

Saving Lives in Sierra Leone

Saving Lives in Sierra Leone
Phase 3 (SLiSL)
Programme

IMPROVING HEALTHCARE ACCESS & OUTCOMES

Key achievements in Phase 3
of the SLiSL Programme

MATERNAL & CHILD HEALTH

Enhancing community-based
maternal, newborn, and
child care services

HOPE & RESILIENCE

Inspiring stories from
healthcare workers &
Community Members

HEALTH SYSTEM
STRENGTHENING

TRAINING & CAPACITY BUILDING
MATERNAL & CHILD HEALTH

COMMUNITY-BASED CARE
TRAINING & CAPACITY BUILDING

Message from the Programme Director

Dr. Saratu Olabode Ojo
PROGRAMME DIRECTOR SAVING LIVES IN SIERRA LEONE – PHASE 3



Over the past three years, Saving Lives Phase-3 (SLISL-3) has partnered closely with the Ministry of Health and local stakeholders to strengthen life-saving services for women, newborns, and children across the supported districts. The programme has focused on reinforcing core health system functions, improving coordination, and ensuring the timely delivery of essential services. This progress has been driven by strong partnerships and growing national and district ownership of key interventions. At this milestone, it is essential to reflect on, record, and share both the challenges encountered and the successes achieved. A key example of these successes is the programme's support for district-led Last Mile Distribution of Free Health Care commodities. In collaboration with District Health Management Teams and the National Medical Supplies Agency, the programme helped shift from partner-led distribution to a district-owned model. This transition improved planning, strengthened accountability, and enabled more timely delivery of medicines and supplies to peripheral health units, demonstrating districts' capacity to manage complex logistics with appropriate technical support.

Another key area of progress was the revitalization of Facility Management Committees. Working with the Ministry of Health, the programme trained and reactivated these committees to strengthen community participation and accountability at facility level. Community representatives, health workers, and local leaders were supported to clarify roles, monitor service quality, and respond to community concerns, helping rebuild trust and ensure that local priorities informed service delivery. Building on this approach, the programme also strengthened safe blood services through collaboration with communities, hospitals, and the National Safe Blood Services, supporting blood drives and voluntary donation campaigns to improve the availability of safe blood for emergency obstetric care and other critical services.

These achievements were driven by strong collaboration across a wide range of stakeholders. Consortium partners, district teams, and central project staff worked closely with Ministry of Health counterparts to provide technical, operational, and coordination support. Ministry programme managers and district leadership set priorities and ensured alignment with national strategies, while frontline health workers delivered services under often challenging conditions. Civil society organizations also made important contributions. Groups such as the Health for All Coalition and Organizations of People with Disabilities strengthened community engagement, promoted accountability, and helped ensure services were inclusive and responsive to vulnerable populations. In addition, coordinated efforts by district authorities, regional blood banks, facility teams, and community stakeholders helped address persistent service gaps and improve patient outcomes.

This progress would not have been possible without the critical support of the UK government through the Foreign, Commonwealth & Development Office (FCDO), whose investment enabled the programme's key activities and achievements. Overall, Saving Lives Phase-3 illustrates the impact of donor support combined with a shared commitment to strengthening Sierra Leone's health system and improving outcomes for communities. Through this magazine, we aim to highlight these accomplishments, engage readers, and provide insights that can inform and support their own efforts to strengthen the health system.

"Civil society organizations also made important contributions."

We invite you to explore the following pages and hope you enjoy reading about the programme's journey and achievements.



Saving Lives in Sierra Leone Phase 3 at a Glance

Working to reduce preventable diseases and deaths among women, adolescent girls, and children through access to universal health care



Strengthening Health Systems, Saving Lives Across Sierra Leone

Access to quality health care can mean the difference between life and death for women, newborns, and children. Through the SLISL-3 programme, partners are working with the Ministry of Health and communities to strengthen the systems that protect mothers and children every day — from health facilities and district management teams to the households where health decisions begin.

Over the past three years, the programme has reached 113,816 people, including 74,771 women and girls, with initiatives designed to improve maternal and child health services, strengthen clinical care, and build trust in the health system. Investments in frontline health facilities, district coordination, and community engagement have helped ensure that lifesaving services are available closer to where families live. Across six districts, the programme has strengthened the foundations of care through innovations such as early detection of pregnancy complications, improved referral systems, stronger supply

chains, and community dialogue that encourages families to seek care earlier. Health workers have been equipped with new tools and training, while communities are increasingly informed, engaged, and confident in the services available to them.

These efforts are already translating into meaningful change. 1,349 maternal complications have been referred from peripheral facilities to hospitals using CRADLE technology, 528 health facilities have received essential medicines through Last Mile Distribution, and hundreds of community discussions and radio programmes are helping families make informed health decisions. At its heart, SLISL-3 is a story of partnership — between communities, health workers, district leaders, national institutions, and international partners — all working together to build a health system that is more responsive, more inclusive, and better equipped to save lives.

PARTNERS & PROGRAMME AREAS

CONSORTIUM PARTNERS

Concern Worldwide

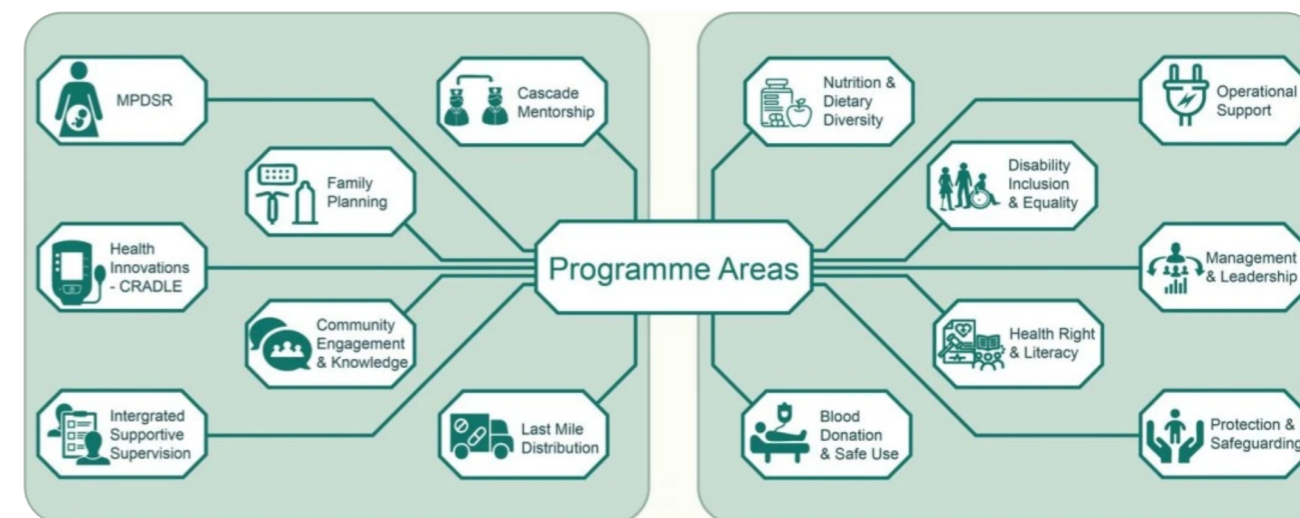
Helen Keller International

Humanity & Inclusion

King's Global Health Partnerships

Welbodi Partnership

SEND Sierra Leone



Building A Resilient Health System: Advancing Maternal And Child Health In Sierra Leone.

As Sierra Leone reduces maternal and child mortality, focus shifts to building a resilient health system for consistent quality care. The Ministry of Health leads by strengthening service delivery, expanding access, and ensuring sustainability aligned with national priorities. Dr. Alie H. Wurie, Deputy Chief Medical Officer – Public Health, discusses how these efforts build stronger systems and improve outcomes for mothers and newborns.



Dr. Alie H. Wurie
Deputy Chief Medical Officer

1. From the Ministry's perspective, how important are programmes like SLiSL-3 in strengthening maternal and child health services across districts?

Programmes such as Saving Lives are critically important in strengthening maternal and child health services across districts, particularly in their ability to address gaps that are not fully covered within routine government planning and financing. One of the key contributions of the programme has been the flexibility it provides—both in accessing funds and in supporting district-level planning and implementation of priority maternal and child health interventions.

Through this flexibility, the programme has supported critical areas such as maternal and child death reviews, enabling districts to better understand the causes of mortality and respond with targeted actions. In addition, support to blood donation drives and blood bank services has improved the availability of safe blood at district level—an essential component in managing obstetric emergencies and reducing maternal deaths. Importantly, Saving Lives has played a significant role in filling operational and system-level gaps within districts. By supporting key service delivery activities and strengthening facility-level structures, the programme has contributed directly to improving the functionality of health facilities and district health systems. These interventions go beyond immediate service delivery - they reinforce the systems that underpin maternal and child health services.

From a broader health system strengthening perspective, the programme is well aligned with national priorities. Its support has contributed to strengthening district health systems by improving service delivery structures, enhancing planning processes, and building the capacity of health workers. In particular, investments in training and skills development have strengthened the health workforce, with competencies that extend beyond maternal and child health to benefit overall service delivery across the system. Overall, the importance of Saving Lives lies not only in the activities it supports, but in how it strengthens the systems that deliver those services—making it a key contributor to reducing maternal and child mortality across Sierra Leone.

“Saving Lives has not only supported service delivery—it has strengthened the systems that sustain those services.”

2. The programme has supported district systems such as Integrated Supportive Supervision, Last Mile Distribution of medicines, and clinical mentorship. How do these initiatives contribute to strengthening the overall health system in Sierra Leone?

One of the defining strengths of the programme is its integrated approach to health system strengthening. Rather than addressing challenges in isolation, interventions such as Integrated Supportive Supervision, Last Mile Distribution, and clinical mentorship work together to reinforce key health system building blocks, including

governance, service delivery, and supply chain systems.

Integrated Supportive Supervision has been particularly impactful in strengthening accountability and improving quality of care. Through joint supervision visits involving Ministry teams and partners, facilities are not only assessed but actively supported to identify gaps, implement solutions, and improve performance. This creates a continuous feedback loop that strengthens both facility-level operations and broader system governance. Similarly, Last Mile Distribution has strengthened the reliability and efficiency of the supply chain system by ensuring that essential medicines and commodities reach facilities consistently, including those in hard-to-reach areas. This has been critical in reducing stockouts and ensuring continuity of care.

Clinical mentorship and MPDSR processes further deepen this impact by linking clinical practice with system-level learning. These platforms allow for a comprehensive review of both clinical and systemic factors contributing to mortality—including referral delays, governance challenges, and stock management issues—and support the implementation of corrective actions. As a result, the programme contributes not only to improved clinical outcomes but also to a more responsive and resilient health system.

“When supervision, supply chains, and mentorship are strengthened together, the entire health system becomes more responsive and resilient.”

3. District ownership has been a key theme of the programme. How is the Ministry of Health working to ensure that improvements introduced through partner-supported programmes are sustained within government systems?

Sustainability of programme gains remains a key priority for the Ministry, and this is being approached through a strong focus on partnership, alignment, and system integration. While programmes such as Saving Lives have delivered important results, the Ministry recognises that long-term impact depends on how well these interventions are embedded within government systems. A central issue has been ensuring alignment between partner-supported activities and national priorities. In many cases, implementation has been driven through implementing partners, and when projects end or partners transition out of districts, gaps can emerge—particularly in technical capacity, institutional memory, and operational funding. This highlights the need to move away from parallel implementation models and towards approaches that are fully integrated within district health systems.

In response, the Ministry is taking deliberate steps to institutionalise successful interventions. This includes identifying key lessons learned from programmes such as Saving Lives and integrating them into routine government planning, service delivery, and supervision systems. By doing so, the Ministry is ensuring that effective practices—particularly those that have strengthened maternal and child health services—can continue beyond the lifespan of donor-funded projects. At the same time, there is a strong focus on resource mobilisation. With changing funding landscapes, the Ministry is actively exploring alternative financing options to sustain critical activities, particularly at district level. This includes assessing gaps created by transitioning programmes and identifying ways to maintain priority interventions within available resources.

Ultimately, the Ministry's approach is to ensure that ownership sits within the government system—particularly at district level—so that even as partners transition, the most critical components of these programmes are retained, adapted, and sustained.

“Sustainability depends on how well programmes are aligned, integrated, and owned within government systems—not just how well they are implemented.”

4. Looking ahead, what are the Ministry of Health's priorities for sustaining and expanding the progress made in maternal and newborn health across Sierra Leone? And how best can INGOs collaborate with Ministry of Health for similar interventions?

Looking ahead, the Ministry's priority is to sustain gains while accelerating improvements in maternal and newborn health outcomes. A key focus is on improving the quality of care through four areas: infrastructure, human resources, diagnostics, and medicines. Infrastructure investments are focused on primary healthcare units (PHUs), community health centres, and hospitals, ensuring they are fit for purpose. This includes solarising facilities to guarantee electricity for night-time deliveries, strengthening WASH systems for clean and safe childbirth environments, expanding delivery rooms, examination spaces, and admission areas, and ensuring the availability of oxygen in facilities managing maternal and newborn complications. At the same time, the Ministry is addressing human resource gaps through the ongoing recruitment of healthcare workers across hospitals and PHUs, alongside the expansion and strengthening of the community health workforce, supported by continuous training and mentorship.

Efforts are also underway to strengthen diagnostic and treatment capacity at community and facility level, including the introduction of digital X-rays, mobile ultrasound services in community

health centres, and expanded laboratory diagnostics. These investments are aimed at enabling earlier detection and management of complications at lower-level facilities, reducing delays and unnecessary referrals. In parallel, the Ministry is strengthening commodity availability at facility level, ensuring that essential maternal and newborn medicines, oxygen, and clinical supplies are consistently available in PHUs and hospitals through improved supply chain and last mile distribution systems.

Importantly, these efforts are aligned with the 300 Days of Activism for the Triple Zero, with practical interventions such as screening pregnant women for TB and HIV through mobile service delivery platforms, strengthening MPDSR systems to identify and respond to causes of death, and improving referral systems to reduce delays between communities and facilities. Together, these actions are directly contributing to reducing preventable maternal and newborn deaths.

Moving forward, collaboration with NGOs and INGOs will remain essential, with a stronger emphasis on alignment with national priorities, strengthening government systems, and ensuring long-

“The future of maternal and newborn health depends on quality, access, and strong partnerships that build lasting systems—not temporary solutions.”

Closing Reflection: As Sierra Leone builds on its progress, the path forward lies in stronger systems and deeper partnerships. The experience of Saving Lives shows that sustainable impact comes not from isolated interventions, but from coordinated efforts that strengthen governance, empower communities, and improve service delivery at all levels. With a clear national vision, strengthened district capacity, and continued alignment between government and partners, Sierra Leone is well positioned to accelerate progress toward the Triple Zero—ensuring no mother, newborn, or child is lost to preventable causes.



District Engagements

Behind every functioning health facility is a network of district teams, health workers, and systems working quietly to keep services running.

Across the six districts supported by the programme, these everyday systems have been strengthened through close collaboration with District Health Management Teams (DHMTs). From supervision visits to supply delivery and clinical mentoring, district leadership has played a central role in turning national health policies into practical improvements within hospitals and peripheral health units.

SUPERVISION
Integrated supportive Supervision (ISS)
36

ISS VISITS SUPPORTED

In many facilities, improvement begins with a conversation. Through 36 Integrated Supportive Supervision visits, district teams travelled to health facilities to observe services, review data, and work side-by-side with health workers to solve everyday challenges. These visits created opportunities for practical mentoring in infection prevention, referral systems, cold-chain management, and service reporting. More importantly, they helped build a culture where health workers feel supported to learn, improve, and deliver better care for their patients.

HEALTH INNOVATION
CRADLE Vital Signs Alert device
888

DEVICES DISTRIBUTED

In maternity wards and consultation rooms, small innovations are making a life-saving difference. Through the programme, 888 CRADLE devices were distributed and 1,641 clinical staff trained to recognise early warning signs of pregnancy complications such as severe bleeding, anaemia, and hypertensive disorders. With these tools, health workers can detect danger earlier and act quickly. Already, 1,349 maternal complications have been successfully referred from PHUs to hospitals, giving women access to the specialised care they need at critical moments.

MENTORSHIP
Cascade mentorship — SLEWS
1,641

STAFF TRAINED

Learning in health facilities often happens in real time. Through cascade mentorship using the Sierra Leone Early Warning Score system, experienced clinicians worked alongside colleagues to strengthen patient monitoring and clinical decision-making. Bedside coaching, mentorship visits, and clinical audits helped health workers recognise when patients were deteriorating and respond quickly. Over time, district education teams began leading these sessions independently, ensuring that knowledge continues to spread even beyond the programme's direct support.

OPERATIONS
DHMT Operational Support
113

INSTANCES OF SUPPORT

For district teams, maintaining health services often depends on solving practical challenges — transport for supervision visits, fuel for vehicles, and functioning equipment. Across supported districts, the programme provided 113 instances of operational support to DHMTs, enabling district leaders to continue coordinating services, supervising facilities, and responding to emerging health needs. By strengthening these operational foundations, districts have been able to sustain critical activities that keep health systems functioning effectively.

HOSPITAL SUPPORT

Hospital Operational Support
96

INSTANCES OF SUPPORT

Hospitals are often the final point of care for patients referred from community facilities. To support these critical services, 96 instances of operational support were provided to hospitals across five districts, helping facilities address urgent operational needs such as electricity supply, equipment maintenance, and essential logistics. These investments have helped ensure that hospitals remain ready to provide emergency care, particularly for mothers and newborns facing life-threatening complications.

LEADERSHIP

PHU In-Charge Meetings
113

MEETINGS CONDUCTED

Across the districts, 113 PHU in-charge meetings have brought together facility leaders and district teams to reflect on progress, share experiences, and address challenges affecting service delivery. These regular gatherings have created spaces where health workers can learn from one another, strengthen coordination, and reinforce accountability. Over time, these meetings have helped facility leaders take greater ownership of improving services within their communities.

EMERGENCY CARE

Blood Donation and Safe Use
33

BLOOD DRIVES CONDUCTED

For mothers experiencing complications during childbirth, access to safe blood can mean the difference between life and death. Through 33 blood drives conducted across supported districts, communities, hospitals, and blood services worked together to increase voluntary blood donation. These campaigns strengthened the availability of safe blood for emergency obstetric care and reinforced community participation in saving lives.

SUPPLY CHAIN

Last Mile Distribution

528

PHUS SUPPLIED

Delivering medicines to remote facilities is often one of the greatest challenges within health systems. Through the Last Mile Distribution initiative, district teams worked alongside the National Medical Supplies Agency to coordinate delivery of essential medicines. As a result, 528 PHUs across six districts received Free Health Care commodities, reducing stock-outs and ensuring that frontline facilities can provide consistent services to the communities they serve.

INCLUSION

Inclusive Services & Accessibility
509

WORKERS TRAINED

A health system serves its community best when everyone feels welcome within it. Through targeted training and collaboration with district partners, 509 health workers were trained on disability inclusion, strengthening their ability to provide respectful and accessible care to persons with disabilities, adolescents, and other vulnerable groups. These efforts are helping health facilities become spaces where all patients are treated with dignity and respect.

SURVEILLANCE

Maternal Perinatal Death Surveillance Response (MPDSR)
99

MEETINGS SUPPORTED

Every maternal or newborn death carries lessons that can help prevent future tragedies. Through Maternal Perinatal Death Surveillance and Response meetings, health teams reviewed cases, discussed what could have been done differently, and agreed on actions to strengthen care. These discussions have strengthened accountability and learning within the health system, helping ensure that difficult experiences lead to improvements in care for mothers and newborns across the districts.



Where Systems Meet Communities: Voices from the Frontlines

Insights from District Leaders Driving Change in Communities

“Strong health systems are not built on infrastructure alone — they are built on trust, ownership, and the active participation of communities at every level of care. When communities are informed, engaged, and empowered to take part in decisions that affect their health, they begin to see health services as their own. This sense of ownership strengthens confidence, encourages early care-seeking, and improves the overall utilisation of services. Across Sierra Leone, we are seeing that when community voices are integrated into planning, leadership, and service delivery — from facility management committees to community health workers — health systems become more responsive, inclusive, and effective. Ultimately, sustainable improvements in maternal and child health depend not only on the availability of services, but on the strength of the relationship between communities and the health system itself.”

– **Dr. Alie H. Wurie, Deputy Chief Medical Officer – Public Health, Sierra Leone**



“Stronger coordination between facilities is helping us respond faster to maternal and child health cases, ensuring communities receive timely and effective care.”

– **DHMT Member, Kambia**

“Community engagement is transforming how people seek care — we are seeing more families coming earlier, informed and confident in the services available.”

- **DHMT Member, Kenema**

“Through supervision and follow-up, we are not only identifying gaps — we are strengthening systems to deliver better, more reliable services for our communities.”

“– **DHMT Member, Moyamba**

300 Days, Three Targets: How SLiSL-3 Is Contributing to Sierra Leone's Push for Triple Zero

When Sierra Leone launched the "300 Days of Activism" on March 2, 2026, it set a focused agenda to accelerate progress on three critical priorities — ending preventable maternal deaths, ending preventable newborn (neonatal) deaths, and reaching every zero-dose child.

Spearheaded by the Ministry of Health, the campaign places strong emphasis on improving maternal and newborn care, expanding immunisation coverage, and strengthening accountability across the health system.

The SLiSL-3 programme contributes directly to these priorities by addressing the practical gaps that lead to deaths and missed services at facility, district, and community levels. One of the most critical gaps has been the late detection of maternal complications. Through the introduction of CRADLE devices and on-site clinical mentorship, health workers are now better able to identify high-risk conditions such as postpartum haemorrhage (severe bleeding), pre-eclampsia (dangerously high blood pressure), severe anaemia, and early signs of shock. Once identified, patients are stabilised and referred through established pathways to hospitals for advanced care. This has contributed to over 1,349 maternal complications being referred in time, directly supporting the reduction of preventable maternal and newborn deaths.

To address newborn and child survival, the programme strengthens the quality of care within health facilities while supporting practical improvements at community level. At facility level, support is provided through Integrated Supportive Supervision (ISS) visits to peripheral

health units (PHUs), where district teams observe service delivery, review data, and provide on-site mentoring. These visits focus on areas such as infection prevention and control, referral practices, cold-chain management, and service reporting, helping health workers identify and address gaps in routine service delivery. This is complemented by cascade mentorship using the Sierra Leone Early Warning Score (SLEWS) system, where clinicians are supported through bedside coaching and clinical audits to improve patient monitoring and early identification of clinical deterioration, strengthening decision-making and timely response to patients requiring urgent care.

At community level, the programme supports specific practices that influence child health and nutrition. Through 270 cooking demonstrations, caregivers are trained on how to prepare nutritious meals using locally available foods, while 95 backyard gardens established at PHUs serve as practical learning sites for improving household food production and dietary diversity. These activities are reinforced through 237 community discussions and 72 radio programmes, which provide accessible platforms for sharing health information and encouraging families to engage with available services. The campaign's focus on “zero-dose” children is supported through these strengthened community-

facility linkages. By improving awareness, trust, and engagement with health services, more caregivers are bringing children into contact with the health system — creating opportunities for immunisation, follow-up, and continued care.

At the same time, SLiSL-3 strengthens the system's ability to deliver services consistently. Through district-led Last Mile Distribution, essential medicines and Free Health Care commodities have been delivered to over 528 peripheral health units, reducing stock-outs and ensuring that facilities are equipped to provide routine and emergency care. The programme also supports PHU in-charge meetings and operational support such as transport and fuel for district teams, enabling regular supervision, coordination, and timely response to service delivery challenges. The 300 Days of Activism provides the national urgency and direction. SLiSL-3 contributes to providing the systems, structures, and community engagement needed to deliver results — turning policy commitments into practical action that brings Sierra Leone closer to achieving Triple Zero.





Community Engagements

Health systems do not begin at hospital doors - they begin in homes, markets, and village meeting spaces where families make everyday decisions about their health.

Across the supported districts, community engagement activities have brought health information closer to households and created opportunities for open dialogue between communities and health workers.

DIALOGUE

Community Conversations & Health Literacy
237

DISCUSSIONS FACILITATED

In many communities, meaningful change begins with conversation. Through 237 facilitated community discussions, families, community leaders, and health workers came together to talk openly about maternal and child health challenges. These conversations created safe spaces to ask questions, challenge misconceptions, and share experiences. As understanding grew, more families began recognising the importance of antenatal care, early treatment, and healthy practices that support safer pregnancies and healthier children.

MEDIA

Radio Discussions

72

RADIO PROGRAMMES

For communities spread across wide geographic areas, radio remains one of the most trusted sources of information. Through 72 radio programmes, health professionals shared practical messages about maternal health, nutrition, and care-seeking while listeners called in to ask questions and share their perspectives. These programmes helped extend health education beyond community meetings and ensured that reliable information could reach even the most remote households.

INCLUSION

Social Equality (Humanity Inclusion)
509

HEALTH WORKERS TRAINED

Ensuring that everyone can access healthcare requires addressing the barriers faced by vulnerable groups. Through community engagement and facility-based training, 509 health workers were equipped with knowledge on disability inclusion, helping create more welcoming health services for persons with disabilities, adolescents, and other marginalised populations. As attitudes shifted and awareness increased, communities began to see health facilities not only as places for treatment, but as spaces that respect dignity and equality.

FAMILY PLANNING

Access to Contraceptives & Family Planning
4,882

4,438 WOMEN
384 MEN

Family planning discussions have helped many families make informed choices about their reproductive health. Through outreach activities and dialogue with community leaders, women and adolescent girls gained accurate information about contraceptive options and healthy birth spacing. These conversations have helped dispel myths and strengthen confidence in family planning services, enabling families to plan pregnancies more safely and improve health outcomes for mothers and children.

NUTRITION

Backyard Gardens & Cooking Demonstrations
95

BACKYARD GARDENS

270

COOKING DEMONSTRATIONS

Good nutrition often begins with simple, practical knowledge. Across supported districts, 270 cooking demonstrations showed caregivers how to prepare nutritious meals using locally available foods. At the same time, 95 backyard gardens were established at peripheral health units, serving as living classrooms where communities can learn how to grow nutritious foods themselves. Together, these initiatives are helping families improve dietary diversity and support healthier growth for children and mothers alike.



Accountability & Safeguarding

Strong health services demand robust accountability and safeguarding to protect rights and build trust.

Strong health services rely not only on clinical care, but also on systems that protect people's rights, promote respectful treatment, and ensure that concerns are heard and acted upon. Across supported districts, accountability and safeguarding efforts continue to strengthen these foundations within everyday health service delivery.

STRENGTHENING ACCOUNTABILITY

Efforts to strengthen accountability continue to focus on creating clearer systems for feedback, ethics, and facility accountability so that health services remain transparent and responsive to the people they serve. Multi-stakeholder engagements bring together national and district health authorities, professional bodies, and partners to identify gaps and agree on practical improvements. Information materials on patient rights, respectful care, and complaint channels are being used across health facilities to increase awareness and encourage people to raise concerns when services fall short. These actions are reinforcing a growing culture of openness, stronger reporting pathways, and greater accountability within routine health service delivery.

"I heard about 'Saving Lives' being announced in my community, saying family planning treatment is free. I came to the hospital for the treatment; they didn't ask me for anything."
- Mariama John Bai Kamara



"With the Saving Lives project, family planning uptake increased from 60 to 185 patients per month. Outreach increased from once a week to three times a week."
- Emmanuel Destin Nyoko (Senior Community Health Officer & Chairman, SLCHO Western Area Urban)

EMBEDDING SAFEGUARDING

Safeguarding efforts continue to focus on strengthening the systems that protect patients and support health workers to deliver safe, ethical, and respectful care. Ongoing collaboration with district and national stakeholders is shaping clearer safeguarding standards, assessment processes, and referral pathways that can be integrated into routine health services. By aligning safeguarding with quality-of-care systems and everyday facility practice, health teams are increasingly treating protection and dignity as essential components of service delivery — helping to create safer environments for both clients and providers.





Health Rights & Community Trust

Ensuring lessons from the field shape decisions at every level - from communities to government.

Trust in health services grows when people feel informed, respected, and confident that their voices matter. Ongoing efforts continue to strengthen awareness of patient rights and promote respectful care by making information visible within health facilities and encouraging open communication between service users and providers. As people better understand their rights and available channels for feedback, they are increasingly empowered to engage actively in their own care.



These efforts are also strengthening relationships between communities and health facilities. Through clearer communication and more transparent service environments, confidence in the health system continues to grow, supporting earlier care-seeking, more respectful interactions, and stronger partnerships between health workers and the communities they serve.

By strengthening understanding, inclusion, and participation, the programme improves health-seeking behaviour, increases early attendance at health facilities, and supports continuity of maternal and child health care.

<p>TECHNICAL WORKING GROUPS</p> <p>Participation in national forums strengthened collaboration between government and partners while aligning district work with national priorities.</p>	<p>POLICY INTO PRACTICE</p> <p>Lessons from frontline delivery informed decision-making at the highest levels of the Ministry of Health.</p>
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National Level Engagement

Strong health services demand robust accountability and safeguarding to protect rights and build trust.

The SLiSL3 project has played an active national role by working closely with the Ministry of Health to strengthen policies, systems, and coordination that influence maternal and newborn health across the country. By bringing practical experience from district implementation into national dialogue, the project has ensured that lessons from frontline service delivery have informed decision-making at the highest levels.

SLiSL3 has supported national Technical Working Groups and coordination platforms, including the Integrated Supportive Supervision (ISS) National Technical Working Group, the MPDSR situation room, and national Quality-of-Care discussions focused on ethics, safeguarding, and feedback management. Participation in these forums has strengthened collaboration between government and partners while aligning district implementation with national priorities and standards.

At directorate level, the project has engaged closely with the Directorate of Policy, Planning and Information (DPPI) to support improvements in health information systems through the validation of HMIS standards and operational tools. Collaboration with the RMNCAH-N Directorate and Quality-of-Care teams has also supported integrated approaches to safeguarding, accountability, and respectful care, reinforcing national efforts to embed quality and patient protection within routine health services.

In partnership with the National Medical Supplies Agency (NMSA), the project has also supported national supply systems through district-led Last Mile Distribution.



By strengthening planning, coordination, and logistics for the delivery of essential medicines and commodities to health facilities — including remote areas — this approach has reinforced government-led systems and ensured timely availability of lifesaving supplies across supported districts.

Through these national partnerships, SLiSL3 has helped bridge policy and practice, ensuring that national strategies reflect realities from health facilities while strengthening government leadership to sustain improvements beyond direct project support.



<p>NMSA PARTNERSHIP</p> <p>District-led Last Mile Distribution reinforced government-led supply systems and ensured timely delivery of lifesaving medicines.</p>	<p>SUSTAINING BEYOND</p> <p>National partnerships bridge policy and practice strengthening government leadership to sustain improvements beyond direct project support.</p>
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A Story of Change: Fatima Magona's Maternal Care Journey

Gbongoma Village, Kenema District

ASTORY OF CHANGE

In Gbongoma Village , Kenema District, pregnancy once felt uncertain and frightening for Fatima Magona. During her first pregnancy, she experienced severe bleeding without having attended antenatal care and without clear information about the risks she faced. Like many women in her community, she did not know when to seek help or what pregnancy warning signs to look for, and childbirth felt like a journey taken largely alone.

Today, her story is changing. Now pregnant again, Fatima attends regular antenatal care visits at her local health facility, where health workers monitor her wellbeing and guide her through each stage of pregnancy. She has learned the importance of early care, preparation for delivery, and family planning to protect her health and that of her children.

Her learning has extended beyond the clinic. Through community cooking demonstrations, Fatima has gained practical skills to prepare nutritious meals using locally available foods, strengthening both her own health and her family's nutrition. Just as important, she describes a change in how she experiences care while at the health facility with health workers offering reassurance, clear pregnancy advice, and respectful support which has given her confidence in the health system.

Fatima's journey mirrors a wider transformation unfolding in her community. More women are seeking ANC from health facilities as early as possible, learning how to protect themselves during pregnancy, and trusting health facilities to support safe motherhood.

"I see the difference now. We are treated with respect, and the nurses are always there to help us."
- Fatima Magona

Fatima Magona

Gbongoma Village - Kenema District



Programme Reach

Reaching Every life: Beneficiaries by Gender, Vulnerability, and need.

Total of People reached from January 2024 to December 2025

Through community engagement, family level, and health literacy activities.

People Reached	113,816	74,771 FEMALES REACHED	39,045 MALES REACHED
Persons With Disabilities	2,746	1,434 FEMALES REACHED	1,312 MALES REACHED
Pregnant Mothers & Lactating Mothers	7,270	3,476 PREGNANT MOTHERS	3,794 LACTATING MOTHERS





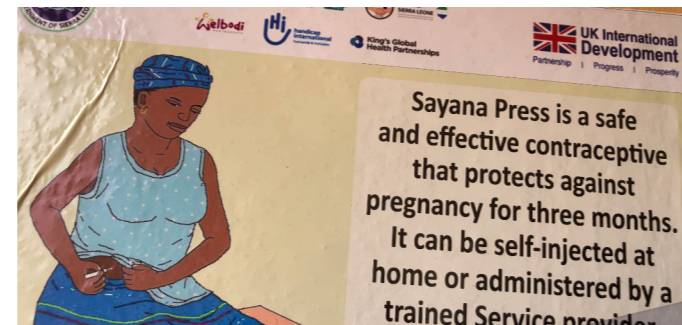
Programme Pictures

A Journey through a thousand words.



A Story of Change: A Leader in the Making – Building local leadership in clinical education

King's Global Health Partnerships



I began my fellowship in July 2024 with the SLiSL-3 programme at Kambia District Hospital. Working alongside hospital and community health centre staff, we focused on building trust, collaboration, and consistent communication while identifying practical ways to strengthen everyday care.

Together we mapped systems and resources, introduced an early warning score system to improve monitoring and escalation of care, and established an education team to support ongoing training and clinical leadership across the district. The work took place within the daily realities faced by health workers, including limited equipment, staffing, and funding. Despite these challenges, the commitment and resilience of our partners never wavered.

Cassandra Beck

Senior Global Health Fellow: King's Global Health Partnerships - Sierra Leone

Over 18 months we saw steady progress — from more consistent patient monitoring on the wards to an education team confidently delivering mentorship and routine audits to improve care.

After her appointment, she led trainings across Kambia District providing supervision and mentorship. She was later appointed district NEMS referral coordinator and recognised by partner organisations for her teaching and mentorship excellence. Her development reflects the purpose of cascade mentorship: building local leadership so improvements continue beyond external support.

"One of the most meaningful developments was the growth of the district education coordinator,"

– Marie Kanu.

Consortium Coordination Unit (CCU)

The Consortium Coordination Unit (CCU) provides coordination, learning, accountability, and technical support across the SLiSL-3 programme. Working alongside government counterparts and consortium partners, the CCU supports alignment with programme objectives, ensures consistency in implementation approaches, and facilitates learning across districts and sectors.

Jane Frances Nakanwagi

MEAL Coordinator

Focuses on strengthening health systems through a human-rights approach to health. She transforms programme data into actionable insights to guide decision-making and improve health systems through collaboration with stakeholders.



"Safeguarding is the heartbeat of quality healthcare — ensuring every woman, child, and community member is treated with dignity, respect, and protection. When safeguarding is strong, trust grows, voices are heard, and health systems become safer for everyone."

– Rosaline Banya – Safeguarding Coordinator.



Rosaline Marva Banya

Safeguarding Coordinator

Committed to ensuring that people receiving health services are treated with dignity and respect. She leads safeguarding capacity-building initiatives through collaboration with District Health Management Teams (DHMTs) and national partners.



Florence Bull

Clinical Lead

Leads a team of midwives to strengthen health services. Her work ensures that women, newborns, adolescents, and mothers receive safer, higher-quality care, improving reproductive, maternal, newborn, child, and adolescent health outcomes.



Sylvester Coker

Finance Coordinator

Acts as a "financial GPS" for the programme, ensuring compliance and accountability. He manages budgets and translates donor requirements into practical financial plans to ensure the mission is well resourced.



Esther Moses

Consortium Accountability Lead

Strengthens accountability and community engagement systems across the programme. She works to ensure that feedback from communities and health workers is effectively integrated into healthcare delivery.

Aneesah Peersaib

Consortium Coordination Unit Support

Provides strategic clinical leadership and cross-cutting programme oversight. Contributes to programme design and ensures alignment across all clinical workstreams.



Patricia O'Hagan

Public Health Specialist

Supports the Ministry of Health and District Health Management Teams to improve maternal and newborn outcomes. She promotes operational and technical support to strengthen quality of care and local ownership of health systems.

Country Director's Reflection

Davina Jeffery

COUNTRY DIRECTOR -

CONCERN WORLDWIDE, SIERRA LEONE



COUNTRY DIRECTOR'S REFLECTION

This publication reflects the collaboration between communities, district teams, and national leadership working together to improve outcomes for mothers and babies across Sierra Leone. The Saving Lives programme has focused on strengthening health systems rather than delivering isolated interventions—supporting services that are reliable, accountable, and responsive to the needs of the communities they serve.

One moment that brought this work to life for me happened during a visit to Kenema District. Our vehicle broke down, and while waiting for a mechanic we walked to the nearest Community Health Centre. The midwife welcomed me warmly and proudly showed me the cradle device, explaining how it had helped her save mothers' lives.

In other places, I heard similar stories: more women attending antenatal care because of growing trust in health services; facility management committees raising their own contributions to improve health facilities; supportive supervision visits encouraging rural health workers and helping them stay on course; and reliable access to blood where previously there had been none.

"The midwife welcomed me warmly and proudly showed me the CRADLE device - explaining how it had helped her save mother's lives."



What stood out most everywhere we went was a renewed sense of pride in the health system and in the work being done to protect mothers and newborns.

This achievement has been a shared effort. Consortium partners, district teams, and programme staff have worked closely with Ministry of Health counterparts to provide technical, operational, and coordination support. Ministry programme managers and district leadership have guided priorities in alignment with national strategies, while frontline health workers have continued to deliver services under often challenging conditions. Civil society organisations have played a critical role in ensuring accountability to the mothers at the centre of this programme.

"A renewed sense of pride in the health system and in the work being done to protect mothers and newborns."

None of this would have been possible without the support of the UK Government through the Foreign, Commonwealth & Development Office (FCDO). Thank you to everyone who contributed to this important work.



SAVING LIVES IN SIERRA LEONE - PHASE 3

Improving Healthcare Access & Outcomes for Mothers, Children & Communities

Years of partnership, community trust, and system strengthening across six districts of Sierra Leone



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