CHRISTIAN HEALTH ASSOCIATION – SIERRA LEONE

STRATEGIC PLAN 2023-2027

Christian Health Association Sierra Leone

Theme: Strengthening Network Unity and Coordination for Enhanced Capacity and Health Service Delivery

Contents

List of Abbreviations and Acronyms

ACHAP	**African Christian Health Associations Platform**.
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
BoD	Board of Directors
CAG	Community Action Groups
CCIH	Christian Connection for International Health
CCSL	Council of Churches in Sierra Leone
CHASL	Christian Health Association – Sierra Leone
CPR	Contraceptive Prevalence Rate
EmONC	Emergency Obstetric and Newborn Care
EPN	Ecumenical Pharmaceutical Network
FGM/C	Female Genital Mutilation/Cutting
FP/RH	Family Planning/Reproductive Health
GEWE	Gender Equality and Women's Empowerment
GoSL	Government of Sierra Leone
HIV	Human Immuno-Deficiency Virus
HRH	Human Resources for Health
ICPD	International Conference on Population & Development
ICM	International Confederation of Midwives
MCGL	Momentum Country & Global Leadership
MDSR	Maternal Death Surveillance and Response
MEL	Monitoring, Evaluation & Learning
MMR	Maternal Mortality Ratio
MoGCA	Ministry of Gender & Children's Affairs
MoHS	Ministry of Health & Sanitation
NPI	New Partnership Initiative
ONC	Obstetrics and Newborn Care
PEST	Political, Economic, Social and Technology
RCH	Reproductive & Child Health
RMNCAH	Reproductive Maternal, New-born, Child & Adolescent Health
SGBV	Sexual Gender Based violence
SLFPCIP	Sierra Leone Family Planning Costed Implementation Plan
SLDHS	Sierra Leone Demographic Health Survey
SLHPC	Sierra Leone Housing and Population Census
SLMA	Sierra Leone Midwives Association
SMRH	Safe Motherhood & Reproductive Health
SOP	Standard Operating Procedure
SRHR	Sexual and Reproductive Health and Rights
SSL	Statistics Sierra Leone
STIs	Sexually Transmitted Infections

SWOT	Strength, Weaknesses, Opportunities and Threats
ToT	Training of Trainers
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WCC	World Council of Churches
WCEA	World Continuing Education Alliance
WHO	World Health Organization

Acknowledgement

Florence Bull – Executive Director, CHASL

Executive Summary

The Christian Health Association of Sierra Leone (CHASL) was founded close to 50 years ago as a network of health institutions owned by various Churches or Christian Organizations operating in Sierra Leone. CHASL is registered as a Non-Governmental Organization (NGO) and complements the Government's effort in ensuring access to quality health care services for all. With over 43 health facility members dotted across the country and 1,200 bed capacity in a population catchment of about 1 million people, and the second biggest health service provider after the government of Sierra Leone. Since the mid-1970s when CHASL was formed, we have and continue to be an important player in the health service delivery eco-system. Our core mandate as a network organisation is coordination, health systems stretching, advocacy and professional development for our member facilities and their staff.

The deadly Ebola Virus Disease (EVD) of 2014/2015 and COVID 19 in 2021, were a stark reminder of the challenges and fragility of the health care delivery system in Sierra Leone. The two outbreaks did not only take valuable lives, they exposed the poor working conditions and limited resources within the health care delivery system. With high inflation, poor economic outlook and competing demands for resources and donor fatigue, securing resources to continue to fund our work is increasingly becoming a major challenge for non-state health service providers like CHASL. To strengthen the association's collective service delivery capacity and relevance within the health sector, there is need for a strategic framework to guide the overall work of the association, including its core mandate of coordination, resource mobilisation, advocacy and capacity development. Therefore, the 2023 -2027 CHASL Strategic Plan represents the association's effort to consciously define its needs and strategic priorities for the next five years, especially as the country approaches it next cycle of general election in June 2023. The strategic priorities laid down in this SP will provide the framework, motivation and evaluation basis to determine the effectiveness and collaboration of the network, its resource mobilisation efforts and capacity development interventions across it 43 member facilities across Sierra Leone.

To deliver on CHASL's mandate, vision and mission, the overall approach and design of the SP is tied around four thematic pillars – each with an overarching goal and expected results/outcomes. The four pillars were carefully selected following two SP development sessions in July 2022 and in February 2023 with CHASL staff, member facilities and other

stakeholder in the health sector to review CHASL's mandate, vision, mission, and the SLMA's mandate, successes and challenges in the past years and its commitment and priorities for the next five years. Consequently, the successful implementation of the SP will require commitment and efficient resource allocation and prioritization. The plan also set out a clear and consistent logic between the priorities set out to be delivered and the resources and human capacity needed to deliver on those priorities. Therefore, the objectives of the 2023-2026 SLMA Strategic Plan are:

- Provide strategic direction for the CHASL to deliver on its activities and for the next five years in a manner that is coordinated, consistent and coherent
- Effectively coordinate the activities and programme of the 43 member facilities of the association
- Mobilise resources through business development and other diverse funding approaches to support the work of member facilities
- Support the professional development of staff of member facilities and the overall health systems strengthening across the 43 member facilities
- Collaborate with Government and other stakeholders (national and international) in the pursuit of health service delivery in Sierra Leone
- Conduct research to inform advocacy for health policy reform, systems strengthening and overall quality of health service delivery

The 2023-2027 strategic plan will be guide by the theme: "**Strengthening Network Unity and Coordination for Enhanced Capacity and Health Service Delivery"**, unanimously agreed by the member facilities and staff of CHASL aimed at improving member facilities collaboration and participation in CHASL activities to enhance the quality health services delivered by CHASL's 43 remember facilities. To deliver on this them, the 2023-2027 SP is informed and shaped by five thematic pillars:

- ✓ Thematic Pillar 1 – Network Unity
- ✓ Thematic Pillar 2 – Health System Strengthening
- ✓ Thematic Pillar 3 – Institutional Capacity Development
- ✓ Thematic Pillar 4– Evidence-based Advocacy

Each of the four thematic pillars has an implementation strategy, goals and expected outcomes. The activities are spread across the four-year life span of the strategy. To support evaluation and delivery impact, the SP has an action plan with activities and interventions spread across

the five years of the SP and a monitoring and Evaluation framework to guide impact assessment. In addition to an M&E framework that will guide annual reviews and end of SP life cycle delivery and impact evaluation, the activities of the SP have been carefully costed to guide resource mobilisation and donor support. The total cost for programme implementation for the four-year life span of the SP is.

The entire SP is organised into six sections including an executive summary, an introduction, brief organisation profile and SWOT analysis, an analysis of the SP thematic areas and objectives, the SP action plan which describe the details programmes of intervention and timelines, the SP budget, and the monitoring and evaluation framework. Three major highlights in the 2023- 2027 SP are on CHASL network unity, capacity development, and evidence based advocacy.

SECTION ONE – Introductory Background

1.0 Introduction

Planning, whether for a national government, international agency, trade union organisation or for the family, has become part of humanity's modern way of life. In fact, organisation that seeks to live an organized and somehow predictable future, sets planning as a tenet that guides its actions and directions to effectively manage its resources, tackle threats, hedge against uncertainties and reap the benefits of current and future opportunities. Failure to adequately address the long-term strategic position of an organisation, culminates in under-performance otherwise called strategic drift or failure (Jeffs, 2008). When an organisation – big or small – fail to plan, and without a clear strategy, it easily gets overstretched and ineffective and heads for failure. As an association of Christian faith-based health service providers, CHASL is a coordinating and capacity development agency for its partner organisations. For CHASL therefore, planning and coordination are critical to sustaining and strengthening its ability to deliver on its mandate of coordinating the activities of over 40 member facilities, enhancing the capacity of its partner facilities and serve as a resource mobilisation hub for member facilities. Considering this complex responsibility, especially the difficult task coordination, resource mobilisation and data generation and management, it is important that the SLMA has a guiding framework for such a complex mandate. The 2023-2027 CHASL strategic plan is therefore both a document to guide and shape the work of association, but also a blue print for capacity development, coordination and resource mobilization and support to member facilities

1.2 The health Service Delivery Context

Sierra Leone, officially the Republic of Sierra Leone, informally **Salone**, is a country on the Southwest coast of West Africa. It is bordered by Liberia to the Southeast and Guinea to the Northeast. Sierra Leone has a tropical climate with a diverse environment ranging from savanna to rainforests, a total area of 71,740 km2 (27,699 sq. miles).

1.2.1 Human Resources for Health (HRH)

To deliver effectively deliver quality health services across Sierra Leone, regardless one's religious and social status, a skilled and coordinated health workforce is critical. Sierra Leone has some of the poorest health indicators in the world, with a life expectancy of 50 years at birth and under-five mortality and maternal mortality rates that are among the highest in the world (World Health Organization, 2016). The country's health service delivery system is pluralistic; with central government, faith-based organizations (FBOs), local and international non-governmental organizations (NGOs), voluntary organizations and the private sector, all providing health services. The private sector is, within the region, comparatively under developed and provides mainly curative care for inpatients and outpatients on a fee-for-service basis. At present, the GoSL employs 9,910 health workers nationwide. This number includes all administrative and support staff, with 7,107 (72%) health professionals providing patient services. The majority of the public sector health workforce provides services in government operated health facilities. However, a small number of government-employed health workers are posted in private facilities (1.4%), while an additional 2.0% of the GoSL-employed workforce is active in facilities governed through a public-private partnership, such as Emergency Hospital and China-Sierra Leone Friendship Hospital. As of 2016, the government health workforce is distributed across 1,323 work stations, including hospitals, PHUs, clinics and administrative offices. The majority of health services are provided by public sector health workers and very little data on the private sector workforce exists (Ministry of Health and Sanitation, 2013).

1.2.2 Sexual and Reproductive Health and Rights (SRHR) in Sierra Leone

According to the recent population estimate, Sierra Leone has an estimated total population of 7 million (Statistics Sierra Leone, 2015) with a life expectancy of 46 years at birth. Close to 39% of the population resides in urban settings. Sierra Leone has a young population with 41.1% under the age of 15 (SLHPC, 2015.) Among this population, girls start having sex earlier than their male counterparts (average age of first sex is 16.5 years), which has serious implications for their reproductive health, especially when current SRH policies are not adequately friendly. Reports show that 28% of Adolescent 15-19 years have begun child bearing. Teenage pregnancy stands at 28% (SLDHS, 2013). Adolescent birth rate (146/1,000 live births) contribute to 40 per cent of maternal death in Sierra Leone. At least 25% of maternal deaths are due to unsafe abortion among adolescents (SLDHS, 2013). The problem is exacerbated by huge unmet need for Family Planning - 25% and low contraceptive prevalence rate- 16 % (SLDHS, 2013) coupled with weak SRH&Rs education and poor funding from the national

Government, despite signing up to the Maputo Plan of Action (2016-2030) and the Abuja Declaration.

The uptake of Family Planning and SRH services are particularly low among young people. Only 21.7% of all young females aged 15-19 are currently using at least one modern method of family planning (SLDHS, 2013 and UNFPA, 2017, WHO, 2016). Young people are becoming sexually active at an early age and bear a heavy burden of SRH problems (teenage pregnancy, STI/HIV/AIDS, unsafe abortion, etc.). Understanding of SRH issues among Adolescents and young people is low leading to high risky sexual behaviours.

1.2.3 Maternal Health

Every year in Sierra Leone, thousands of pregnant women lose their lives while giving birth. An overwhelming number of these maternal deaths in Sierra Leone are due to preventable factors. Reproductive, maternal, newborn, child and adolescent health is a priority for the Government of Sierra Leone. Every maternal death, regardless of the cause and place of death, is unacceptable to the family and to society at large. Despite a reduction of almost 40 per cent in the maternal mortality ratio (MMR) from 1,165 per 100,000 live births in 2013 to 717 per 100,000 live births in 2019, Sierra Leone still remains one of the countries with the highest MMR in the world. A report published in 2019, analysing maternal mortality trends from 2000 to 2017, ranks Sierra Leone as one of the three countries with the highest MMR out of 186 countries reported globally. Most maternal deaths are preventable if life-saving preventive and therapeutic interventions are provided in a timely manner. Even when pregnancy-related complications do not result in death, some women are left with lifelong debilitating conditions such as obstetric fistula.

1.2.4 Strengthening EmONC services

Strengthening the quality of obstetric services is key to addressing maternal mortality. Data from the 2017, 2018, and 2019 Maternal Death Surveillance and Response (MDSR) reports show that more than 80 per cent of maternal deaths occur at health facilities, of which 75 per cent occur at government hospitals.

1.3. Strategic Plan Development Process

The 2023-2027 Strategic Plan was developed through a participatory process of consensus-building involving staff of member facilities and those at the CHASL secretariat in Freetown and other relevant stakeholders, including representatives from the Reproductive & Child Health (RCH) Directorate, the Health Education Directorate, both in the Ministry of Health & Sanitation

(MoHS) and partner organisations in the MCGL- Sierra Leone Consortium. Following an initial SP development workshop held in July 2022, progress on the process stalled due to changes in MCG/PACT's capacity development support to the local partners in Sierra Leone. However, a new Capacity Development Consultant was hired in February 2023 who immediately restarted conversation on the SP development process. Subsequently, the SP development process was led by the Capacity Development Specialist of the Momentum Country & Global Leadership (MCGL) through an SP review/development workshop held in February 2023 with staff of CHASL during which staff and representatives of CHASL member associations brainstormed and agreed on what should be the strategic focus of the SP based on the agreed thematic priorities CHASL wants to focus on for the next five years.

1.4 Strategic Plan Alignment with the National Development Agenda

The CHASL 2023-2027 strategic plan is consistent with and complimentary of Cluster 1 (Human capital Development) and themes 1.3 1.3 Health care improvement and 1.5 on promoting social protection of the Sierra Leone National Medium Term Development Plan (2019-2023).

2.0 Organizational Profile, PESTLE and SWOT Analysis

2.1 Profile and Identity of CHASL

Who we are: We are a membership-driven association; a network of 43 Christian health Service providers

Historical Scan of CHASL

The Christian Health Association of Sierra Leone (CHASL) is a network of health institutions owned by various Churches or Christian Organizations operating in Sierra Leone and has been in existence since 1975. CHASL is registered as Non-Governmental Organization (NGO) and seeks to complements the Government's effort in ensuring access to quality health care services for all. Our members are present in 14 out of the 16 districts in the country, strategically located in deprived and hard- to-reach rural communities where often public health facilities are non-existent and serving in most case as the referral facility for the catchment population. CHASL member health facilities provides 30% of the health services to the population of Sierra Leone making it the second largest service providers in the country. The network has a total of 43 active members and generally comprises of 14 Hospitals, two of which are Eye Hospitals and 1 Hospice, 27 Health Centers /Clinics, and 3 health related NGOs. These health facilities provide various services ranging from in- patient medical, outpatient, surgical, pediatric, reproductive, maternal, adolescent, mental health, ophthalmic care among others, across the

board and specialized services. CHASL has a long-standing relationship with the Ministry of Health and Sanitation (MoHS) as well as with other key partners including UN agencies, Bread for the World Germany as key partner, Difeam, Catholic Relief Services (CRS), World Council of Churches(WCC), Health and Healing Department Geneva and Cord Aid. Collectively, CHASL contributes to the health agenda and work in tandem with the MOHS guiding principles. All activities are aligned with the government/ MOHS' policy guidelines. CHASL is represented at various policy making bodies and part of various technical working group within the Ministry of Health and Sanitation, and through these platforms, influence policy and health delivery in the health sector.

2.2 Where we operate

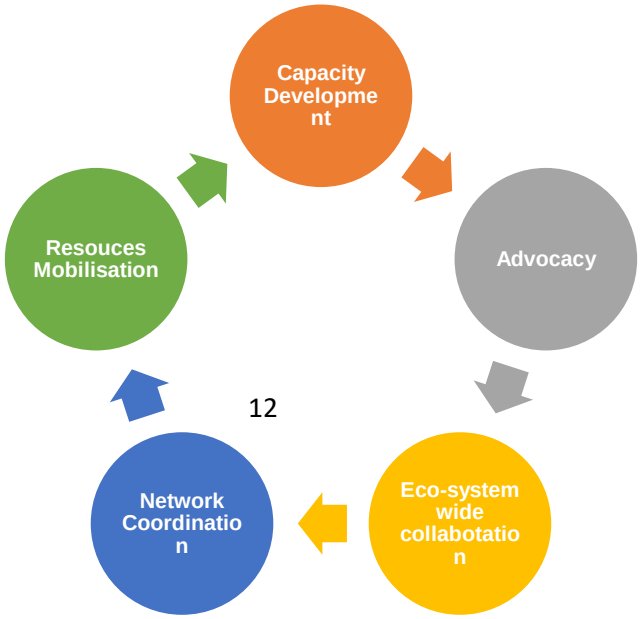
The Association has a total of 43 active member health facilities spread across the country, and owned by different Christian denominations and Christian missions. Our 43 health facilities include 15 hospitals and 28 Clinics and Peripheral Health Units (PHUs). Our combine facilities have over 1,200 hospital bed capacity and about 1 million population catchment.

2.3 What we do

As a network of Christian health service providers, our core functions are**:**

- We provide capacity support (capacity building for staff of member facilities
- We mobilise resources in support of our member facilities
- We are coordinating agency for our 43 partner facilities
- We provide technical support to the MoHS though support to health service providers owned by the Government of Sierra Leone
- We advocate for health policy reform and effective service delivery

The diagram below illustrates CHASL's core areas of focus and in the health service delivery chain and support to its member facilities



2.4 Our Vision, Mission and Core Values

Vision: Our vision is 'A Sierra Leone where one can have access to good quality health care service irrespective of their social status.

Mission: As Christian faith-based health service providers, we exist to act corporately to further the work of Christian health services in fostering the spirit of Christian love and service to all in need as witnessed in the life, teachings and example of our Lord Jesus Christ. We do so by developing within the available resources the highest level of promotive, preventive, curative and rehabilitative aspects of health care.

Core Values and Guiding Principles: As a membership organisation deeply motivated by the teaching and values of Jesus Christ deeply rooted within the Christian faith and values of love, care and compassion. Generally, we believe in and committed to the following guiding principles below that promote improvement of the standard of care provided to all irrespective of their faith and social status:

- Christ Centeredness
- Integrity
- Accountability and Transparency
- Co-operation and Partnership
- Creativity and Excellence
- Stewardship
- Equity

2.5 Our primary Beneficiaries

While we are a network of Christian health service providers, our services know no religion, tribe or sex. We cater for all those who seek our services across our locations. We care for the young, old, women, men, mothers and children. We are inclusive heath service providers with 43 health facilities, over 1,200 hospital capacity and with a 1 million population catchment in all the five geopolitical and administrative regions of Sierra Leone

2.6 Programme Design Rationale – Why CHASL

Principal amongst the reasons why **CHASL** was founded was to coordinate the activities of Christian Health Service Providers in line with the teachings and value of Jesus Christ. Our job is to coordinate the work of our members, engage in evidence-based advocacy and mobilise resources in support of the work of our member facilities who make up the CHASL network

2.7 Organizational Development, Effectiveness and Governance

The successful implementation of this Strategic Plan will depend on a number of factors at the institutional and policy levels. This will first require complete ownership of the Strategic Plan by CHASL board, the member facilities and staff of the CHASL secretariat in addition to efficient and functioning institutional operational systems to ensure the effective implementation of the Strategic Plan. This can be achieved through commitment to good institutional governance, effective resource mobilization, strong institutional capacity building, and effective collaboration and coordination of our member facilities

2.8 Institutional Governance

Successful organizations require strong enduring structures operating on a system of good governance which thrives on transparency and accountability. The Strategic Plan should be adequately disseminated among all member facilities and staff of **CHASL** to ensure that all members, staff and other stakeholders have a good of the SP but the work of CHASL in general. It means that the Strategic Plan should not remain the exclusive preserve of CHASL secretariat, but it should be owned and driven by the CHASL board and the 43 member facilities.

2.9 Resource Mobilization

The country's health service delivery system is pluralistic. The central government, faith-based organizations (FBOs), local and international non-governmental organizations (NGOs), voluntary

organizations and the private sector all provide health services. The private sector is, within the region, comparatively under developed and provides mainly curative care for inpatients and outpatients on a fee-for-service basis. Private health facilities operate under the authority of individual owners and a board of directors, mainly in urban areas. While the GoSL invest significantly in health service delivery (considering the number of employees and health facilities funded by the state) both government and organisations such as CHASL rely a lot on donor funding. Unfortunately, donor fatigue is gradually becoming a big challenge in the foreseeable future. This calls for strategic thinking as highlighted in the SP intervention areas, to identify innovative, diversified and sustainable funding pathways for CHASL and its member facilities.

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2.10 Institutional Capacity-Building

The Strategic Plan requires a strong institutional capacity to drive its successful implementation. There is need for regular CHASL network membership and staff training and capacity-building to ensure that the knowledge base of staff and members is expanded to take on board new technologies and ideas for programme implementation. Professionalism is ultimately required for the full implementation of SRHR programmes envisaged under the five-year Strategic Plan. Newly recruited staff should be people who would adhere to professionalism without being influenced by their personal values which may not be in sync with the Core Values of CHASL as a Christian faith-based health service providers' network.

2.11 Leadership and Decision-Making

CHASL is governed by a board drawn from among the leaders of the 43 partner facilities. The board provide policy level oversightoversight, and advice on the overall policy direction and programmatic direction of CHASL. The CHASL Board includes:

2.13. SLMA's Strategic Drivers

2.13.1 PESTLE Analysis

The PESTLE analysis involved an environmental scan to ascertain the prevailing political, economic, social and technological situation in Sierra Leone that could impact on **CHASL's** SRHR service delivery. These are presented in the following table:

Political	• 2023 elections: the divisive, ethno-regional and winner-takes-all nature of elections in Sierra Leone makes winning a do or die affair, and mostly leading to chaos, riots, change of government. • Shift in GoSL Funding Priorities – where a there is a change of government after the June 2023 elections, the possibility exists for a change of funding priorities in the health sector, even in a situation where the there is no change of Government, changes in the leadership of the health ministry can mean a significant shift in policy priorities • Donors landscape: the donor landscape has also changes significantly in the last 5 years. The War in Ukraine and the Corona Virus means that funding • Labor laws: Employment laws and regulations may make it difficult for other actors to effectively participate in the sector • Government Recruitment and Conditions of Service: The GoSL recently included about 5,000 volunteer nurses in the payroll. While this is positive, it may take away professional

Economic	• Economic instability due to corruption among in the public sector makes it difficult for increased internal resource mobilization in Sierra Leone. • The economy faces threats from external and internal factors shocks such as tax evasion and the increase in global commodities process due to wars and conflicts. • Improvement in power supply is a potential advantage to economic progress. • Weak funding support from government has led to over-dependence on donor funding that threatens sustainability. • Regular commodity stock-outs threaten sustained access to FP/RH services • Internal inflation in SL, interest rate and foreign rate increases • Financial burden on families to a point that feeding takes over all the resources such that there no funding for out of pocket health care • COVID -19 shocker and outbreak of similar pandemics • Government increase of the payroll impacts the movement of CHASL staff to Government
Social	• High level Religious tolerance among both Christians and Muslims which translate that irrespective on one's religious beliefs, you can access service provided by faith-based health service providers • There is freedom of movement across all social groupings and geographical areas in the country. • Socio-cultural beliefs and practices are barriers to SRHR service delivery particularly to rural populations. • Early sex causing unplanned pregnancies and school dropouts for girls. • Poor service provider biases and attitudes towards adolescent and young people's SRHR. • Low contraceptive prevalence among young people and unmarried couples • Myths and misconceptions affect contraceptive use especially among young people. • Limited male involvement in FP/RH interventions in spite of the male dominance in SRHR decision-making in sexual relationships. • Attitudes of services providers • Cultural and traditional norms • Religious beliefs • Male chauvinism • Feminism (a pregnant woman said that no male Dr gynecologist will check me as a pregnant woman • Non-Christians may shy away from our service on a religions basis or due to fact that we don't provide services

Technological	• Wide use of mobile phones could support FP/RH information dissemination • Increased access to the internet, especially among the Midwives could provide support to FP/RH Peer learning and knowledge sharing and provision of telemedicine. • Increased networking among SRHR partners within and outside the country could make SRHR programming benefit from best practices • Application of information technology to data collection, analysis, and dissemination has positive implications for SRHR programming. • Improved communication • Best practices in services delivery • Easier accessing and transfer of money • Network challenges • Cellular phones, mobile phones, meetings platforms: teams, zooms • Timely reporting
Legal	• Employment laws – changes in employment and labour laws might affect the ability of non-state health service providers to effectively provide service • Safety regulations • RMNCAH strategy/Policy: Reproductive Maternal New Child Born Child and Adolescent health • CIPs: FP Costed Implementation plan • GAG rule • UDHR: universal Declaration of Human rights
Environmental	• Seasonal changes influence on mobile network functionality • Poor road conditions • Natural disasters: flooding, fire accidents, mudslides

2.14 Environmental Scan – SWOT Analysis

To understand and fully appreciate the internal strengths and weaknesses of CHASL as a network organisation of Christian health service providers, the SP development process included a careful contextual scan of both the macro and micro level environment under which this SP will be implemented. The Strength, Weaknesses, Opportunities and Threats (SWOT) analysis focused on an assessment of the CHASL strengths and weaknesses as well as external opportunities and threats related to health service delivery Sierra Leone which might affect/impact CHASL ability to implement the SP in the next five years. The table below illustrates the s SWOT analysis of in the context of the SP design and implementation.

2.14.1 SWOTs Analysis

Strengths	• CHASL is legally registered with the relevant MDAs. • Office space is available that promotes the organisation's visibility and membership coordination role • CHASL member facilities are situated in poor and hard to reach communities – making us service providers of the poor and last resort • CHASL's association with the Church means that Church leaders are the biggest ambassadors of our work • CHASL sits in many health service delivery committees which allow us to build good social capital with MDAs, civil society organisations • CHASL is present in 14 out of the 16 geopolitical districts of Sierra Leone – a coverage is over 85% of the country • CHASL facilities offer specialized care services that are not present in most health care facilities • We are active in emergency response • We don't only provide medical care; we provide livelihood support in our host communities • CHASL is a member of other regional and international Christian health service delivery organisations which allow CHASL to benefit from peer learning and support
Weaknesses	• Although CHASL has an M&E department, our current data collection and management system is poor. Added to this is the lack of a comprehensive MEAL Plan • There is no existing SP to guide the work of CHASL • Member facilities are not so active in CHASL activities and don't provide the leadership and ownership they ought to • CHASL is highly donor dependent – we currently receive nearly zero support from GoSL • CHASL does not have a resources mobilization strategy to help US think critically about resource mobilisation • CHASL member facilities lack adequate, qualified and competent staff. • We currently do not have a communications strategy to help us articulate our challenges, service and engagement other critical players in the health service delivery system y • In some instances, some of our member facilities have not been able to consistently comply with MOHS regulations • Insufficient /frequent drug stock out • Limitation in programming and business development capacity
Opportunities	• Engagement with new partners – CHASL is a member to other regional and global alliance which we can leverage on for support • Upcoming elections – the June 2023 elections may produce a government with increased resource allocation to the health sector and support to complementary health service providers such as CHASL • CHASL has just signed a new Memorandum of Understanding (MoU) with MoHS for greater collaboration • CHASL provides specialised services which have the potential to attract funding • Government considers the FP/RH service provision an important area of priority requiring urgent attention. • USAID/MOMENTUM New Partnership Initiative (NPI) • National Strategy for Reduction of Adolescent Pregnancy & Child Marriage in place to respond to current and emerging issues and gaps in SRHR programming in the

	country.
Threats	• Donor Fatigue • Political environment – especially the upcoming elections • Inflation-exchange rate increment • Non-Christian faith based facilities inaccessible • Incorporate other faith services • Lack of data from members for making informed decisions • Weak coordination among partners • Most donors prefer to work with Government than NGO • Brain drain with the health service delivery sector

3.0 Thematic Pillars Objectives, Strategies, Results and expected Outcomes

The four thematic pillars, their goals, strategies and outcomes were agreed following a day long SP development and review workshop with CHASL. During the SP review workshop, CHASL drawing on some of its long standing limitations identified the need to strengthen network unity such that member facilities can be more informed and involved in CHASL's activities, provide capacity support to CHASL to be able to deliver on its mandate, support member facilities to provide high quality health services through health systems strengthen, and the ability to collect and manage data that will inform CHASL's advocacy work This integrated approach to network unity, capacity building health systems strengthening and evidence-based advocacy sets out the main thematic focus of the CHASL 2023-27 SP a clear strategy and input versus output analysis for each thematic pillar.

The result framework below, provides further clarity and details on the relationship between each thematic pillar, its intervention logic, outcomes and wider impact.

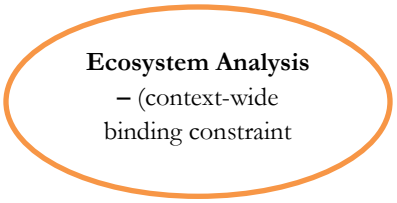
Strategic Plan Result(s) Framework

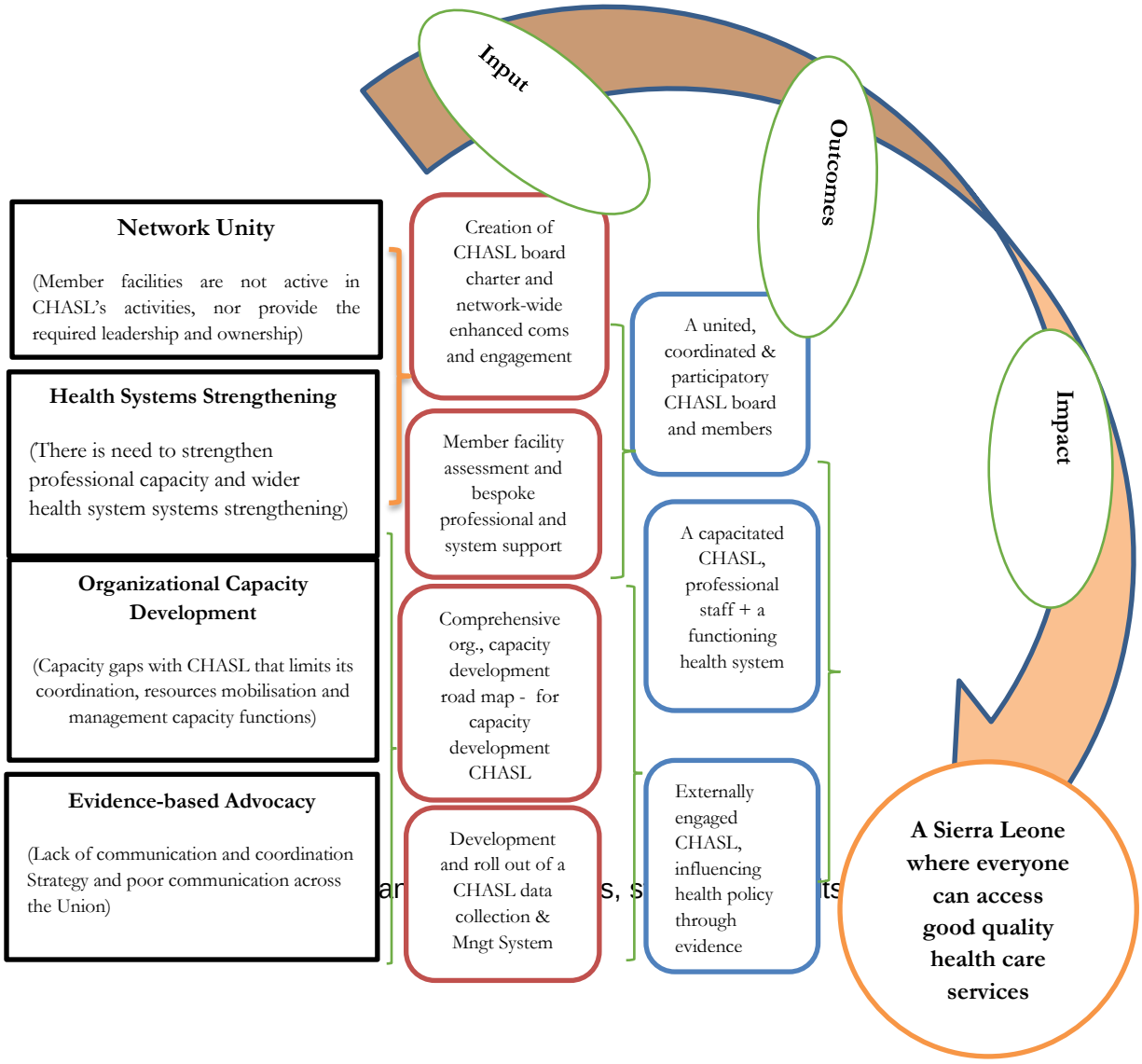
Thematic Pillars	Intervention Strategy	Outcomes	Impact
NETWORK UNITY	Development and roll out of a compressive network, collaboration and information drive through education, involvement and engagement across all layers of the network	**Outcome 1:** CHASL members are well-informed about the association's mandate, its legal instruments and programmes	**A United CHASL, owned and driven by its members**
		Outcome 2: An active and engaged CHASL board	
		Outcome 3: Welfare needs of midwives improved.	

HEALTH SYSYSTEMS STRENGTHENING	Comprehensive assessment of the health service delivery chain for CHASL partners + development and roll out of bespoke professional and health systems strengthen interventions	**Outcome 1**: Staff of CHASL member facilities have the capacity to deliver on their functions	**A resilient and responsive health service delivery system**
		Outcome 2: :Improved leadership and effective management of CHASL member facilities	
		Outcome 3: Improved working conditions and service delivery environment for CHASL member facilities	
INSTITUTIONAL CAPACITY DEVELOPMENT	A Comprehensive organizational capacity development and emergency response road map –for CHASL as a coordinating network of health service providers	**Outcome1** CHASL's resource mobilisation enhanced through multiple and diverse funding sources	**CHASL has the relevant capacities to deliver on its mandate**
		Outcome 2: Improved financial, project and donor management system in place to support the work of CHASL	
		Outcome 3: CHASL's activities, donor, partners and stakeholder coordination strengthened	
		Outcome 4: CHASL is more adaptive and responsive to emergencies	
		Outcome 5: Appropriate policy environment exist to support the work of CHASL	
EVIDENCE-BASED ADVOCACY	Strengthen CHASL research department to enhance data collection and management across CHASL and use evidence to inform advocacy and engagement across all CHASL's interventions	**Outcome 1**: Systems and processes in place for data collection, analysis and management	CHASL's advocacy and external engagement is informed by accurate evidence
		Outcome 2: Communications strategy in place to guide CHASL's external engagement, communications and advocacy interventions	

The diagram below illustrates the journey of travel from problem an analysis to interventions and outcomes. It shows how change will like at the SLMA if and all the planned interventions are implemented

Theory of Change Diagram




Input
Outcomes
Impact
Network Unity
(Member facilities are not active in CHASL's activities, nor provide the required leadership and ownership)
Health Systems Strengthening
(There is need to strengthen professional capacity and wider health system systems strengthening)
Organizational Capacity Development
(Capacity gaps with CHASL that limits its coordination, resources mobilisation and management capacity functions)
Evidence-based Advocacy
(Lack of communication and coordination Strategy and poor communication across the Union)
Creation of CHASL board charter and network-wide enhanced coms and engagement
Member facility assessment and bespoke professional and system support
Comprehensive org., capacity development road map - for capacity development CHASL
Development and roll out of a CHASL data collection & Mngt System
A united, coordinated & participatory CHASL board and members
A capacitated CHASL, professional staff + a functioning health system
Externally engaged CHASL, influencing health policy through evidence
A Sierra Leone where everyone can access good quality health care services

Thematic Pillar One (1): NETWORK UNITY

Pillar Goal: A United CHASL, owned and driven by its members

Pillar Outcomes:

- ✓ CHASL members are well-informed about the association's mandate, its legal instruments and programmes
- ✓ An active and engaged CHASL board
- ✓ Decentralised CHASL operations

As already mentioned, CHASL is a network organisation with 43 member dotted across the country. Networking with others is the number one reason why people join membership organizations. For CHASL to be able to deliver on is mandate and vision, its needs to function in an effective and coordinated manner with unity and collaborating across the network. As a network organisation, CHASL's secretariat was not designed to work in silos or detached from the leadership and active involvement of the network members. In fact, one of the foundational principles of CHASL for which it has attracted support and credibility over the years, is the fact that CHASL is a coordinating hub for 43 health service providers, that are united and coordinated. CHASL also facilitate networking events like partners' meetings and workshops, bring all its partners together for peer learning and exchange. CHASL also provided a coordination platform and continuous engagements with inter religious bodies, such as the Council of Churches in Sierra Leone (CCSL) to strengthen the health. At the global and regional levels, CHASL i affiliated with members of ecumenical bodies around the region and internationally such as the Africa Christian Health Platform (ACHAP), World Council of Churches (WCC), and Christian Connection for International Health (CCIH) and Ecumenical Pharmaceutical Network (EPN).

However, that coordination and unity for which CHASL has gained credibility for, has been strained over the years, with the leadership of CHASL and the partner facilities seeing CHASL mostly as a resource mobilisation institution to work with based on past performance and experience hence several approaches have been made in the recent past expressing interest to partner. This pillar seeks to promote the important outcomes of increasing membership, improving working conditions and welfare of midwives across the country. This pillar seeks to

strengthen network unity and collaboration across CHASL partners and for the leadership of the member facilities and staff to be more involved in CHASL activities and programmes.

Thematic Pillar Two (2): HEALTH SYSTEMS STRENGTHENING

Pillar Goal: A resilient and responsive health service delivery system

Pillar Outcomes:

- ✓ Staff of CHASL member facilities have the capacity to deliver on their functions
- ✓ Improved leadership and effective management of CHASL member facilities
- ✓ improved working conditions and service delivery environment for CHASL member facilities

Health systems are defines as "the ensemble of all public and private organizations, institutions, and resources mandated to improve, maintain or restore health".[1] According to the World Health Organisation (WHO) a 'healthy people spur healthy economies'[2]. Strong health systems are necessary to achieve healthy populations. Globally, not all people present have access to health services, including prevention and health promotion, to achieve and maintain good health. Social determinants of health shape the patterns of health in communities as well as access to services. Without healthy populations, sustainable development is imperiled. 'Health Systems Strengthening" is a blanket term that explains the diverse capacities needed to achieve Universal Health Coverage (UHC) - when all people will have access to the health services they need, when and where they need them, without financial hardship and or social inclusion[3]. In Sierra Leone, a low income country with significant health care delivery, challenges, the experience of 2014/15 Ebola Virus outbreak and the 2021 COVID-19, further put a serious in an already strained health care delivery system. As a network of health service providers, health systems strengthening for CHASL will require supporting the health system delivery workforce of our network members to ensure they have the professional expertise

[1] The Tallinn charter: health systems for health and wealth. Copenhagen: World Health Organization, Regional Office for Europe; 2008. Available from: http://www.euro.who.int/__data/assets/pdf_file/0008/88613/E91438.pdf

[2] WHO (2016) Universal Health Coverage: Moving Towards Better Health – Action Framework for the Western Pacific Region

[3] https://www.pathfinder.org/the-components-of-health-systems-strengthening/

required to delivery high quality service. Apart from this, our resource mobilisation and coordination work supports the improvement of facility infrastructure, equipment and service, including WASH and welfare of the health service workforce. This pillar of the SP seeks to support staff professional capacity, improve leadership at the facility leave and working conditions in the health care facilities across our 43 member facilities across Sierra Leone.

Thematic Pillar Three (2): INSTITUTIONAL CAPACITY DEVELOPMENT

Pillar Goal: CHASL has the relevant capacities to deliver on its mandate

Pillar Outcomes:

- ✓ CHASL's resource mobilisation enhanced through multiple and diverse funding sources
- ✓ Improved financial, project and donor management system in place to support the work of CHASL
- ✓ CHASL's activities, donor, partners and stakeholder coordination strengthened

The 2023-2027 SP is the first of its kind in the organizational history of CHASL. While some form of planning has always occurred to guide the work of the network, it was never conducted in a structured manner in which this SP has been done. Previous strategic plans were more like annual work plans, rather than well thought out strategies with thematic priorities and activities over a five-year period.

For a membership drive network such as CHASL, whose core functions are coordination and resources mobilisation for capacity development and evidence based advocacy, planning should be a core part of the work of CHASL. For instance, coordination is best done when it is properly planned and when all member facilities actively involved in the process. Planning is also critical for resource mobilisation and funding diversification needed to support the work of the network across its 43 member

If there is anything the health sector has learnt in recent times in Sierra Leone, is the ability of health service provides to be nimble and adaptive during emergencies. For instance, the Ebola Virus Disease (EVD) of 204/15 and the COVID-19 pandemic of 2020, were all moments of emergencies that stretchered the health service delivery system to its limit in Sierra Leone.

Being adaptive and able to respond during emergencies is a critical capacity all health service providers require. The backbone of the success of every institution is its financial management principles and practices. In order to maintain a growing and well-functioning and productive network, CHASL will ensure that its activities are not only properly coordinated and able to generated resources to funding the activities of its member facilities, it will support and promote strong financial management systems and processes to ensure efficiency, produce and accountability in resource management and donor reporting. This thematic pillar of the SP therefore, seeks to support effective resource mobilisation, promote effective financial management systems and processes and ensure effective coordination within the network.

Thematic Pillar Four (4): EVIDENCE-BASDED ADVOCACY

Pillar Goal: CHASL's advocacy and external engagement is informed by accurate evidence

Pillar Outcomes:

- ✓ Systems and processes in place for data collection, analysis and management
- ✓ Communications strategy in place to guide CHASL's external engagement, communications and advocacy interventions.

The primary work of CHASL is network coordination, resource mobilisation and evidence-based advocacy for health policy reform and health systems strengthening. However, our experience in the health service delivery sector in the last two decades indicate that when advocacy for health system strengthening, policy reform and resource mobilisation are informed by evidence from research, the policy advocacy uptake by stakeholders is more likely and meaningful. Evidence suggest that when policy action is informed by evidence-based advocacy, health policy makers are more confident to make substantial and far-reach reforms in the health sector (Chhetri and Zacarias, 202). In fact, when evidence-based advocacies focus on issues such as legal and policy reform, and by gaining political commitment for a specific goal, health policies and the resulting programmes can be changed and improved to enhance the health of communities.

Despite this body of evidence, CHASL research and knowledge management systems to inform advocacy has been limited. Data collection, storage and utilization is limited among member

facilities, and the capacity within CHASL to support knowledge generation and management. CHASL will do so by strengthening the capacity of its existing monitoring and evaluation unit into full scale research, monitoring and evaluation department with digital technology for data collection, analysis and management. In this strategy, CHASL seeks to enhance its research capacity and that of its member facilities, to generate analyse, store, retrieve and use data to inform advocacy across the health sector.

5. SP Activity Plan

	CHASL SP ACTIVITY PLAN									
No	**GOAL**	**Outcomes/Results**	**ACTIVITIES**	**2023**	**2024**	**2025**	**2026**	**2027**	**Total Output**	**Comments**
	THEMATIC PILAR ONE (1): NETWORK UNITY									
1	**GOAL:** A United CHASL, owned and driven by its members	**Outcome 1:** CHASL members are well-informed about the association's mandate, its legal instruments and programmes	Validate, print and distribute CHASL's constitution to all member facilities						1	At least 50 copies of CHASL's constitution printed and distributed to its member facilities in in 2023 - one off activity
			Orientate member facility staff on CHASL's constitution						5	One orientation each year
			Review/develop and harmonize Network policies (recruitment, & operational, service delivery SOPs, Safeguarding policy etc.)						1	Done in year 1 of the SPM
			Train staff members on CHASL's policies						5	One training session each year
			Print Harmonized policies for the network						2	Twice - in years 1 and 4 of the SP
			Distribute and collect staff signed policies' attestation per member facility						5	Done annually
			Regular monitoring for compliance on policies						20	Done quarterly : 4*5 years = 20
		Outcome 2:An active and	Develop a Board Charter						1	Board Charter will stipulates the mandate and operations

	engaged CHASL board								roles and responsibilities of the board.
		Establish sub-committees within the Board responsible for different components (Finance, QA, Leadership &Governance)						1	Members of the sub-committees will be draw from the board
		Establish Regional representation of Board Members						1	Done in the First year of the SP
		Conduct regular Board meetings (3times a year) and strategic update with the Executive and the Secretariat						15	Board will meet 3 times a year: 3X5 = 15
		Semi-annual monitoring visit to member facilities with report and blogging findings and success stories						10	Done twice a year: 2&5 = 10
		Engage in annual fund raising initiatives (dinner with local donors and partners etc)						5	Annual events
	Outcome 3 :Decentralised CHASL operations	Establish functional regional/district representation (East, South and North)						1	Done in the First year of the SP (with key managers/staff member facilities selected and supported to represent CHASL at the DHMT level)
		Support operations of regional/district representatives (capacity building, logistics etc)						4	Tis will run throughout the life span of the SP
	THEMATIC PILLAR TWO (2): HEALTH SYTEMS STRENGTHENING								

2	**GOAL:** A resilient and responsive health service delivery system	**Outcome 1**: Staff of CHASL member facilities have the capacity to deliver on their functions	Conduct Health System needs assessment in all CHASL member health facility						1	To be done in years 2 and four
			Develop capacity professional and training manual						1	Done in year 2 after the capacity assessment and a review in year 4
			Conduct professional in-service training (coaching, mentoring, OJT)						5	Annual events - total number and frequency to be determined by CHASL
			Supportive supervision to member facilities						20	4 quarterly vsists per year 4*5 = 20
			Conduct training on cross cutting issues such as emergency preparedness and response , IPC quality Improvement, Respectful client care etc.						5	Annual events - total number and frequency to be determined by CHASL
			Establish medical supply unit for CHASL network						1	Done in year 1
		Outcome 2:Improved leadership and effective management of CHASL member facilities	Train CHASL network management team on effective leadership, governance and management skills						2	Two training sessions in years 2 and 4
			Establish a system of behavioural modelling within facilities with expert volunteers program on a rotational basis						3	Establish I year 2 and roll out in the following years
		Outcome 3: Improved working conditions and service delivery	Provide infrastructure support based on need assessment						3	Year 2 throughout the SP life span
			Support facilities with equipment and						3	Year 2 throughout the SP life

		environment for CHASL member facilities	medical supplies							span
			Lobby with Govt for allocation of Pin coded staff, Subvention for all hospital and implementation of the other commitments by the Govt under the MOU						2	Year 2 and 3
	THEMATIC PILLAR THREE(3): INSTITUTIONAL CAPACITY DEVELOPMENT									
	GOAL: CHASL has the relevant capacities to deliver on its mandate	**Outcome 1**: CHASL's resource mobilisation enhanced through multiple and diverse funding sources	Development of a resource mobilisation strategy/plan						1	This will be done in 2023
			Training of CHASL Secretariat staff on business development/proposal writing and sustainability planning approaches						2	Two training sessions in years 2 and 4
			Refreshers workshop for CHASL Secretariat staff on sustainability planning, resources mobilization and proposal writing skills						1	One session in year 2
			Develop and document strategies to intensify internal generated funds (IGR)						1	Platform developed in year 1 and monitoring in the following years
			Implement strategies developed to intensify (IGR)						1	
			Construct a multi-purpose building to generate funds for Secretariat operations						3	
			Showcase CHASL's contributions in various fora (social media , conferences, meetings etc.)						5	Attend strategic meetings and conference and actively participate making presentation of CHASL work

									visible
		Outcome 2: Improved financial, project and donor management system in place to support the work of CHASL	Develop Procurement policy and train staff on the policy					1	Planned for year 1 with support from, MCGL
			Organize internal kick-off meeting for all staff on new project					5	Ongoing, as and when staff are recruited
			Organize quarterly project review meeting					20	Quarterly - 4*5=20
			Conduct after-action review meeting post project implementation					5	Ongoing, as and when projects are implemented
			Organize refresher training on donor management and operations					5	Annual refresher training - with support from MCGL
			Procure and install a financial management software					1	To be done in year 1 as part of MCGL Capacity support
			Train staff on the use of the financial management software					1	To be done in year 1 as part of MCGL Capacity support
			Establish and renew annual licence for cloud based networking system to support efficient data management					5	Done annually
		Outcome 3: CHASL's activities, donor, parners and stakeholder coordination strengthened	Attend regular national technical meetings with MoHS/partners					5	Done as and when needed
			Provide technical support to MoHS and partners in the development, review and revision of strategies and policies on RMNCAH and other health interventions					5	Done as and when needed

			CHASL is a member of key TWGs within the Ministry and participate actively.						5	Ongoing
			Scope and explore for new partnership opportunities to support CHASL's work						5	Ongoing
		Outcome 4: CHASL is more adpative and responsive to emeregencies	Conduct annual risk emergency preparedness and readiness assessment in CHASL member health facilities and it operational communities						5	Done annually
			Train CHASL members on risk management and mitigation for emergency response						2	Two session in years 2 and 3
			Develop SOPs based on risk assessment outcome and resilence plan						2	Done in years 2 and 3
			Support member health facilities in gaps identified to mitigate risk and be resilence to withstand shocks within the system						2	Done in years 2 and 3
			Develop CHASL's security plan including a communication flow during emergency						1	
			Rollout risk management and mitigation plan to member facilities						1	
		Outcome 5: Appropriate policy environment exist to support the work of CHASL	Develop / review safeguarding, procurement, quality assurance and admin guides/policies						2	Done in years 1 and 2
			Train staff on various policies						5	Annually
			Print, distribute and ensure staff sign						5	Annually to make room for

			policies' attestation							new staff
	THEMATIC PILLAR FOUR (4): EVIDENCE-BASED ADVOCACY									
4	**GOAL:** CHASL's advocacy and external enagagment is infomed by accurate evidence	**Outcome 1:** Systems and processess in place for data collection, analysis and management	Procure and install a centralized data storage and analysis software						1	Done in 2023
			Develop a MEAL Plan						1	Done 2023
			Access to HMIS portal by CHASL Secretariat						1	Done in 2023
			Professional training on DHMIS for member facilities						2	In years 2 and 3
			Regular uploading of success stories and operation on CHASL website and other social media handles						5	Ongoing - done annually
			Conduct research and publish findings to SLMDA or peer-review journal						5	Ongoing - done annually
		Outcome 2: Communications strategy in place to guide CHASL's external engagement, communications and advocacy interventions.	Develop a communications land and advocacy strategy that feeds into CHASL's operations						2	1 communications strategy and 1 advocacy strategy
			Develop pico-videos on key healthy seeking behaviours for community engagements						2	Several videos
			Popularize CHASL's activities using various communication channels: radio, television, social media						5	Ongoing across the life span of the SP

			Review/develop and harmonize IEC materials with MoHS/partners for increased visibility						5	Ongoing across the life span of the SP