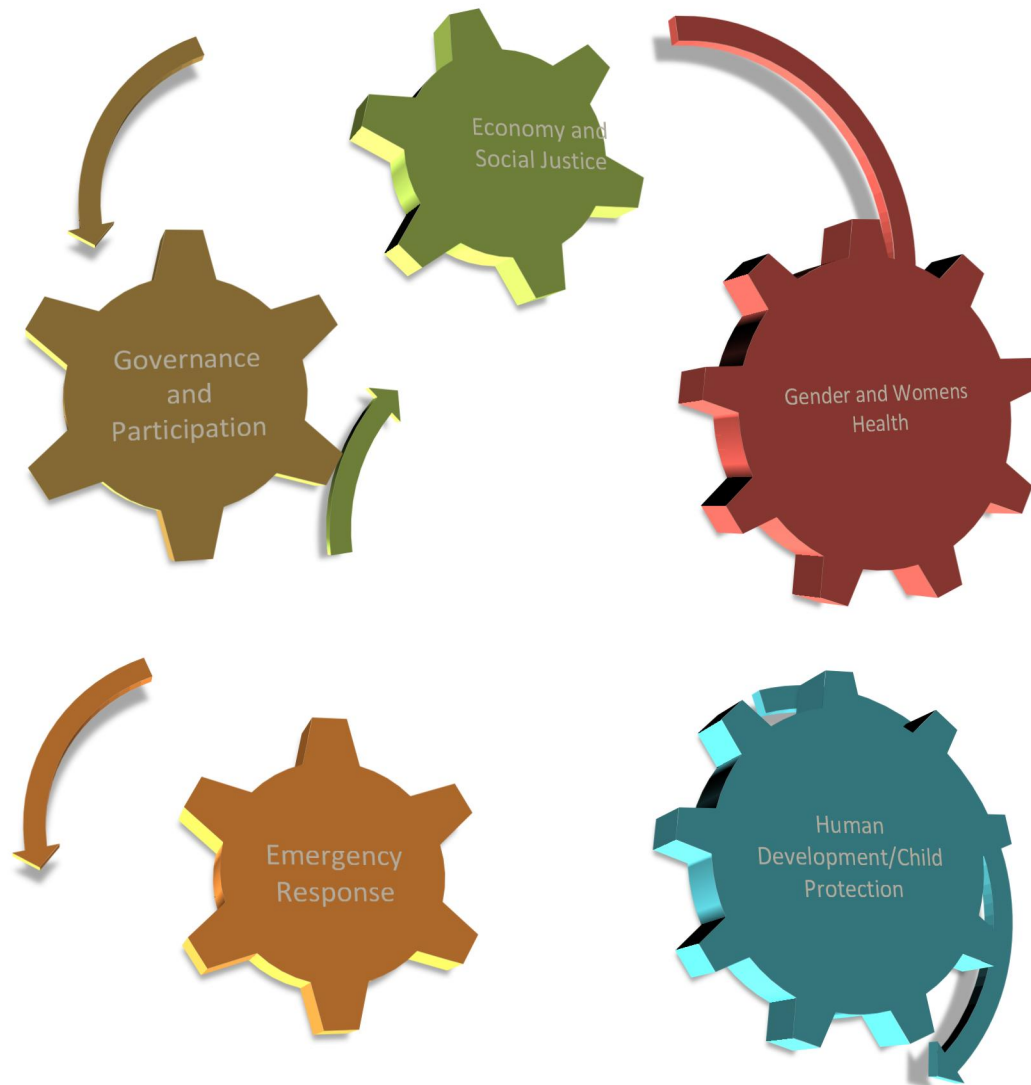
NMDHR has presence in all four regions: North, East, South and Western Area, of the country. But for the period under review, we were only effective in the Western Area and Kailahun District where community paralegals took a center stage to solve community problems through participatory and collective action with key stakeholders including healthcare workers and Facility Management Committee (FMC) members.



1.4 THEMATIC AREA OF FOCUS

Our thematic areas include the following:

- **Economic and Social Justice, Governance and Participation,**
- **Gender Empowerment and Women’s Health, and**
- **Child Protection and Human Development.**

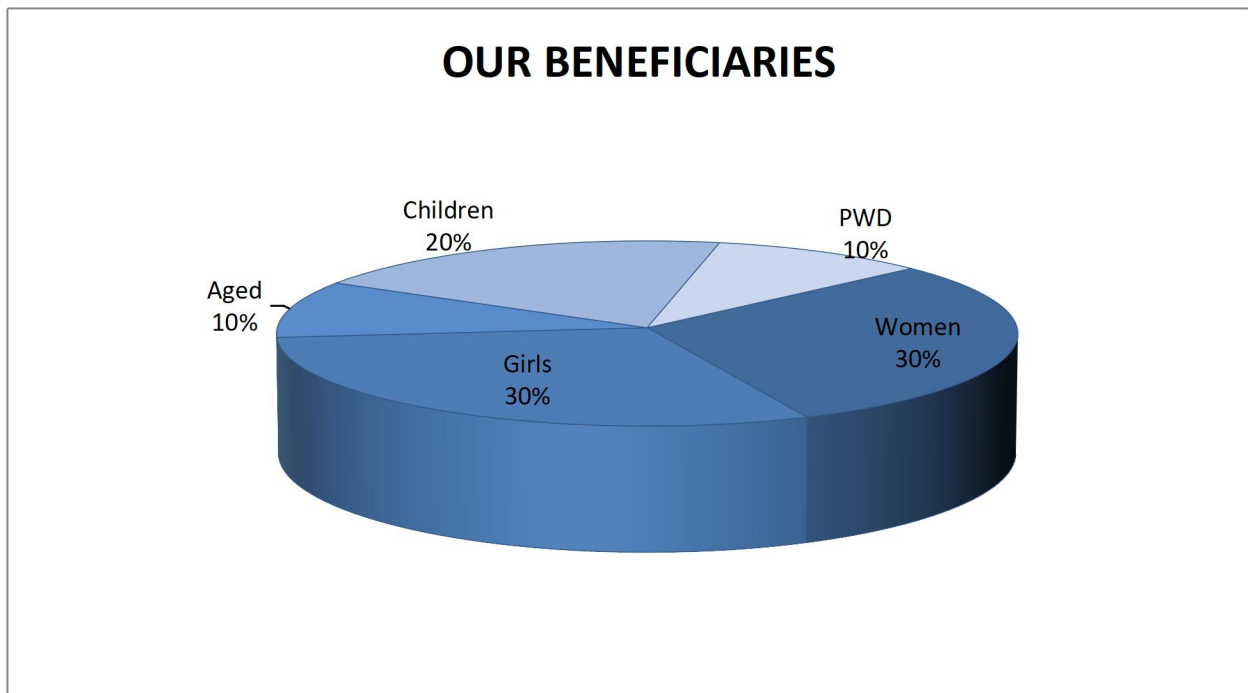


2. TARGET BENEFICIARIES

The chart below shows our targeted beneficiary groups, and our level of commitment to address challenges faced with each of these beneficiary groups. Since inception, NMDHR has been exhibiting keen attention to its beneficiaries designing programs to facilitate effective service delivery for women, girls, aged, and persons with disability across our operational communities in Sierra Leone.



Community Paralegals engaging communities on Legal Education



3. SUMMARY OF THE HEALTH ACCOUNTABILITY INTERVENTION

3.1 Project background

The project idea was initiated to address the enormous challenges confronted by healthcare service delivery including drugs **stock out, drugs theft, fees charge for essential services, non-payment of staff allowances, lack of community support to facilities, low clinic attendance, poor healthcare facility management etc.**, within the primary healthcare facilities in Kailahun District. \

3.2 Project goal

The goal of the project was to create an enabling environment for Effective Primary Healthcare Delivery through empowering communities with relevant laws and policies to be able to hold healthcare service providers accountable for their action and in actions.

3.3 Implementation Methodology

As a means to provide better and lasting change in the delivery of healthcare services for the targeted groups of the primary healthcare sector. Before the inception of the Legal Empowerment project, there was huge communication gap between Facility Management Committees (FMCs) and health care workers in the delivery of healthcare services to desired beneficiaries across the project communities. The implementation model is driven by the conviction that ordinary citizens have the power, untapped resources, and ideas to demand health justice in a timely and well organized fashion.

In our attempt to address the prevailing gap, NMDHR engaged all community stakeholders including chiefs, youth, and mammy queen, councilors among others to assess community healthcare service delivery and provide better alternatives to the prevailing healthcare circumstances.

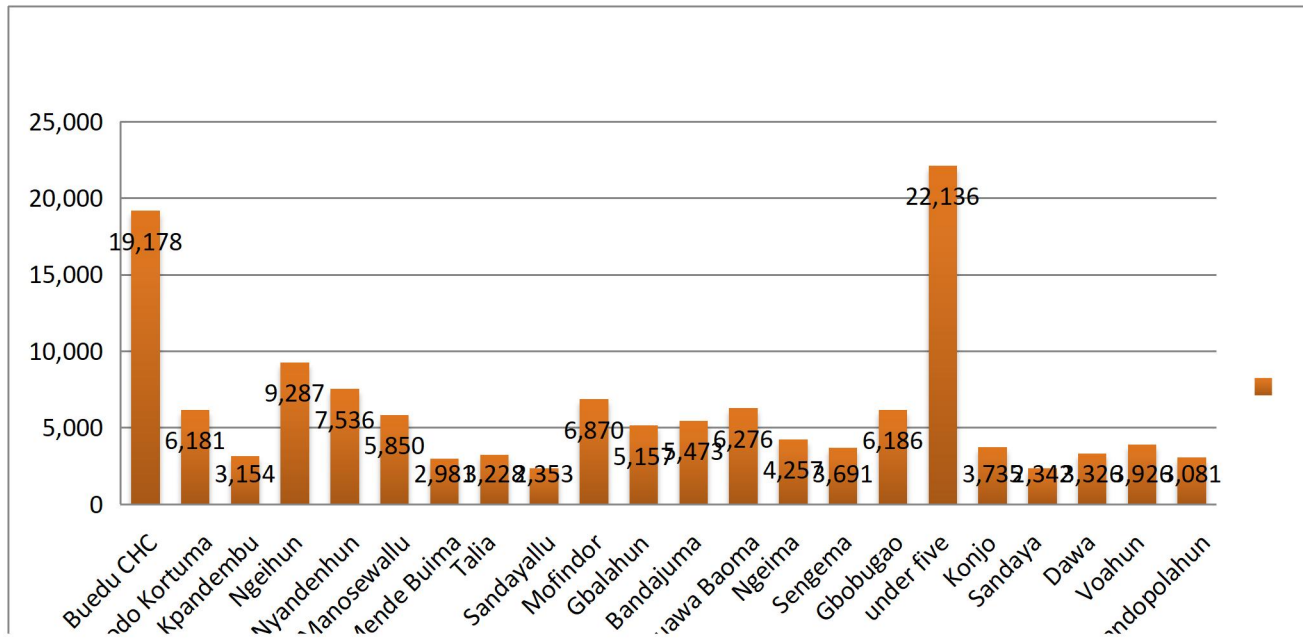
3.4 Implemented Activities

The reports present outcome of NMDHR's Health Accountability intervention in Kailahun District. Highlighted below are the major activities rolled out reaching 1000 direct beneficiaries and transforming 22 community health facilities in Luawa & Kissi Tongi Chiefdoms respectively. Through the period under review, NMDHR project team supported ordinary citizens (22 FMCs, 22 CHWs, 22 in charges and 8 community paralegals) to demand efficiency, effective, and quality service delivery.

- 8 Community paralegals received training on primary healthcare laws and policies for effective service delivery
- 8 community paralegals trained on data collection with Kobo collect , and set up online data base
- 110 community compact assessment meetings held across project communities.
- 20 weekly community education outreach on primary healthcare laws and policies
- 20 weekly data collection commenced to generate empirical evidences of primary healthcare service delivery across the project communities
- 260 jingles aired on community radio to keep the project communities informed about the project objectives and its intended outcomes
- 24 Radio discussion programs held to inform the wider project communities about the project objectives

4. PROJECT COMMUNITIES AND CATCHMENT POPULATION

The table below shows the catchment population density for the various health facilities across the project communities in the two chiefdoms



Public Education across our operational communities. We have invested a lot of time and resources in building the capacity of community people to **Know, Use, and Shape** the law as a means to constructively demand their rights to access quality healthcare service delivery across our operational communities.

NMDHR have empowered citizens through public education to understand and to influence transformative change on laws, attitudes, and or systems that deterred them from realizing their full right to access quality healthcare service delivery across our operational communities.

NMDHR have also enabled citizens to be actively involved in solving their own community problems. During our community engagements, we acknowledged that when giving citizens the opportunity to solve their own problems, they will own the process and ensure that they form part of all meaningful deliberation, discussion, decision making, and or implementation of projects or programs that are affecting them.

Through our effective community engagement, we have inspired and unified a lot of people from different backgrounds, groups, and cultures to work as a team to influence social, economic, and or political change across our operational communities. This strategy has been very successful as it has leveraged space for community participation and ownership in most of our project interventions across our operational communities.

5. KEY ACHIEVEMENTS

The following are the key project achievements across the 22 project communities.

- Functionalize Facility Management Committees (FMC) in the 22 project communities
- Leverage dialogue between healthcare workers, FMC and service beneficiaries for improve healthcare service delivery
- Improved community awareness through community education on healthcare laws and policies
- Increase healthcare service demand by beneficiaries through pre- and post-natal clinic attendance
- Responsive and accountable health accountability community-based justice system established through effective community engagement between healthcare workers, stakeholders and service beneficiaries.

NMDHR Paralegals addresses some of the critical healthcare challenges by bringing community healthcare stakeholders together, including facility staff, FMC's, CHWs, Chiefs, and other key influential stakeholders in a community compact meeting to scan their community health system and provide better alternative to the prevailing problems.

During the community engagements, paralegals were able to seat together with 22 healthcare structures and give different responsibilities to each stakeholders group with a clear timeline to solve each problem that is within their strength. Most of the agreements were set to be completed between June, July, and August 2022, while few will not be completed until December 2022.

5.2 CHALLENGING ISSUES

The following are the key emerging issues encountered during the implementation period including but not limited to;

Staff transfer: Majority of the healthcare workers that were part of the first project implementation have been transferred to other chiefdoms or districts which has given some challenges to settle with the present facility staff in addressing some of the already existing healthcare challenges in the various project communities.

Poor community ownership: for most part of the project communities, community people still neglect their responsibility in terms of monitoring the primary healthcare service delivery particularly on the distribution drugs for free healthcare beneficiaries. There are still community stakeholders who give blind eyes on the issues of drug distribution, facility management and lodging for facility staff.

Community expectations: Beneficiaries and project partners are most frowned at project team in terms monetary issues, beneficiaries are most times give so much on DSA and other benefits during meetings and workshops rather than project objectives

Inflation: Inflation has been a key challenging issue in implementing this project, most of the initial budgeted cost has increased in prices and the project team is finding it difficult to deal with the high rate of inflation in the country.

Poor road network: Majority of the roads leading to health facilities are deplorable. Project team most times find it difficult to reach these communities while also face with several additional cost for maintenance and fuel consumption after completing each activity in the project communities

Farming season: The farming activity is also another challenging moment to have project beneficiaries on time for project activities. In most part of the project communities, key community stakeholders are always difficult to have for meeting except after multiple rescheduling.

5.3 EMERGING ISSUES

- **Community perception about healthcare facility management:** During the four months period of project implementation, we have been able to recorded key learning points; one of our most significant lessons learned was changing community perception about healthcare facility management. Many of the rural communities faced the problem of managing healthcare facility structure. Majority of our community people think that it is the responsibility of the healthcare workers to maintain the healthcare facility in terms of regular cleaning, provide decent toilet facilities including water and light at community health facilities. This thought of community people has left many health facilities dilapidated.
- **Lack of redress mechanism at district level:** We also learned that there is no constructive complaint redress mechanism or a system where beneficiaries channel their complaint for redress. 40% of community healthcare challenges are issues that needs redress from the DHMT, but they are still left without redress simply because there is no system in place at the DHMT to address these complaints, they keep occurring and pose serious threat to the delivery of healthcare services across the project communities.

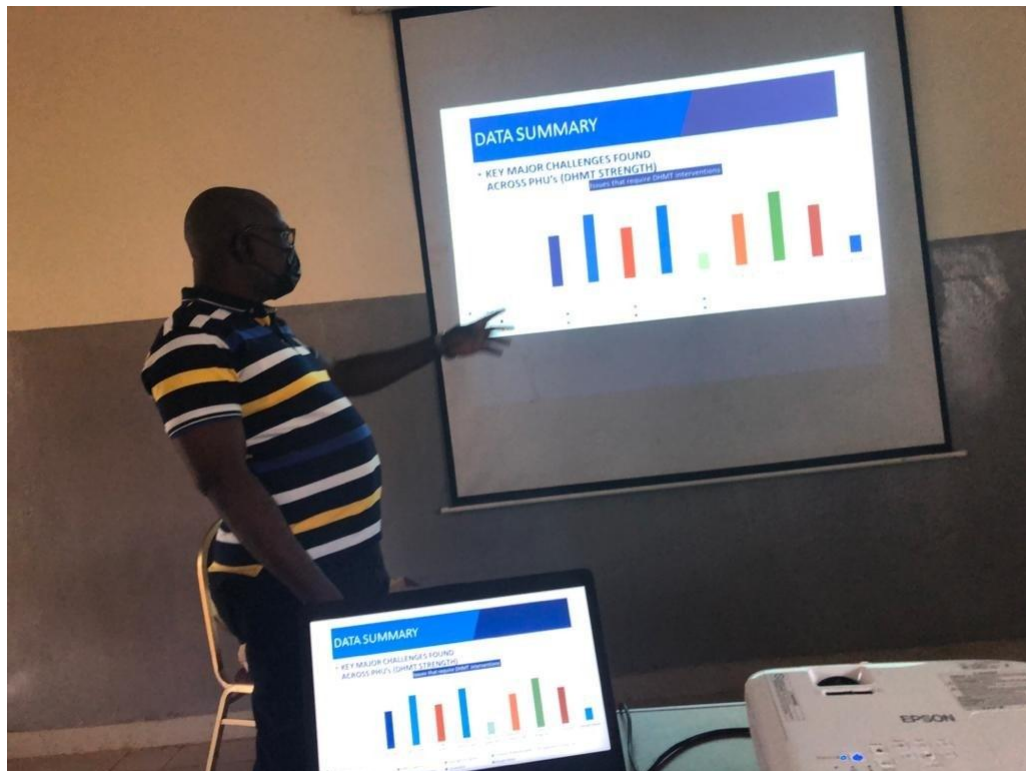
5.4 APPROACHES TO RESPONDING TO THE EMERGING TRENDS

- Our Legal Empowerment model has been very significant in the delivery of community base justice system in the project communities. We have been able to change the perception of community people through Community legal.
- Education and Compact Meetings. These approaches laid a solid platform for constructive community dialogue between healthcare workers and community stakeholders for improve community healthcare outcomes. The community compact meeting is an interactive platform where all strategic stakeholders meet, analyze and make concrete agreement on how to address healthcare challenges and improve community service delivery for the targeted beneficiaries of the primary healthcare sector within the project communities.
- NMDHR engaged the DHMT with evidences to emphasize the need for the establishment of a district healthcare redress mechanism where all key players in the health sector including service beneficiaries will channel their complaint or issue that required redress. The issue of redress

mechanism is very key in the implementation of the primary healthcare initiative, majority of the healthcare facilities across the project communities are fraught with significant healthcare challenges where healthcare workers still have limited working tools to deliver quality and affordable healthcare service to beneficiaries. For most part of our project communities, there is still high prevalence of drug stock out, inadequate admission beds, no availability of solar light, poor toilet and water facility for PHUs across the project communities. We have shared all of these findings with the DHMT for redress.



FMC Chairman making statement during Compact Meetings



Executive Director engaging the District Health Management Team (DHMT)

At the height of the Covid -19 pandemic, NMDHR engaged several development partners including the *Covid 19 Grassroots Justice Fund*, and the *Legal Empowerment Network* to amplify community development initiative through raising awareness and bridging information gap between security apparatus and citizens about the Covid-19 pandemic across our operational communities. These community engagement approaches were fruitful in terms of empowering communities with the relevant tools to stand up and demand their rights in a constructive manner, while also guided on how to respect and observe the government Covid-19 pandemic.

NMDHR, through this project, was able to address critical health justice issues across our operational communities including violation of rights of ordinary citizens, misinformation of Covid 19 by citizens, and compliance of citizens with the government Covid-19 regulations. In addressing these problems, the project team engages the leadership of the following stakeholder groups including the Ministry of Health through the National Corona Virus Emergency Response Centre (NaCOVERC), the Sierra Leone Police (SLP), the Freetown City Council, and the Media to ease some of the restrictions that deter citizens to enjoy their basic human rights amidst the Covid -19 Pandemic across our operational communities. Before these engagements, there was a lots of human rights violation on traders, drivers, and other groups of citizens who default the government Covid-19 regulations. After several engagements with these stakeholders groups,

NMDHR adopted the following approaches to enhance the knowledge of citizens to demand their rights in a constructive manner including, and to abide by the government of standards to fight the virus including; conducted Paralegal public education on the Covid -19 government regulation; Engaged market women and street traders to understand, and respect the government Covid-19 regulations; Engaged security apparatus to respect the rights and freedom of all citizens amidst the Covid -19 pandemic; Engaged the Ministry of Health and Sanitation (MoHS) through NaCOVERC to remove some of the restrictions including the curfew and inter- district lockdown; as a means to boost citizens Engagement with healthcare workers to deliver quality healthcare services to survivors of Covid -19; and also Engaged the media with effective radio discussion programs and jingles airing to sensitize and raise public awareness on the government Covid-19 regulations, and the roles and responsibilities of citizens in enhancing health justice for all.



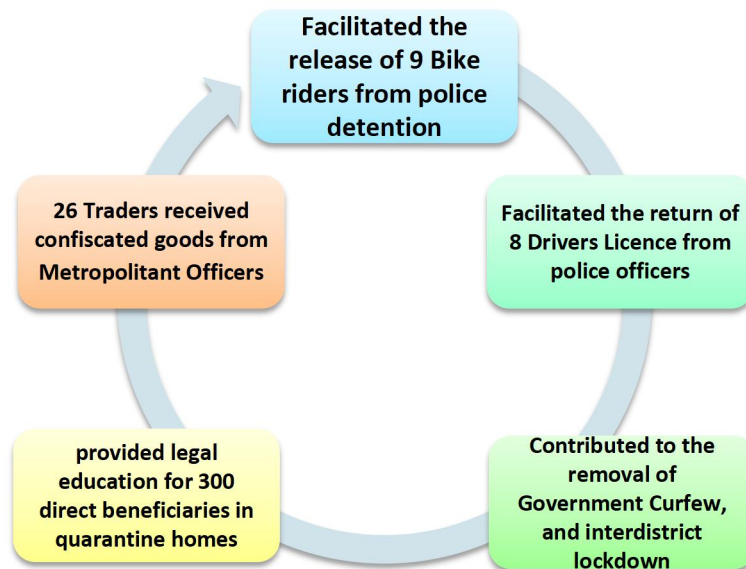
Community Paralegals Engaging Bike Riders on COVID Measures

6.1 PROJECT OUTPUTS

- 26 Community outreaching session conducted raise awareness about Covid -19 government regulations
- 8 Community Paralegals received Legal Education training
- 12 Radio discussion programs held
- 2 Jingles developed in two local dialect for awareness raising
- 86 jingles aired to amplify community awareness
- 18 Community Engagement(Community Compact Meetings) held to address community healthcare challenges
- 13 Policy engagement meeting held with government institution

The project benefitted a wide range of beneficiaries across our operational communities. Since its inception, the primary focus was to strengthen our operations, and empower citizens to understand the laws of the covid-19 protocols, and be able to secure their rights through constructive engagement with security apparatus, and healthcare officials across the operational communities.

6.2 PROJECT IMPACT



7. COALITION AND NETWORK

NMDHR is a member of several networks and coalitions in and out of Sierra Leone, including the National Elections Watch (NEW) as the coordinating organization for Western Urban District, National Coalition for Community Legal Empowerment (NaCCLE) West Africa Legal Empowerment Network, Girl Not Bride, and the Movement against Inequality Sierra Leone (MaISL).

NEW is a coalition of over 400 national and international civil society and non-governmental organizations (NGOs), established in 2002 primarily to observe the electioneering process, monitor the transparency and credibility of elections in Sierra Leone and increase the public's confidence in the legitimacy of the results.

We are responsible for the recruitment, training and deployment of domestic observer's elections and election related activities across the Western Urban District. For the period under review, NMDHR recruited, trained and deployed **over 100** domestic observers, and supervisors for the 2023 voter's registration, and exhibition process.



Engaging partners on Election Observation

NMDHR is a strategic member of National Coalition for Community Legal Empowerment (NaCCLE) which is coalition Civil Society Organization working on various sectors including, Human Rights, Health, Land Rights, Domestic Violence, Access to Justice among others. NaCCLE has a national coverage through partner organizations. NMDHR is the present chair, and Western Region Focal point for the coalition. For the period under review, NMDHR led the Coalition Western Region to implement an advocacy activity. NMDHR led the NaCCLE Western Region Team to implement an advocacy activity for the unprecedented

August 10 demonstration that led to the death of **6** police officers, and **21** ordinary citizens. The team engaged community stakeholders including Chiefs, head men, security personnel, youth leaders, commercial bike, and kekeh riders, trader's media personnel, among others to retrospect the aftermath of the August 10th riot and to enhance their knowledge and understanding about the violence and to build a culture of respect, peace, trust between citizens and the state.



Engaging Stakeholders on Peaceful Cohesion

NMDHR is a member of the West Africa Legal Empowerment Network through which it received a grant from the Funds Global Human Rights (FGHR) to engage citizens and security apparatus for peaceful implementation of the Covid-19 regulations across the country.

The West African Legal Empowerment Network is one of the largest justice defenders in world. The network brings together **3403** organizations and **13282** individuals from over **170** countries all working to advance justice for all. The network stands for justice, equality, and inclusion. The

membership is free and voluntary. The Network offers opportunity for it members such as online training, exchange programs, learning from each other's work, and campaign on issues affecting us globally, regional and at national level.

8. MEDIA ENGAGEMENT

NMDHR employed several media engagement strategies to keep its operational communities inform about project activities, outcomes, and impact. our media engagement strategies includes the following but not limited to; Radio discussion programs; TV talk show; press Release; Press Briefing; Development and Airing of Jingles; Development and Sharing of IEC Materials etc.

Our program's team developed a total of six (6) jingles for three different projects, giving out different messages as awareness raising strategy to influence positive and lasting change across the operational communities, which were aired on the min radio stations, including the Sierra Leone Broadcasting Cooperation for a period of five months to enhance citizens, government officials, metropolitan, and police officers' knowledge on how to manage the implementation of the Covid-19 regulations through which the rights and freedom of citizens will be protected and respected.

The program's team also held thirty six (36) Radio Programs with different topics of discussion to influence community change of attitude and behavior of duty bearers and citizens for effective service delivery across our operational communities.

Through public education, the community paralegals were utilized to engage the operational areas with key information on the issues that concerned growth and development in their communities. For the period under review, NMDHR community paralegals conducted **twenty six (6)** engagements across twenty two (22) operational communities.

NMDHR Programme team designed, printed and shared two hundred and ten (210) different tailored messages on stickers, handbills, and posters that promote the right of citizens, and also messages that prevailed on citizens to be law abiding, and engaged security apparatus constructively in demanding their rights.



Published Information, Education, Communication Materials for COVID Sensitization

9. ADVOCACY

NMDHR was and has been in constant engagement with several development partners, state and non-state actors, and institutions to influence positive development outcomes in the following areas: Healthcare,

Governance, Elections, Economic, and Emergency issues across the country; a strategy that triggered meaningful impact in enhancing national development.

In August 2022, NMDHR also engaged political party representatives with clear messages to amplify awareness and sensitization on voter's registration from 3rd September to 4th October 2022.



Engaging Citizens on Voters Education

Throughout 2022, our paralegals, and community volunteers played critical roles in enhancing health justice problem across our operational communities; conducted several community engagements, monitored of healthcare facility, and tracked drug distribution, and organized several community compact meetings between Facility Management Committee (FMC) members, Healthcare workers, and other community stakeholders, particularly the chiefs and youths representatives.

HOW COMMUNITY PARALEGALS ARE LEADING HEALTH JUSTICE



Rural communities in Kailahun district are still confronted with the challenges of accessing healthcare services due to delay in drugs supply, long distance to health facilities, and limited number of health workers.

These problems are both internal and external. Where necessary, NMDHR paralegals serve as forces for good in addressing complaints, grievances about drugs shortage, and help health officials to improve accountability – they work both at the facility and at the DHMT levels – building connections between problems and offering solutions.

OUR PARALEGALS ARE MEMBERS OF THE COMMUNITIES:



Our work is rooted in the high promise of community-led advocacy. Our paralegals are more than "foot-soldiers", they are a force for good-going to the remotest village helping communities to understand free health care provisions, providing information about where and how to access services, and empowering them to monitor and protect their own health facilities.

Across the 22 health facilities we work, our paralegals have reported increased in daily visits at health facilities, reduction in infant mortality, and effectiveness of the FMC's presence at facilities.

IMPACT HIGHLIGHTS

Increased visitation at health facilities.

Improved hygienic conditions at health facilities.

Stronger sense of community awareness about healthcare laws. They know where and how to report complaint.

Effective collaboration between FMC, and CHWs. We noticed higher community outreach by CHWs.

Community Paralegals Engaging Healthcare Workers

In March 2022, NMDHR made a clarion call on the government, and the Sierra Leone parliament to pass into act the 'gender empowerment bill'



Network Movement For Democracy & Human Rights



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CLARION CALL ON THE GOVERNMENT, AND SIERRA LEONE PARLIAMENT TO PASS THE 'GENDER EMPOWERMENT BILL'.

In honour of the International Women's Day, the Network Movement for Democracy and Human Rights (NMDHR) is pleased to call on the government through the Sierra Leone Parliament to pass the Gender Empowerment Bill into law in Sierra Leone. It could be recalled on the 21st July 2021, Ministers of Cabinet under the leadership of President of Julius Maada Bio approved the 'Gender Empowerment Bill' that was put forward by the Minister of Gender and Children's Affairs Ms. Manty Tarawallie.

Women account for 50.63 percent of the total population in Sierra Leone yet occupy less than 20 percent of elected positions. Their voice, visibility, participation, and representation in elective and appointment positions remain extremely low compared to men. Women still struggle with the following challenges including economic independence, high illiteracy and deep-rooted customs and traditions, and the lack of confidence to vie for public positions.

Though they have made significance contributions to the economy and have often played a substantial role in the subsistence of their families, women also provide greater percent of farm labor in rural communities but still faced larger power dynamic problem as men still possess and control greater access to ownership and control of the production.

Women in Sierra Leone are at risk for sexual and gender-based violence in the form of domestic violence, sexual assault of adults and minors, marital rape, school-related sexual abuse, and harmful traditional practices like female genital mutilation.

Amidst these prevailing and on bearing challenges women faced in Sierra Leone, we are craving on the indulgence of the Sierra Leone Parliament to pass into law the 'Gender and Empowerment Bill' that poised to create more space and opportunities for women to be voted for potential elective positions, have voice in decision making, and also have appointment opportunities.

NMDHR's mission is to promote human rights and governance issues through training, dialogue, advocacy, lobby, and campaigns to change the mindset of the people and increase their participation in governance so that development and peace can take place.

For more information, please contact the National Coordinator on +23276410137/+23277543865 habib@nmdhr.org or Programs Manager on +23276202104/+23288357786 nabieu@nmdhr.org

Signed:
Abdul Karim Habib
Executive Director
NMDHR

10.



SUCCESS STORIES

Our programs team interfaces with several community beneficiaries recording key testimonies from few beneficiaries including the following below;

Mr. Charles Ngegba

I am a Corona Virus Survivor. I contacted the virus through public transport while travelling from Freetown to Kailahun District. I was hospitalized for several weeks with severe health complications. I was discharged and subjected to 14 days home quarantine. But after all these trails, I still couldn't access quality medical facility though with a lot of post corona effect. Each time I visited the healthcare facility in my community, facility staff would always tell me that they have not yet received supply from the government until after NMDHR's intervention. NMDHR Community Paralegals and engaged the Facility Management Committee (FMC) chairman and informed him about my situation with regards accessing healthcare facility. Both NMDHR, and the FMC chairman took that up with the facility and the DHMT, and everything was resolved amicably. Now I can access all free healthcare facility each time I visit the health Centre in my community.

**Statement of Comprehensive Income & Expenditure
For the year ended 31st December 2022**

	Note	2022 Le	2021 Le	United State Dollar USD (\$)
B/F		118,356	8,147	8,147
Fund for Global Human Rights Grant No:03-1059-21-1				18,500
OSIWA / NaCCLE (Advocacy Fund)		39,000		
OSF Core Support Fund (Grant No. G04112)		1,239,000		
OSIWA / NaCCLE (Grant No G03620 First tranche)			341,935	
OSIWA / NaCCLE (Grant No G03620 Second trench)			146,543	
Total Income	4	1,396,356	496,625	18,500
Expenditure				
2000 Central Cost Expenses	5	342,579	65,284	2775
3000 Governance Expenses	6	4,150	1,200	
4000 Fund Raising Expenses	7	9,000	-	
5000 Staff Expenses	8	60,710	42,773	
7000 Activities Expenses	9	131,960	269,012	10,690
8000 Other Charges Expenses	10	24,847	19,413	
9000 Capital Expenses	11	98,700	-	4994
Total Expenditure		671,946	397,682	18,459
Surplus / (Deficit)		724,410	98,943	41

The Financial Statement were approved by the legal proponents of NMDHR on2022

Board Chairperson

Executive Director

Balance Sheet
For the year ended 31st December 2022

	Note	2022 Le	2021 Le	United State Dollar (\$)
Non-Current Assets	11	246,772	117,142	-
Current Assets:				
Account Receivable and prepayment	12	5,833	23,333	
Cash and Cash Equivalent	13	750,716	118,356	
Total Current Assets		756,549	141,689	41
Net worth / Total assets		1,003,321	258,832	41
Represented By:				
Accumulated funds				
Reserves		258,572	148,036	
Surplus / (Deficit)		724,749	90,796	
Account Payable		20,000	20,000	
		1,003,321	258,832	41

The Financial Statement were approved by the legal proponents of NMDHR or2022



Board Chairperson



Executive Director

Statement of Cash Flow as at 31st December 2022

	Note	2022 Le	2021 Le	United State Dollar (\$)
Cash Flow from Operating Activities				
Operating Surplus / (Deficit)	14	724,410	98,943	41
Adjustment for:				
Depreciation		<u>24,847</u>	19,363	
Operating Surpluses / Deficit before working Capital	15	749,257	118,306	-
(Increase / Decrease in Receivables)		(5,833)	- 16,583	
(Increase / Decrease in payable)		(20,000)	12,272	
Net Cash Flow from operating Activities		723,424	113,995	-
Cash Flow from Investing Activities				
Net Flow from Investing Activities				
Cash Flow from financing Activities				
Net Increase / (Decrease) in cash and cash / Equipment		723,424	113,995	
Cash and cash Equipment at beginning of period		118,356	9,671	
Cash and Cash Equipment at end of the period		841,780	123,666	-
Analysis of cash and cash equipment during the year				
Cash and Cash Equipment at beginning of period		118,356	9,671	
Cash and cash equivalent at end of period		750,616	118,356	
		632,259	108,685	-

NOTE TO THE FINANCIAL STATEMENT

1. General information

Network Movement for Democracy and Human Rights (NMDHR) is Non-Governmental Organization.

NMDHR work is to promote Human Rights and governance issue in Sierra Leone. NMDHR has work for twenty (20yrs).

2. Summary of Significant Accounting Policies

The following accounting policies have been applied consistently in dealing with items relating to all project implementation by NMDHR, Which are considered material to the entity's financial affairs, unless otherwise stated?

2.1 Accounting Convention

The Financial Statement set out in the note are prepared under the historical cost convention and presented in the local currency of NMDHR reporting framework to the rounding up nearest thousand as modified by the revaluation of certain tangible fixed assets.

2.2 Depreciation

(a) Tangible fixed assets are written off over their estimated useful lives on the straight-line basis at the following rate.

Motor Vehicle and Bikes	20% Expected useful life is 5 years
Plant and Machinery	20% Expected useful life is 5 years
Computer Accessories and Equipment	25% Expected useful life is 4 years
Furniture	10% Expected useful life is 10 year

(b) NMDHR assets that are in existence prior before 01/01/2020 has been revalued accordingly at their fair value basis on the current Close Substitute going market price at the date of it disclosure.

NOTE TO THE FINANCIAL STATEMENT

2.3 Foreign Currency and transactions.

Foreign currency transaction is accounted for at the rate of exchange prevailing on the date at which the transaction was recorded. Assets and Liabilities denominated in foreign currencies are translated at the rate ruling at the balance sheet date. Gains and Losses arising on translation are credited to or charge against income.

2.4 Receivables / Payable

Receivable arise when an advance payment is made to a supplier for project material or services to be rendered, and when loans are Given to staff. They are included in current assets, and measured at cost provision for anticipated losses

4. Grant from Donors	2022	2021	United State
	Le	Le	Dollar
			(USD \$)
Fund for Global Human Rights (Grants No:03-1059-21-1)			
Covid-19 Grassroots Justice Fund			18,500
OSIWA / NaCCLE (Advocacy Fund)	39,000		
OSF Core Support Fund (Grant No. G04112)	1,239,000		
OSIWA / NaCCLE (Grant No G03620 First Trench)		341,935	
OSIWA / NaCCLE (Grant No G03620 Second Trench)		146,543	
	1,278,000	488,478	18,500

NOTE TO THE FINANCIAL STATEMENT

2000 Central Cost Expenses	2022	2021	United State
			Dollar (USD \$)
	Le	Le	
2101 Rent &Rate		35,000	
2105 Water, Electricity	3,130	3,008	200
2102 Cleaning & Sundries	8,554	350	
2103 Maintenance Cost	264,815	750	
2106 Fuel Cost	20,784	1,896	
2108 Office Stationary	7,872	4,080	
2111 Communications (, Internet, Mobile Phone)	1,870	17,080	117
2201 Bank Charges And Fees	3,479	1,620	358
2301 Computer Accessories & Software	5,100		300
2304 Other Small Equipment	8,410	1,500	1,400
2307 Renewal of Registration Certificate	3,934		
2309 Contribution	10,500		
2402 News Vendor	816		
2403 Petty Cash Float	1,875		
2409 Celebration	1,440		
	342,579	65,284	2,375
3000 Governance Expenses			
3102 Consultant & Professional Fees		600	
3103 License & Insurance (Non-Vehicle)	550	600	
3201 Board Meeting Cost	3,600		
	4,150	1,200	
4000 Fund Raising Expenses			
Website	9,000	-	-
	9,000	-	-

NOTE TO THE FINANCIAL STATEMENT

5000 Staff Expenses

5101 Support Staff Salaries	51,811	31,969	1,800
5102 Support Staff Social Security	6,932	4,971	
5203 Transport refund to Staff	200	5,180	
5302 Staff PAYEE	368		
5304 Office Assistant	1,400		
5304 Voluntary Cost		653	

60,710	42,773	1,800
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7000 Activities Expenses

6101 Accom Staff		816	
6403 Food Refreshment		49,940	
6501 Venue Fee		1,224	
6601 Stationary		8,870	
6605 Printing & Copying and Publication		24,072	
6705 Activities Sundries	83,000	37,024	10,690
6902 Facilitator Fee		3,060	
6903 Transport refund		26,532	
6904 Bikes Maintenance		6,559	
6905 Fuel Bikes		12,995	
6906 Paralegals Stipend	48,960	97,920	

131,960	269,012	10,690
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8000 Other Charges Expenses

7103 Dep'n Expense - of Fixed Asset	24,847.894	19,413	
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24,847.894	19,413	
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9000 Capital Expenses

9401 Office Fixture & Fittings Cost	43,700	-	-
9402 Electronic Equipment Cost	55,000	-	3,594

98,700	-	-
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16 NON-CURRENT ASSETS

	Land & Building Le	Plant & Machinery Le	Furnit ure & Fitting Le	IT Accessories Le	Vehicle and Bikes Le	Total Le
COST VOLUATION	11,380	16,920	75,977	174,620	146,715	425,612
	-	-	43,700	95,845	-	139,545
			119,677			
	11,380	16,920	77	270,465	146,715	565,156
Depreciation:						
Balance Brought Forward '1/01/2022	-	16,920	33,835	97,026.288	71,903	219,684
Charges for the period	-	-	6,785	11,500.288	6,563	24,847
Write Back on Disposal	-	-	-	-	-	-
	-	16,920	40,620	108,526.576	78,465	244,531
	11,380	-	42,141	118,438	74,812	246,772
CARRYING AMOUNT						
As at 31st December 2022	11,380	-	42,141	118,438	74,812	246,772

19. Account Receivables (Debtors) Prepayment

2022 Le	2021 Le
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Loan	-	-
Rent Prepayment	17,500	23,333
	17,500	23,333

20. Cash and cash Equivalents

First International Bank

Zenith Bank	750,716	118,356
	750,716	118,356

21. Account payable and outstanding

Provision for Audit and accountancy fees	20,000	20,000
	20,000	20,000