

A close-up photograph of a smiling woman with dark skin and hair, wearing a white headband with a purple flower. She is holding a baby who is also smiling. The woman is wearing an orange top, and the baby is wrapped in a green and blue patterned cloth. The background is a soft, out-of-focus outdoor setting.

1000s of lives saved during Ebola outbreak

A photobook on safe childbirth



UNFPA, the United Nations Population Fund, works to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. UNFPA West and Central Africa Office (WCARO) contributes to enhanced accountability on UNFPA interventions in the region by supporting the conduct of independent and regular evaluations of our country programmes.

WCARO plays a key role in advocating for the fulfillment of the UNFPA mandate and values. We engage national governments in the implementation of the ICPD beyond 2014 framework of action along with the 2030 Agenda for Sustainable Development.

Working in close partnerships with our Country offices in Guinea, Liberia and Sierra Leone, with the support of the Government of Japan, we are leading efforts to strengthen maternal and newborn health in the Mano River Region.

We would like to express our gratitude to the hundreds of midwives as well as the UNFPA Representatives, communications officers and other colleagues in WCARO, Guinea, Liberia and Sierra Leone who contributed to the success of this project.

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Front photo: Aissatou Kourouma, 18 years old with baby Fodé Condé
Fassankoni Health Center, Macenta Prefecture © UNFPA Guinea
Back photo: Nurses attending the School of Midwifery, Masuba, Makeni, Sierra Leone © UNFPA WCARO

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1000s of lives saved during Ebola outbreak



A mother and her child in the waiting room of Princess Christian Maternity Hospital (PCMH), Freetown, Sierra Leone © UNFPA WCARO



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A pregnant woman at the Star
of the Sea Health Center,
West Point, Monrovia, Liberia
© UNFPA WCARO



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Koivogui Gamai, 21 years old, with
baby Grovogui Michel in Fassankoni
Health Center, Macenta Prefecture
© UNFPA Guinea



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A newborn at the Princess
Christian Maternity Hospital
(PCMH), Freetown, Sierra Leone
© UNFPA WCARO

Acknowledgement

We would like to thank the Japanese Government for supporting our initiative in the Mano River region, especially when Guinea, Liberia, and Sierra Leone were directly affected by the outbreak of the Ebola virus disease.

The focus on maternal health through a regional approach has contributed to saving the lives of at least 1000 women, girls, and children in the three most affected countries.

We are also extending our sincere gratitude to the governments and people of Guinea, Liberia and Sierra Leone as well as to the United Nations through the United Nations Mission for Ebola Emergency Response (UNMEER), World Health Organisation, to the African Union (AU) and the Economic Community of West African States (ECOWAS).

Special thanks to the Mano River Union Secretariat, the UNFPA Country Office colleagues, national partners, and other stakeholders for their support to the communities, governments, and beneficiaries during the crisis and throughout the ongoing recovery process.

Many thanks, and we look forward to deepened collaboration to ensure more lives are saved and empowered.



Mabinti Bangoura, 20 years old, with baby Nabilaye Bangoura 3 months old in Wonkifong Health Center, Coyah Prefecture, Guinea © UNFPA Guinea

Houssainatou Boiro, 18 years old, with baby Kadiatou Diallo in Sambailo Health Center, Koundara Prefecture, Guinea © UNFPA Guinea



A midwife demonstrating a practical exercise of the training at the School of Midwifery, Masuba, Makeni, Sierra Leone © UNFPA WCARO

Foreword

Since 2014, the unprecedented and waning Ebola virus disease outbreak has captured the world's attention and has affected several West African countries, especially Guinea, Liberia, and Sierra Leone. The international community, led by the UN, has demonstrated its capacity to respond effectively and quite efficiently to such an epidemic of international concern. The UN and its partners-international and local NGOs, continental and regional organizations, bilateral donors, and the private sector-have shown global solidarity by collaborating to provide much needed coordinated response.

The nature of the crisis has highlighted the importance of a coordinated 'multi-country cross-border' approach to build an effective response. UNFPA has pioneered such regional cooperation in the design of the Mano River Midwifery Response (MRMR) initiative. Implemented in close consultation with the Mano River Union Secretariat, this flagship initiative aimed at establishing the basis for a strong and resilient health system that would continue to provide essential maternal and reproductive health services even during crisis.

The MRMR received utmost attention and timely support from the Government of Japan, a strong advocate and supporter of maternal health in humanitarian settings and the initiator of the "Womenomics" concept, which looks at economic empowerment of women as a pillar of human security.

This "1000s of lives saved during Ebola outbreak" photo book is presenting some results of this lifesaving collaboration between UNFPA, the governments of the three former Ebola countries, the Mano River Union Secretariat, and the Government of Japan.

Mabingue Ngom

Director, UNFPA West and Central Africa Regional Office

Mano River Midwifery Response initiative



The Certificate of Recognition to UNFPA by President Ernest Bai Koroma of Sierra Leone © UNFPA WCARO

Since the start of the Ebola virus disease outbreak in 2014, UNFPA, the United Nations Population Fund, has worked closely with governments and partners providing valuable contributions to the international response, first in the framework of the World Health Organization coordinated action, then through the Operational Plan of the United Nations Mission for Ebola Emergency Response (UNMEER), as part of the Global Ebola Response Coalition (GERC). In all three affected countries, UNFPA ensured community engagement, case-finding, contact tracing, and the restoration of essential lifesaving services.

UNFPA also strongly advocated for the consideration of health system strengthening as an integral component of response. In addition to highlighting the restoration of non-Ebola basic services—particularly for safe education and maternal health—as a way to resume normal life, UNFPA stressed the importance of a regional approach for handling cross-border issues, building the resilience of the communities, and strengthening weakened health systems.



Kanda Sesay, 36 years old holding her baby Lumeh Kpaka in Dambala, Grand Cape Mount County, Liberia © UNFPA Liberia

It is estimated that more than one million women in the affected regions of Guinea, Sierra Leone, and Liberia were pregnant during the outbreak. Those pregnant women who needed treatment or were about to deliver were often too frightened to visit health centers, while many facilities had to close so were no longer able to provide either essential, routine, or emergency maternal and newborn care services. An increase in the number of pregnant women dying from preventable causes resulted from this outbreak.

In this context, and with the support of the Government of Japan, UNFPA worked with the three governments and the Mano River Union secretariat to develop the Mano River Midwifery Response initiative. The aim was, and still is, to serve the most needy women, adolescent girls, and newborns in the Ebola-affected districts.



Aminata Sesay, with baby Zainab Kamara and nurse at Makeni Hospital, Sierra Leone © UNFPA Sierra Leone

OBJECTIVES

The objective of the MRMR initiative is to establish the basis of a strong and resilient health system through increasing access to essential health care and emergency obstetric and newborn care (EmONC). Three specific objectives were pursued in the three affected countries with the view to:

1.

Improve access to health facilities that provide quality maternal and neonatal health services including emergency obstetric and family planning services in communities affected by the Ebola virus.



2.

Improve the capacity of healthcare professionals to implement preventive measures and control infections in targeted health facilities and communities.



3.

Provide countries with a strong foundation for the post-Ebola period through a sustainable health system providing effective basic services, including midwifery, referral mechanisms, community participation, and supportive supervision.



Adama Bockarie and baby at Princess at Christian Maternity Hospital (PCMH), Freetown, Sierra Leone
© UNFPA Sierra Leone

Christine Lorole, 18 years old, with baby Visan Camara in Bossou Health Center, Lola Prefecture, Guinea
© UNFPA Guinea

Daughters of Hawanatu Kamara, Koidu Govt Hospital, Kono, Sierra Leone
© UNFPA Sierra Leone

Musu Gray, 23 years old, and baby at Lofa Bridge, Grand Cape Mount County, Liberia
© UNFPA Liberia

HIGHLIGHTS AND ACHIEVEMENTS

In **Guinea**, the project targeted six hospitals and 28 health centers in 14 districts of Macenta, Gueckedou, Kissidougou, Lola, N'Zérékoré, Yomou, Faranah, Siguiri, Mandiana, Koundara, Forécariah, Coyah, Kindia, and Dubréka. Major achievements in Guinea are the provision of equipment and supply for the 34 health facilities and the deployment of 68 midwives, which together have significantly reduced shortages and improved reproductive health indicators, especially the reduction of maternal and neonatal deaths.

In **Sierra Leone** the MRMR initiative contributed to the rehabilitation of four comprehensive emergency obstetric and newborn care facilities and six basic emergency obstetric and newborn care facilities. The initiative supported two midwifery training programs (Education, Regulation, and Association) that produced 86 midwife graduates; a nurse anesthetist training program that produced 29 nurse anesthetists and technicians; a surgical training program on task shifting surgical/ obstetrical skills to community health outpatient officers (medium-term) and specialists in obstetrics and gynecology (long-term); and produced nine grandaunts. Six international midwives have been deployed: two at the central maternity hospital in Freetown and one at each of the district government hospitals in Port Loko, Kono, Makeni, and Kailahun. The initiative strengthened obstetric fistula prevention, treatment, and social reintegration of 250 clients in 2015 and it supported institutionalization of a maternal death surveillance and response (MDSR) system through development of national technical guidelines and costed strategic plans on MDSR.

In **Liberia**, the MRMR initiative has supported the deployment of midwives to more than 10 health facilities in Grand Cape Mount, Margibi, Lofa, and rural Montserrado counties to help meet the shortage of skilled birth attendants in those areas, especially in communities along the common borders with Guinea and Sierra Leone. Additionally, where there is an appreciable presence of skilled birth attendants, the initiative has deployed materials and equipment to support the health system. It also encouraged UNFPA Liberia to bring under one management structure all of its funding mechanisms aimed at strengthening maternal and newborn health services, including the H4+ SIDA, Google, and Japanese funding sources.

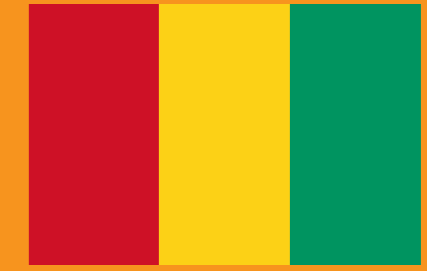
Major achievements at the **regional level** include the establishment of an efficient coordination mechanism to address specific issues of remote cross-border areas making sure that "no one is left behind". Successful collaboration around the Mano River Midwifery Response initiative acted as a precursor for a more comprehensive long-term Ebola recovery program informed by key actors including the governments, development partners, and civil society.



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*Halimatou Boiro, 36 years old, with baby
Abdoulaye Diao, in Sambailo, Koundara
Prefecture © UNFPA Guinea*



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*Baby Rouguiatou Bangoura and
her Dad in Madina Ouala, Kindia
Prefecture © UNFPA Guinea*



GUINEA

From Dialakoro to Siguiiri, looking for EmONC

For women in labour to deliver safely, they have to travel to Siguiiri, located 30 kilometers from Dialakoro. Thanks to the MRMR initiative, UNFPA deployed two midwives who helped to ensure safe delivery for pregnant women © UNFPA Guinea

Dialakoro is a sub-prefecture of Mandiana located in Upper Guinea between Kankan and Siguiiri. The sub-prefecture of Dialakoro has 64,564 inhabitants, 9 health posts, 14 districts, and over 300 hamlets. Before the arrival of UNFPA in the sub-prefecture, the health center would remain closed for days. The delivery room had turned into a shop and you could see an old floor mat in there, which from time to time was used to help with deliveries. Expectant women from Dialakoro would either give birth with the help of village midwives or would travel to give birth in Siguiiri, 30 km from Dialakoro.

Siguiiri is a mining town made up of immigrants and indigenous people who mainly mine for gold; as a result, the prefecture has many private medical practices and health centers which operate relatively well.

On market day, those who decide that they are going to give birth in Siguiiri must first of all walk several kilometres from their homes to the landing, then board a canoe to cross the river. They then have a 5 km walk through the desert under a sun that scorches their feet in the burning-hot sand. In that desert several women have died on the way to Siguiiri while seeking emergency obstetric and neonatal care (EmONC). Those who make it across the desert alive then borrow a motorcycle or take some other kind of mobile transportation to get them to the desired health institution. "The arrival of UNFPA in Dialakoro in 2013 changed everything for the people of Dialakoro. The assistance of the health center in terms of equipment,

medication, and materials means that the center can operate 24 hours a day. It's often over-loaded. UNFPA has also provided us with enormous help in 2015 with the deployment of two midwives at the center. They need to come back, Madame. Only UNFPA helps us. If we are operating, it's thanks to UNFPA, otherwise the center would have closed a long time ago, because we can't offer anything to the local community without equipment and qualified staff. Thanks to the midwives sent by UNFPA, we were able to perform 2345 deliveries in 2015", declared Mamady Conde, the director of the Dialakoro center.



Fatoumata Conde, 19 years old, with baby Harouna Kourouma in Kintinian Health Center, Siguiiri Prefecture © UNFPA Guinea

Sitan Milimono, 25 years old, with baby Bayo Aboubacar in Kintinian Health Center, Siguiiri Prefecture © UNFPA Guinea

Aminata Camara, 15 years old, with baby Doussouba Camara in Kintinian Health Center Siguiiri Prefecture © UNFPA Guinea

Tirangbe Camara, 16 years old, with baby Berete Kadia in Kintinian Health Center Siguiiri Prefecture © UNFPA Guinea

Aissata Berete, 16 years old, with baby Saran Camara in Kintinian Health Center Siguiiri Prefecture © UNFPA Guinea

Aicha Kante, 34 years old, with baby Diawara Sogbe in Kintinian Health Center Siguiiri Prefecture © UNFPA Guinea

By re-establishing trust between the local community of Sikhourou and its health center

I'm Masseni Koulibaly, 30 years old.

I'm married and the mother of two children, and I live in Conakry with my family.

I graduated from the Kindia midwifery school in 2010. But I have not worked since this time. I was very happy when I was chosen for this project. I knew that I was going to be away from my family for 8 months and 132 km from Conakry. But it was a unique opportunity and I had to take it. I left my two-month-old baby with my mother because the Ebola outbreak scared me a bit, and then I left. Left for a new life experience.

People who know Forécariah know that the Sikhourou road is hard to get through and is very rough and uneven; it was my first time there and it seemed to me to be at the end of the world. Sikhourou is a small town where everybody knows everybody, and the health center, my new workplace, was a stone's throw from the sub-prefect's house. The first time I was introduced to the Sikhourou sub-prefect, he asked me, "Have you come to bring our health center back to life? Because weeks can go by without it opening its doors. We don't know what the center director and his deputy actually do. They're never there. They always say they're off on training, and we've had enough of this by now." I was very surprised by the sub-prefect's straight talk. I just thought that, since he was of my father's generation, and very picky about everything having to be just so, he was surely exaggerating a bit. I smiled and was respectful.



I very quickly became aware of the real situation. At the beginning, my colleague, Tiranke oumar Kaba, and I, both newly assigned to Sikhourou, were the only ones at the health center, without offering any health service to anybody. So on the third day of our arrival, we went out to explore Sikhourou, its 11 districts and its 4 health posts. During our outings, we made families, particularly women, aware that we were there and that we offered specialised outpatient services. Our goal was to direct the local community towards the health institutions. However, our work was an uphill battle because the health posts were just like the health center.

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Kadiatou Diallo, 45 years old, with baby Mohamadou Touba Camara, Sougueta Health Center, Kindia Prefecture
 © UNFPA Guinea

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Mariama Siré Camara, 16 years old, with baby Mafoudia Touré in Wonkifong Health Center, Coyah Prefecture
 © UNFPA Guinea

.....
Ramatoulaye Diallo, 17 years old, with baby Mariame Bangoura in Sougueta, Kindia Prefecture
 © UNFPA Guinea



No one was ever there. During our visits to families, we observed births, and many deliveries involved young girls ages 14, 15, and 16 years old.

The local community, seeing us make our way to their hard-to-get-to locations and offering free services, quickly got behind our initiative. And so the health center soon started to come back to life, little by little.

Before we arrived, the center didn't help women with deliveries, didn't offer any prenatal care, nor any family planning services, and didn't have any outpatient services for the local community. "Since I came to live in Sikhourou, 10 years ago, this is the first time I've set foot in the health center. I've had all my children delivered at the Prefecture Hospital in Forecariah", explained a woman here at the center with her ward for the first time.

Fatoumata Binta Diallo, 30 years old, with baby Aboudouramane and Abdoulgadri Barry in Sikhourou, Forecariah Prefecture © UNFPA Guinea

Saran Keita with baby Mohamed Camara in Sougueta, Kindia Prefecture © UNFPA Guinea

One day we saw the matron who worked at the center arrive before we did. My colleague and me were very happy to have her back. However, our joy was short-lived because the matron had joined us to be able to poach the pregnant women who came to deliver at the center. We later learnt that she wasn't the only one. Like her, several other matrons who lived in the local communities encouraged and performed home deliveries, as this was their livelihood. They spread misinformation about delivery tables and about contraceptives. As a result, some women, at the time of their delivery, categorically refused our delivery tables, injections, and contraceptives.

But users of the health center had by now increased because in Sikhourou, as in all the other sub-prefectures in Guinea, there is a high demand for reproductive services which is not being met, and we carried on with outpatient services to women at the center in order to have them continue to avail themselves of our services.

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Mariama Camara, 25 years old, with baby N'hawa Camara, in Sougueta Health Center, Kindia Prefecture
 © UNFPA Guinea

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Fatoumata Camara, 18 years old, with baby Touré in Sikhourou Health Center, Forecariah Prefecture
 © UNFPA Guinea



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Djenabou Boiro, 30 years old, with her baby in Sambailo Health Center, Koundara
 © UNFPA Guinea



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M'mah Soumah, 20 years old, with baby Soumah in Sikhourou, Forecariah Prefecture
 © UNFPA Guinea



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*Helene Sopogui, 20 years old,
with baby Gbawee Sokouvogui
in Fassankoni Health Center
© UNFPA Guinea*
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*Kebe Goepogui, 20 years old,
with baby Jeanette Beavogui in
Oremai Health Center, Macenta
Prefecture © UNFPA Guinea*
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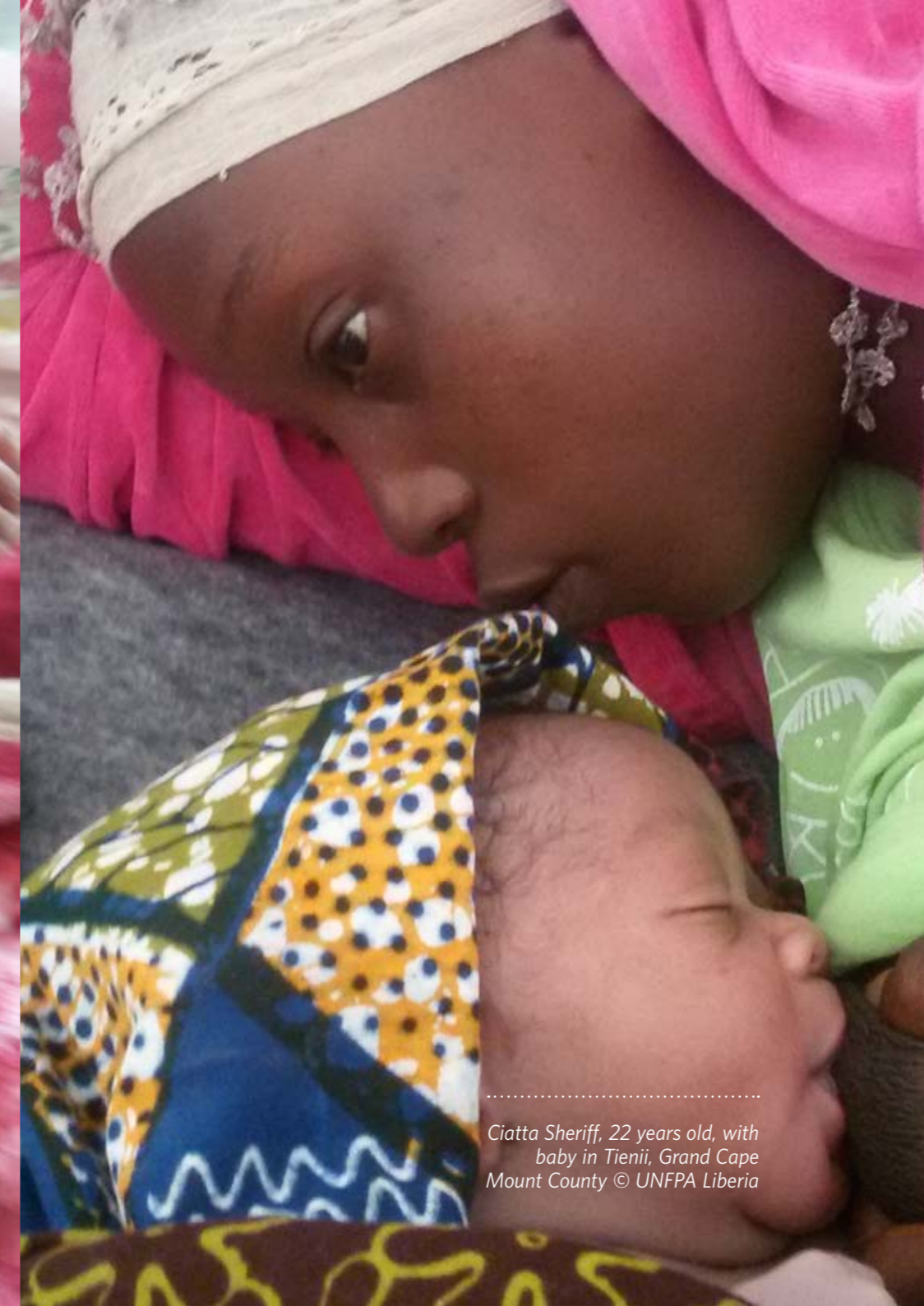




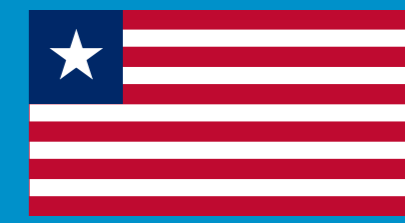
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Anita Kotio, 26 years old, with
her newborn in Foya, Lofa County
© UNFPA Liberia



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Issatta Jeeboi, 27 years, and baby Janhai
Massaquoi in Dambala, Grand Cape
Mount County © UNFPA Liberia



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Ciatta Sheriff, 22 years old, with
baby in Tieni, Grand Cape
Mount County © UNFPA Liberia



LIBERIA

Ensuring Safe Birth: MRMR leads efforts to strengthen maternal and newborn health in MRU countries

Liberia, Guinea, and Sierra Leone have been intensifying efforts to rebuild their health sectors after the Ebola virus disease (EVD) outbreak in the three countries. Though the three Mano River Union (MRU) countries have managed to control the outbreak, the health systems of these countries have been left broken down by the epidemic with reported relapses.

In July 2015, the Mano River Union and UNFPA, the United Nations Population Fund, launched the Mano River Midwifery Response to help address the maternal and newborn health needs of the people of the three MRU countries affected by the EVD. These needs include access to skilled birth attendants, family planning, adolescent sexual and reproductive health, obstetric fistula, and HIV/AIDS services.

In Liberia, the project has supported the deployment of midwives to more than 10 health facilities in Grand Cape Mount, Margibi, Lofa, and rural Montserrado counties to help meet the shortage of skilled birth attendants in those areas.



Siah Saa with her newborn baby boy © UNFPA Liberia



Presentation of delivery beds to the Dambalah Health Center, in Dambalah, Grand Cape Mount County © UNFPA Liberia

Additionally, where there is an appreciable presence of skilled birth attendants, the MRMR project has deployed materials and equipment to support the health system. Lofa County is in the region devastated by the Ebola virus disease that crippled the already-fragile health systems of Guinea, Liberia, and Sierra Leone. Currently, the project is present in 5 facilities in communities along the three countries' common borders. Foya is one such community. Foya shares borders with both Guinea and Sierra Leone.

Foya Borma Hospital is one of the health facilities supported in Liberia by the MRMR project. This hospital also serves cross border communities from Kailahun District in Sierra Leone, as well as referrals from many satellite facilities that receive patients from both Sierra Leone and Guinea. "About 25 percent of our daily patient intake comes from Sierra Leone" said Ms. Lorpu B. K. Paye, Officer-In-Charge, Foya Borma Hospital. According to Ms. Paye, the hospital has a monthly average of 45 deliveries.

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*The MRMR project
 has provided two
 ambulances in support
 of the referral system*
 © UNFPA Liberia

*Finda Saah newborn
 baby girl*
 © UNFPA Liberia



Siah Saa is 20 years old with three children. The last one was born on January 12, 2016, at the Foya Borma Hospital. After two days in labor, Siah was brought in from her village to the hospital by an ambulance donated by UNFPA under the MRMR project. She was happy for her safe delivery and the life of the baby boy. "I want to thank God for me and the baby, especially for the hospital for sending the ambulance to get me from my village" she said.

Finda Saah is another woman who was delivered at a facility supported by the MRMR project. At the age of 29, Finda has had six children. The seventh was born on January 13, 2016, at the Mendikorma Clinic. This facility, located at the border with Sierra Leone receives 35 percent of its patients from Sierra Leone and Guinea. "Just as disease has no border so is our service to the people" said the head of the clinic, Mr. Abednego B. Flingai.

Since the launch of the MRMR project, UNFPA Liberia has brought under one management structure all funding mechanisms aimed at strengthening maternal and newborn health services including the H4+ SIDA, Google, and Japanese funds.



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*Bendu Johnson, 21 years old,
and Haza Musah in Grand
Cape Mount County
© UNFPA Liberia*
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*Maima Sando, 20 years old,
and baby Browne in Lofa
Bridge, Grand Cape Mount
County © UNFPA Liberia*
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*Victoria Hallie, 21 years
old, and baby Amie Fayia
Worsongai, Lofa County
© UNFPA Liberia*
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 Satta Seimuvla and her baby
 in Dambala, Grand Cape
 Mount County
 © UNFPA Liberia



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 Tenneh Nyumah, 20 years
 old, with baby Saah Nyumah
 in Sorlumba, Lofa County
 © UNFPA Liberia



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 Bendu Morris, 17 years old,
 and baby Emmanuel Tamba
 in Foya, Lofa County
 © UNFPA Liberia



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A midwife attending a patient at the Princess Christian Maternity Hospital (PCMH), Freetown, Sierra Leone © UNFPA WCARO
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A midwife holding a newborn at PCMH, Freetown © UNFPA Sierra Leone
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Tenneh Kamara and son at PCMH, Freetown © UNFPA Sierra Leone



**SIERRA
LEONE**



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*Mariama Sall with her husband,
Ibrahim Bah, and their daughter
at PCMH, Freetown*
© UNFPA Sierra Leone

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*Daughter of Mariama Sall, at
PCMH, Freetown*
© UNFPA Sierra Leone

'Doctors, nurses and midwives are selfless magicians'

- Says 21-Year old young mother from Jaima Sewafe, Kono District, Sierra Leone

Elizabeth Mansaray, 21, had been pregnant for ten months, and was in distress with serious complications. She was admitted at the Kono Government Hospital close to labour, anaemic with swollen jelly-like feet and abnormal breathing. It was her first pregnancy and she had not received any form of antenatal service until her difficult pregnancy was close to delivery.

"At seven months, I noticed that my feet were swelling gradually beginning from the sole. It was becoming more difficult for me and made walking stressful and painful. That was the reason I decided to go to the Sewafe Community Health Center and register".

The Community Health Officers and her nurses and midwives tried their best with medication to help her urinate faster, reduce the water in her system, and make her feel at ease, but her condition was not improving and the swelling was worsening on daily basis and proceeding up to her hip and abdomen.

During the final examination conducted on her, she displayed all the signs of hypertension: anemia, profuse sweating, and very high blood pressure, with no sign of reduction in the swelling.

She was immediately referred to the Kono Government Hospital, the main referral hospital in the district, supported by UNFPA, for advanced obstetrics and gynecology services.

Her mother accompanied her without any further delay, as she feared for her daughter's life. According to her, the condition of her daughter was desperate: "I had almost given her up, but the nurses assured me they will do their best to let her survive, deliver safely, and tell her story".



The 21-year old was diagnosed with edema and anemia and was being attended to. She was also scanned and was told she was carrying twins, but in bridged position, which made a natural delivery either complicated or impossible, thus posing risk to her life and to her unborn babies. She was therefore advised to do a caesarian section during labour.

"At first I was scared of the word operation, when I realized that they were going to use a knife on my body, but later, I accepted when I was convinced that it was in the best interest of my babies and me".

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The twins being attended to © UNFPA Sierra Leone
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Dr Mohamed G Sheku, saving the lives of women in Kono © UNFPA Sierra Leone
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Mother of Elizabeth with one of her grandchildren at the Maternity Ward, Kono Govt Hospital © UNFPA Sierra Leone

Elizabeth delivered two bouncing baby boys through C-section, performed by Dr Mohamed G Sheku, one of the scarce professionals in the country and at the hospital.

Due to the challenges she went through, Elizabeth has a message for other new mothers: do not take chances. She described doctors, nurses, and midwives as selfless magicians in saving lives and caring for babies, unborn and alive.

“Had it not been for the timely response by the maternity staff, I would have been a dead woman by now”, she said emphatically, with a message for others.

“If you are a woman and you become pregnant, you should register at the ante-natal clinic the moment you realise it or it is confirmed by medical personnel. It will save you a lot of risk and pain, like what I went through.”

Elizabeth is gradually recovering at the hospital and full of praises and thanks for UNFPA and the Ministry of Health and Sanitation, especially the medical staff who she said are caring and attending to her free of cost.

“She was in critical condition, but I’m delighted that the operation was successful and the two babies survived too. Thank you for supporting us”, Dr Sheku said.

The Kono Government Hospital is one of the beneficiaries of the Mano River Midwifery Response initiative being implemented by UNFPA and the Sierra Leone Ministry of Health and Sanitation, funded by the Government of Japan.



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*Baby Miatta Kandeh and Mom Nancy Kandeh
with a midwife at Kailahun Government
Hospital, Kailahun District
© UNFPA Sierra Leone*



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*Students demonstrating a practical
exercise at the School of Midwifery,
Masuba, Makeni, Sierra Leone
© UNFPA WCARO*



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*Baby Kamara and mother Adama Kamara,
at Bo Government Maternity Hospital,
Bo District © UNFPA Sierra Leone*



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*Hawa Sandy and son at PCMH, Freetown
© UNFPA Sierra Leone*



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*Baby Williams with mother Lucy Williams at Bo
Government Maternity Hospital, Bo District
© UNFPA Sierra Leone*



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*Precious S. Kamara, with daughter at
Port Loko Government Hospital
© UNFPA Sierra Leone*



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*Salamatu Bangura, with daughter,
Josephine Salamatu Dauda, in Port
Loko Government Hospital
© UNFPA Sierra Leone*



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*Baby Fatorma with mother Aminata
Fatorma at Koribondo Community
Health Center, Koribondo, Bo District
© UNFPA Sierra Leone*



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Child of Adama Bockarie, PCMH, Freetown © UNFPA Sierra Leone

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The School of Midwifery, Masuba, Makeni, Sierra Leone
© UNFPA WCARO





Delivering a world where every pregnancy is wanted every childbirth is safe and every young person's potential is fulfilled

