Paediatric Association of Sierra Leone (PASL)

Strategic Plan 2025-2030

PAEDIATRIC ASSOCIATION
SIERRA LEONE

Contents

Foreword

It is with great pride and anticipation that I present the Paediatric Association of Sierra Leone's (PASL) Strategic Plan 2025–2030, a foundational document that articulates our vision, aspirations, and actionable pathway towards ensuring the health and well-being of every child in Sierra Leone.

This strategic plan is the result of extensive collaboration, critical reflection, and collective ambition. It builds upon the gains made in recent years while acknowledging the persistent challenges facing child health in our nation. From high under-five mortality rates to resource constraints and workforce shortages, the barriers are considerable. Yet so too is our resolve.

Our Association, though young in formal establishment, is rich in commitment. Since our inception in 2024, PASL has championed a range of initiatives, including childhood cancer awareness, national protocol reviews, training programs, and community engagement. This plan provides a structured framework to scale these efforts over the next six years through five strategic pillars: Child Health Education and Promotion, Advocacy, Training and Capacity Building, Research and Quality Improvement, and Resource Mobilisation.

At the heart of this plan lies a vision where all children in Sierra Leone receive quality, equitable, and compassionate care. Through this roadmap, we seek to galvanize paediatric professionals, policymakers, communities, and partners alike to act in concert toward that shared future.

On behalf of PASL, I would like to extend my sincere gratitude to every individual and institution that contributed their expertise, time, and insights to shaping this strategy. Let this plan not sit idle, but inspire action, dialogue, and enduring partnerships.

Together, let us strengthen paediatrics and build a healthier Sierra Leone for our children.

Dr. med Nellie V. T. Bell
President, Paediatric Association of Sierra Leone (PASL)

Acknowledgements

The Paediatric Association of Sierra Leone (PASL) extends heartfelt appreciation to all those who contributed to the development of this Strategic Plan 2025–2030.

We are especially grateful to the members of the PASL and its stakeholders, including a dedicated team of paediatricians, clinicians, public health experts, nurses and academic partners whose vision and technical insights helped shape this roadmap.

Special thanks go to Dr. Mariama Mustapha, whose leadership and coordination were instrumental in developing and finalising this strategic plan.

The PASL wishes to acknowledge the essential contributions of the Royal College of Paediatrics and Child Health (RCPCH) team, including Marie Bontoux, Sebastian Taylor, Benedict Ganda, and Atinga Ayeebo, for their time and dedication in guiding the process from inception to completion.

We acknowledge the contributions of the Ministry of Health, the Sierra Leone Postgraduate College of Health Specialities, the West African College of Physicians, The Julus Maada Bio Centre of Excellence and the Ola During Children's Hospital, among others, for their consistent collaboration and support. We also thank our partners including UNICEF, WHO, Project HOPE, and the International Paediatric Association for their longstanding commitment to improving child health in Sierra Leone.

To our members, whose service and dedication to paediatrics inspire our work daily thank you for your unwavering passion and resolve. Finally, we recognise the children and families across Sierra Leone, whose lives and futures are at the core of this strategy.

May this plan serve as a guiding light toward a healthier, stronger future for all children in Sierra Leone.

PASL Executive Committee

List of Abbreviations

CHC	Community Health Centre
CHP	Community Health Post
CHW	Community Health Worker
COMAHS	College of Medicine and Allied Health Sciences
CPD	Continuous Professional Development
DHIS2	District Health Information Software 2
DHMT	District Health Management Team
DPT	Diphtheria, Pertussis, and Tetanus Vaccine
ENC	Essential Newborn Care
ETAT+	Emergency Triage Assessment and Treatment Plus
FHCI	Free Health Care Initiative
HR	Human Resources
ICD	International Classification of Diseases
IEC	Information, Education and Communication
IMNCI	Integrated Management of Neonatal and Childhood Illness
IPA	International Paediatric Association
JMB-PCE	Julius Maada Bio Paediatric Centre of Excellence
KMC	Kangaroo Mother Care
MoH	Ministry of Health
M&E	Monitoring and Evaluation
NCD	Non-Communicable Disease
NGO	Non-Governmental Organisation
ODCH	Ola During Children's Hospital
PASL	Paediatric Association of Sierra Leone
PEWS	Paediatric Early Warning Score
PHU	Peripheral Health Unit
RMNCAHN	Reproductive, Maternal, Neonatal, Child, Adolescent Health and Nutrition
SDG	Sustainable Development Goal
SDHS	Sierra Leone Demographic and Health Survey
SLNNS	Sierra Leone National Nutrition Survey
SLPCHS	Sierra Leone Postgraduate College of Health Specialties
TWG	Technical Working Group
UN IGME	United Nations Inter-Agency Group for Child Mortality Estimation
UNAPSA	Union of National African Paediatric Societies and Associations
UNICEF	United Nations Children's Fund
UHC	Universal Health Coverage
USL	University of Sierra Leone
WACP	West African College of Physicians
WHO	World Health Organization

Executive Summary

The Paediatric Association of Sierra Leone (PASL) Strategic Plan 2025–2030 outlines a bold and actionable roadmap to improve child health outcomes across Sierra Leone. Developed through broad consultation and critical reflection, this five-year plan positions PASL as a key actor in national efforts to address the persistent health challenges affecting children, while strengthening the paediatric profession and advancing clinical standards in child healthcare.

Sierra Leone continues to face a high burden of under-five mortality and preventable childhood illnesses, compounded by limited access to quality care, shortages of specialised staff, and inadequate healthcare infrastructure. Despite notable gains, such as improvements in immunisation coverage and neonatal services, significant gaps remain in policy implementation, workforce capacity, and community engagement.

This strategic plan is anchored around five core pillars, each designed to address a specific dimension of child health and paediatric care:

1. **Child Health Education & Promotion**
   Aims to improve awareness and adoption of key health practices among caregivers, communities, and providers through targeted campaigns, culturally appropriate information materials, and school-based initiatives.

2. **Advocacy**
   Focuses on influencing national health policies, increasing resource allocation for paediatrics, and supporting systems that ensure access to essential services and clinical guidelines.

3. **Training & Capacity Building**
   Seeks to expand and strengthen the paediatric workforce by developing training curricula, rolling out continuing professional development (CPD) programs, and enhancing partnerships with national and international academic institutions.

4. **Research, Data & Quality Improvement**
   Aims to generate and apply evidence through clinical audits, operational research, and the publication of national child health updates, thereby enhancing service delivery and policy formulation.

5. **Resource Mobilisation & Sustainability**
   Ensures the long-term viability of PASL's activities by diversifying funding sources, cultivating donor relationships, strengthening internal revenue streams, and enhancing financial systems.

The strategic plan is underpinned by PASL's vision of "Quality health care for all children in Sierra Leone" and a mission to promote optimal child health, growth, and development. It embraces core values of excellence, integrity, equity, innovation, and collaboration.

An implementation plan and robust Monitoring & Evaluation (M&E) framework accompany the strategy to ensure accountability, guide course corrections, and measure progress. Additionally, a dedicated communication plan supports transparency and sustained engagement with stakeholders.

Through this strategic plan, PASL reaffirms its commitment to ensuring that every child in Sierra Leone has the chance to survive, thrive, and fulfil their full potential.

Background and Context

Country Context

Figure 1: Map of Sierra Leone showing regions and districts

Sierra Leone, officially known as the Republic of Sierra Leone, is situated on the southwestern coast of West Africa. It shares borders with Liberia to the southeast and Guinea to the north and northeast. Encompassing 71,740 km^2, the country features a diverse range of environments, from savannas to rainforests, and experiences a tropical climate characterised by a dry season from November to April and a rainy season from May to October. In 2023, the Population Division of the United Nations Department of Economic and Social Affairs estimated its population to be 8.8 million. Approximately 40% of the population is below the age of 15 years.

The country is administratively organised into five main regions: the Northern Region, the Northwestern Region, the Southern Region, the Eastern Region, and the Western Area, which houses the capital city, Freetown. The four provinces are further divided into fourteen districts, which are subdivided into chiefdoms managed by local paramount chiefs; the Western Area consists of two districts without any chiefdoms. Following the recent devolution of services to local communities, Sierra Leone is now segmented into 21 local councils, further divided into 392 wards.

Sierra Leone's healthcare system follows a primary healthcare model with three tiers: primary, secondary, and tertiary. Community Health Workers (CHWs) provide primary care at the community level, while Peripheral Health Units (PHUs) manage multiple types of care through Maternal and Child Health Posts (MCHPs), Community Health Posts (CHPs), and Community Health Centres (CHCs). PHUs refer patients to district hospitals, which serve as secondary facilities accepting referrals and walk-in patients, offering outpatient and family medicine services. The secondary tier district hospitals deliver more specialised care, while tertiary hospitals function as referral centres and educational institutions. Ultimately, specialised regional hospitals and teaching hospitals form the tertiary tier of care. This integrated three-tier structure includes a referral system linking PHUs to district hospitals, district hospitals to regional hospitals, and regional hospitals to tertiary facilities.

Sierra Leone contends with a substantial burden of communicable diseases such as malaria, tuberculosis, and vaccine-preventable diseases, alongside maternal, perinatal, and nutritional issues, accounting for 58% of the country's disease burden (1). Concurrently, non-communicable diseases (NCDs) like cardiovascular diseases, cancers, chronic respiratory illnesses, diabetes, and injuries are becoming increasingly prevalent, responsible for 42% of deaths (1). Moreover, malnutrition poses a significant public health challenge, with anaemia affecting 68% of children under five years old (1).

Child Health in Sierra Leone

Sierra Leone has seen improvements in key health indicators since 2000. According to the UN Inter-agency Group for Child Mortality Estimation (UN IGME), the under-5 mortality rate dropped from 141 to 94 per 1,000 live births between 2015 and 2023. However, it remains above the SDG target of 25 per 1,000 (2). Neonatal mortality declined from 35 to 29 per 1,000 live births in the same period, but it too remains above the SDG target of 12 per 1,000 live births (2).

Newborn and Child Health Indicators		
Under-5 Mortality Rate	94 per 1,000 live births	UN IGME 2024
Neonatal Mortality Rate	29 per 1000 live births	UN IGME 2024
Full Immunisation Coverage (12-23 months)	56%	SDHS 2019
DPT1 Coverage	94.60%	SDHS 2019
DPT3 Coverage	78.10%	SDHS 2019
Measles Vaccination (first dose)	74.70%	SDHS 2019
Measles Vaccination (second dose)	54.40%	SDHS 2019
Stunting (under 5)	26.2%	SLNNS 2021
Wasting (under 5)	5.2%	SLNNS 2021
Underweight (under 5)	11%	SLNNS 2021
Early initiation of breastfeeding	89.4%	SLNNS 2021
Exclusive breastfeeding (0-6 months)	52.7%	SLNNS 2021

Table 1: Key Newborn and Child Health Indicators for Sierra Leone

Although still elevated compared to global norms, the decreasing trend in under-five mortality indicates progress in tackling major contributors to child fatalities. Neonatal mortality rates, defined as deaths occurring within the first 28 days of life, have also seen a decline. The country seeks to lower this rate to under 23 per 1,000 live births by 2025. However, the country is off track to achieve the Sustainable Development Goal of 12 or fewer deaths per 1,000 live births by 2030. Among the total of under-five deaths, a significant proportion occurs during the 1–59-month age period (3).

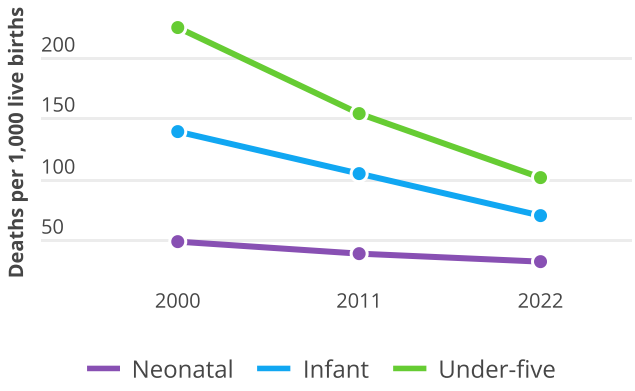

Figure 2: Neonatal, infant and under-five mortality rates, 2000–2022
Source: UN IGME, 2023

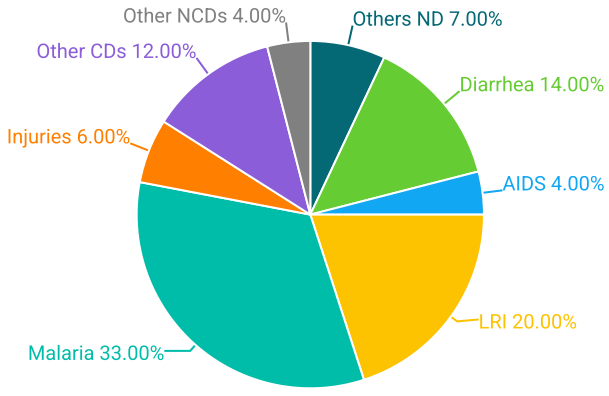

Figure 3: Causes of under-five mortality in Sierra Leone
Source: Sierra Leone RMNCAH & Nutrition Strategy 2017—2025

The primary reasons for mortality among children aged 1 to 59 months are still preventable and treatable conditions: malaria (33%), pneumonia (20%), and diarrhoea (14%) (3). Malnutrition remains a significant underlying factor contributing to child mortality (3,4).

Limited access to care stemming from socioeconomic barriers, ineffective referral systems, and a lack of essential medical supplies and amenities critical for providing quality services significantly affects child health service delivery. Public health facilities often experience frequent stock-outs of necessary medicines and medical supplies, compounded by poor supply chain management and challenges in executing the essential health services package.

Launched in 2010, the Free Health Care Initiative (FHCI) offers free preventive and curative health services to pregnant women, breastfeeding mothers, and children under five. This initiative has enhanced the utilisation and access to essential child health services, such as immunisation. However, the quality of clinical care continues to face significant difficulties. This is primarily due to a lack of specialised human resources, shortages of essential equipment and supplies, a lack of maintenance culture for both infrastructure and equipment, poor distribution of standards and guidelines, weak supervision and monitoring, as well as inadequate quality improvement systems. (5–8) Furthermore, funding for child health services, including Integrated Management of Neonatal and Childhood Illness (IMNCI) and immunisation, remains inadequate to address the increasing needs. (5–8)

There are approximately 15-20 Paediatricians at any given time in Sierra Leone, with around 10 Fellows of the Sierra Leone Postgraduate College of Health Sciences (SLPCHS) and five Fellows of the West African College of Physicians (WACP). There are currently nine paediatric residents being trained in Sierra Leone, under the WACP and the SLPCHS. Postgraduate training for doctors is currently provided by the West African College of Physicians and the College of Physicians and Surgeons of Sierra Leone. Current training for nurses in paediatrics includes Post-basic training in Neonatology, a BSc in Paediatric/Neonatal nursing, and a Master's degree in Paediatrics and Neonatology. Other specialist programmes are in the process of being developed.

There are two tertiary hospitals for paediatric care in the country: The Ola During Children’s Hospital (ODCH) and the Julius Maada Bio Paediatric Centre of Excellence (JMB-PCE). Specialist outpatient clinics are being run in the hospitals, including paediatric neurology, haematology-oncology, cardiology, neonatology, infectious diseases, and pulmonology.

About the Paediatric Association of Sierra Leone

Background

The establishment of a paediatric association in Sierra Leone began in 2014 with the formation of an interim executive. This interim group and several ordinary members convened multiple times to draft a constitution. However, as preparations for the association's registration and launch progressed, the Ebola epidemic broke out. Consequently, it was decided to delay the launch until after the crisis, and unfortunately, two executive members succumbed to Ebola, while others left the country. A decade later, in 2024, discussions about revitalising the association took place, the draft constitution was formally accepted, and the Association was officially inaugurated.

The Association offers three types of membership: Ordinary, Associate, and Honorary. Ordinary members consist of Paediatricians or doctors who have been engaged in child health for over three years. Associate members include nurses, NGOs working in paediatrics, and non-Sierra Leonean child health professionals. Honorary members advocate for or contribute significantly to the welfare of children in Sierra Leone.

Role and Achievements

Since its establishment in May 2024, the PASL has been involved in several successful initiatives aimed at improving paediatrics and child health and well-being across Sierra Leone, which include:

Health Campaigns & Outreach Programs

Childhood Cancer Awareness and Sensitisation: PASL partnered with the Oncology Unit at Ola During Children's Hospital to conduct a month-long nationwide campaign via radio, television, and social media. The campaign concluded with a one-day Survivors Seminar to share experiences and inspire hope.

Training & Capacity Building

Workshops and Seminars: PASL has supported several training events for healthcare professionals in collaboration with the Ministry of Health, UNICEF, Project Hope, and the International Paediatrics Association (IPA), which includes Introduction of Hepatitis B Birth Dose Vaccination; Training of Trainers and rollout of Essential Newborn Care (ENC) 1 and 2; Implementation of the Kangaroo Mother Care (KMC) and quality improvement package.

Policy Advocacy

National Protocol Review: PASL played an active role in reviewing the National Newborn Care Protocol, contributing technical expertise to strengthen national healthcare policy for infants.

Development of National Guidelines: PASL also partnered with the MoH to develop the National Guidelines for Child Death Review and Response and training of Health Care Workers on the ICD for paediatric cases.

Community Engagement & Health Education

Supporting Local Initiatives: PASL supported SUDU, a local non-governmental organisation (NGO), in delivering community health education programs. These initiatives aimed to empower caregivers with knowledge about common childhood illnesses and effective prevention strategies.

Structure and Organisational Development

In its initial form, PASL consists of its core founding members. As such, they can share experiences and insights, engage in professional development activities, and work collectively to represent paediatric functions and child health issues from the central level of the Ministry of Health to the local level of health facilities and communities.

However, since the founding membership of PASL comprises clinicians with generally full-time employment, it is likely that PASL will need to consider taking on, and financing, at least a modicum of administrative support, for example in the form of PASL Administrator and finance manager. This marks the beginning of the organisational development process, wherein PASL members will need to design the level of organisational support required to carry out various functions and how to resource the desired level of organisational capacity.

To facilitate regular meetings, PASL will likely require at least some office space, currently envisioned as an office in ODCH. As it expands its membership, PASL may need to increase staff capacity, for instance, to manage communications among members (in addition to providing administrative support), as well as acquire necessary office equipment (such as computers, laptops, and internet functionality). Depending on the growth of the available resource base, PASL may need to consider acquiring its own office space and eventually building (instead of borrowing space within another entity like ODCH).

For human resource and administrative/office costs, PASL may need to seek additional revenue to ensure cost coverage. This revenue may come from within-membership subventions, private donations, private sector fundraising, public fundraising, and/or institutional grant acquisition.

In the latter case (grant acquisition), PASL will need to be organisationally eligible to be either the primary recipient or a partner within a recipient consortium for grant-funded programmatic work. It will need to be able to command a modicum of members' time and expertise (or recruit additional external time and expertise) to fulfil grant-funded activities (whether in Sierra Leone or elsewhere), in the form of technical program managers. It is possible that, to build its portfolio of grant-funded programmatic activity, PASL will need to invest further in organisational capacity, including hiring a fundraiser and enhancing HR capacity with appropriate skills for governance, management, and oversight of financial budgets.

In the initial period of the current strategic plan, PASL leadership will outline the steps and resources necessary for developing an organisational capacity suited to its proposed purpose and planned activities, including, inter alia, PASL staffing, office infrastructure and equipment, and banking and communications services. The strategic aim for PASL's organisational development is to achieve the requisite level of capacity at the minimum cost, ensuring that resources primarily benefit the objectives of the association and support activities for paediatric professional development and national child health.

Strategic Framework

Vision

Quality health care for all children in Sierra Leone.

Mission

To promote the optimal health, growth and development of all children and to continue to provide quality paediatric care for children in Sierra Leone.

Aims and Objectives

1. To advocate for the well-being of the children of Sierra Leone.
2. To promote a comprehensive approach to paediatric practice, with an emphasis on prevention.
3. To advance the awareness and practice of child health, through advocacy.
4. To champion the safeguarding of children in Sierra Leone.
5. To promote paediatric research and training.
6. To promote the exchange of experiences of medical practitioners and others involved in the care of children and make national protocols and standards known to others.
7. To acquire, establish, print and publish books, magazines, periodicals, leaflets or other literary or scientific works that the Association may think desirable for the promotion of its objectives with the approval of the authorities concerned.
8. To promote the professional and legitimate interests of paediatric practitioners and those striving to work in the field of paediatrics.
9. To co-operate and build bridges with other paediatric associations worldwide, the United Nations Children's Fund (UNICEF), the World Health Organisation (WHO), the World Bank, the International Paediatric Association (IPA), the Union of National African Paediatric Societies and Associations (UNAPSA) etc.

Core Values

- **Excellence**: Commitment to the highest standards of childcare and professionalism.
- **Integrity**: Acting ethically and transparently.
- **Collaboration:** Partnering nationally and globally to achieve child health outcomes.
- **Innovation**: Encouraging new ideas and evidence-based approaches.
- **Equity**: Ensuring every child has access to quality care.

Strategic Objectives, Strategies and Actions

The PASL Strategic Plan is built around five strategic pillars, including:

1. Child Health Education & Promotion
2. Advocacy
3. Training & Capacity Building
4. Research, Data & Quality Improvement
5. Resource Mobilisation & Sustainability

Strategic Pillar 1: Child Health Education and Promotion

Goal: Improve awareness and adoption of key child health practices among caregivers, communities, and service providers.

Strategy 1.1. Develop culturally appropriate health education materials

- Produce IEC materials (jingles, posters, flyers, videos) in major local languages.
- Distribute materials via health facilities, community health workers, schools, and social media.

Strategy 1.2. Conduct nationwide health promotion/disease prevention campaigns

- Launch the annual "Child Health Week" with themes focusing on nutrition, immunisation, hygiene, early stimulation, and other key areas.
- Partner with local radio/TV stations for regular child health segments.
- Partner with NGOs and community groups to implement immunisation, nutrition, and disease prevention campaigns.

Strategy 1.3. Promote school and community-based child health education

- Train teachers and school health coordinators.
- Set up child health clubs in schools.
- Run parenting workshops in collaboration with NGOs and community leaders.

Strategy 1.4. Engage traditional and religious leaders

- Involve them as community champions for child health behaviours (e.g., vaccination, breastfeeding).

Strategy 1.5. Community engagement and public health initiatives

- Support MoH and other partners in designing and delivering public health /community-based health information, education and communication initiatives to enhance community, family and parental understanding of infant and child health practices.
- Support the design of paediatric outreach programmes for underserved communities to increase healthcare access.
- Adopt a slum for regular visits aimed at education and advocacy, and monitor the success achieved.

Strategic Pillar 2: Advocacy

Goal: Influence national and district-level health policy and resource allocation to prioritize child health.

Strategy 2.1. Engage policymakers and government stakeholders

- Present evidence-based child health policy briefs to MoH and Parliamentarians.
- Participate in health sector coordination meetings and child health TWGs.

Strategy 2.2. Promote policies supporting child health systems strengthening

- Work with MoH, other professional bodies, international and local NGOs, donor agencies and other stakeholders to review and influence the development of national child health policies
- Push for institutionalisation of neonatal and paediatric clinical guidelines.
- Advocate for increased funding and resources for paediatric healthcare services.

Strategy 2.3. Stronger healthcare infrastructure, equipment, resources and quality of care

- Supporting the development of paediatric and neonatal units in hospitals and clinics nationwide.
- Advocate for and support MoH and health facilities to procure, deliver and maintain essential medical equipment and supplies for child healthcare.
- Encourage public-private partnerships to enhance paediatric service delivery.

Strategy 2.4. Mobilise public support for child health investment

- Launch public advocacy campaigns highlighting the state of child health in Sierra Leone.
- Leverage media to amplify the voices of paediatricians and health advocates.

Strategy 2.5. Build coalitions and alliances

- Work with other medical and professional associations, INGOs, and CSOs to amplify advocacy messages.
- Host national paediatric policy dialogue forums annually.

Strategic Pillar 3: Training & Capacity Building

Goal: Strengthen the competencies and availability of paediatric and neonatal healthcare providers nationwide.

Strategy 3.1. Develop and/or update national neonatal & paediatric clinical care standards & guidelines

- Development of Sierra Leonean capabilities in neonatal/paediatric standards/guidelines development.
- MoU with MoH and relevant partners on standards/guidelines development, including review/update, curating, dissemination, auditing, etc.
- Development of the PASL website as a hub for neonatal/paediatric standards and a basis for dissemination across the workforce and facilities.

Strategy 3.2 Develop and roll out standardised paediatric training curricula

- Finalise national training curriculum that is aligned with MoH and WHO standards and other relevant institutions.
- Introduce e-learning and blended learning models.

Strategy 3.3. Strengthened paediatric professional development and training

- Developing core content, faculty and delivery of national neonatal/paediatric education, examination and qualification.
- Supporting/delivering regular neonatal/paediatric training programmes, workshops, and conferences, including inter alia ETAT+ and CCC, ENC1 and ENC2, PEWS and other advanced neonatal/paediatric training packages.
- Establishing partnerships with universities and medical institutions for specialized paediatric training.
- Developing continuous professional development (CPD) programs for paediatricians and healthcare workers.
- Building a national cohort of child health clinicians (including paediatricians and paediatric/ neonatal nurses/midwives).
- Train master trainers to deliver modules at district and facility levels.
- Integrate the trainings into health worker induction programs.
- Organise international educational exchange programs for healthcare workers.

Strategy 3.4. Build a national Continuous Professional Development (CPD) framework for paediatric health workers

- Establish CPD-accredited training calendar.
- Use PASL website for CPD access and credit tracking.

Strategy 3.5. Strengthen academic partnerships

- Collaborate with USL, COMAHS, WACP and CPS-SL, regional and international partners (e.g., RCPCH) to support undergraduate and postgraduate training and mentoring.
- Facilitate clinical placements and joint academic projects.

Strategic Pillar 4: Research, Data & Quality Improvement

Goal: Generate actionable evidence to improve child health services and outcomes.

Strategy 4.1. Establish a PASL research and audit committee

- Identify research priorities aligned with national and international child health goals.
- Mentor young researchers in protocol development, data collection, and publishing.
- Collaborating with national and international researchers to improve paediatric care.
- Ensure that ethical standards are upheld in research involving children.

Strategy 4.2. Lead facility-based paediatric clinical audits

- Support routine and robust quality audits using updated paediatric and neonatal care standards.
- Provide feedback reports to health facilities and DHMTs with action plans.

Strategy 4.3. Support national health information systems

- Work with MoH to integrate all child health indicators into DHIS2.
- Train clinicians in data quality and its use for decision-making.

Strategy 4.4. Disseminate evidence to inform practice and policy

- Publish an annual "State of Child Health" report.
- Publishing research findings and recommendations to guide healthcare policies and practices.
- Present research at national and regional conferences.

Strategic Pillar 5: Resource Mobilisation & Sustainability

Goal: Ensure long-term sustainability of PASL programs through diverse funding sources and sound financial systems.

Strategy 5.1. Develop a comprehensive fundraising strategy

- Identify priority funding needs, such as training, research, and equipment.
- Map and target donors (including government, UN, foundations, and the private sector).

Strategy 5.2. Strengthen internal revenue generation

- Launch a tiered membership model (regular, associate, institutional, life members).
- Offer paid training workshops and CPD programs.

Strategy 5.3. Build donor and partner engagement systems

- Establish a donor database and implement regular communication tools, including newsletters and donor reports.
- Host donor engagement breakfasts and partner roundtables on an annual basis.

Strategy 5.4. Improve financial management and reporting systems

- Develop a financial policy and manual.
- Train executive board and staff in financial oversight and grant compliance.
- Yearly auditing of PASL funds.

Monitoring and Evaluation of the Implementation

This strategic plan will be executed from 2025 to 2030. The Executive Committee is responsible for overseeing its implementation via various sub-committees and support staff.

Progress will be tracked by the Monitoring and Evaluation (M&E) subcommittee in cooperation with the PASL executive secretariat, referencing the annual action plans created by each subcommittee at the start of each operational year. The M&E sub-committee will analyse not only the progress of activity reports but also identify any weak areas that need to be addressed each operational year to ensure effective action plans. The M&E sub-committee's report will be shared with all members 6-monthly through PASL communication channels.

The PASL secretariat will develop an annual operational plan and budget based on the outputs specified in this plan and the annual action plans of the sub-committees. These plans and budgets will be discussed and approved by the general assembly and widely distributed to available funding partners.

The M&E sub-committee will compile the annual activity reports, while the PASL secretariat will prepare the financial report; both will be presented to members at the general assembly. The M&E sub-committee must emphasise how objectives have been achieved in its annual reports. An annual financial audit will be conducted, and reports will be submitted to all relevant stakeholders, including funders.

An internal midterm review of this plan is scheduled for 2028, during which members will hold a workshop to assess the progress of implementation. All issues identified from the analysis of technical reports, financial data, and audit reports will be discussed, and necessary actions will be taken. We plan to conduct an end-term evaluation of this strategic plan in 2030 to assess best practices and experiences, facilitating the planning for future phases.

Communicating the Strategic Plan

The Communication Plan for the Paediatric Association of Sierra Leone (PASL) Strategic Plan 2025–2030 aims to ensure that the strategy is effectively disseminated, understood, and supported by key stakeholders. The primary objectives are to raise awareness of PASL's strategic priorities, mobilize engagement and resources, and reinforce the Association's leadership in child health advocacy and service delivery.

The plan targets various audiences, including PASL members, the Ministry of Health and Sanitation, donors and development partners, healthcare workers, the media, and the general public. Through tailored messaging, PASL will highlight its commitment to improving child health outcomes and the role of multi-sectoral collaboration in achieving its goals.

Multiple communication channels will be used to reach these audiences, including the PASL website, newsletters, social media platforms, stakeholder meetings, and mass media. The Strategic Plan will be officially launched in mid-2025, with supporting materials such as infographics, press releases, and summary documents to make the content accessible. Regular updates, including quarterly newsletters and annual progress reports, will ensure transparency and sustained stakeholder engagement.

The plan includes a monitoring and evaluation framework with key indicators such as website traffic, newsletter open rates, social media engagement, and stakeholder feedback. By implementing this communication strategy, PASL seeks to build a shared understanding and foster a collaborative environment essential for the successful implementation of its Strategic Plan.

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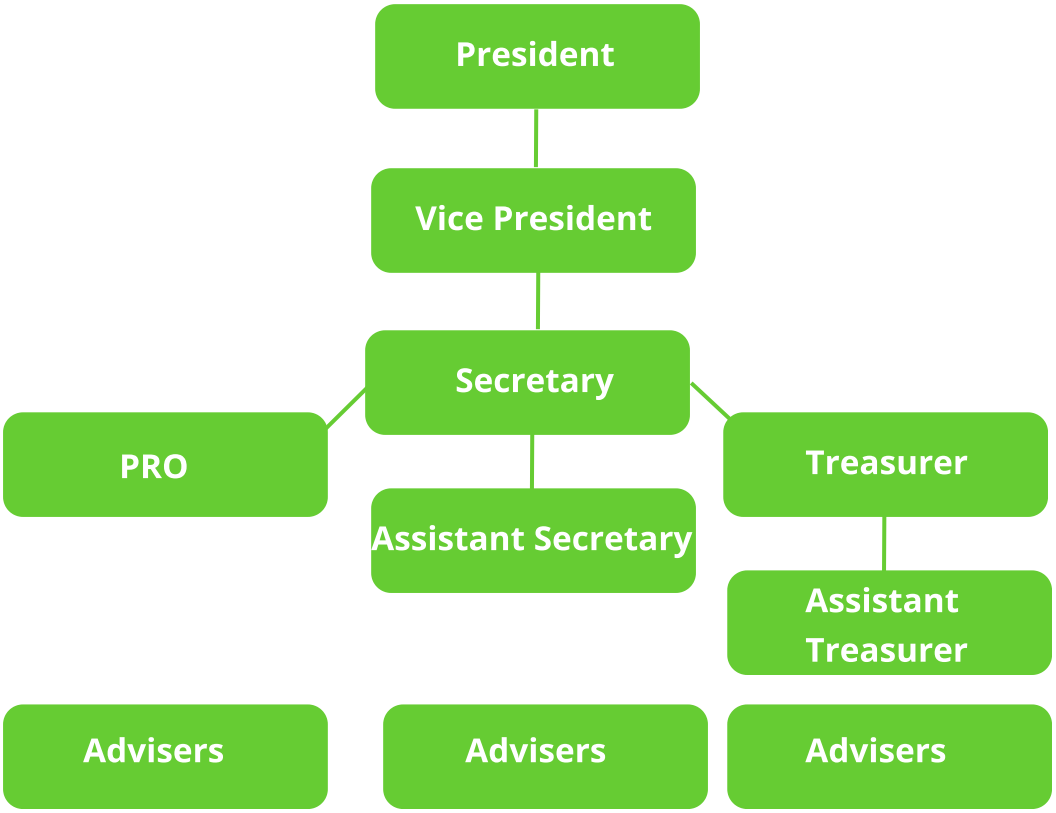
Annexes

Annexe 1 - Implementation Structure



Annexe 2 - M&E Plan for PASL Strategic Pillars (2025-2030)

Strategic Pillar 1: Child Health Education and Promotion

Level	Statement	Indicator	Means of Verification
Impact	Improved health-seeking behavior and reduced child morbidity and mortality in Sierra Leone	Under-5 mortality rate, immunisation coverage	UN IGME data, SDHS reports, MoH HMIS
Outcome	Increased awareness and adoption of essential child health practices	% of caregivers demonstrating knowledge of key child health practices	KAP surveys, campaign evaluations
Output	- IEC materials developed - Health campaigns conducted - Community outreach programs delivered	- # of materials produced - # of campaigns - # of outreach sessions	PASL reports, MoH activity logs, media reports

Strategic Pillar 2: Advocacy

Level	Statement	Indicator	Means of Verification
Impact	Stronger national policy environment and increased investment in child health	Budget allocation to paediatrics Number of child health policies adopted	MoH budget documents, gazetted policies
Outcome	Greater prioritization of child health in national policies and planning	# of national policies influenced by PASL	MoH policy documents, PASL advocacy records
Output	- Policy briefs developed - Meetings with policymakers held - Media advocacy campaigns executed	- # of briefs produced - # of engagements - # of media features	PASL advocacy logs, meeting minutes, media tracking

Strategic Pillar 3: Training & Capacity building

Level	Statement	Indicator	Means of Verification
Impact	Improved quality of paediatric care in health facilities across Sierra Leone	% of facilities meeting paediatric care standards	MoH quality audits, PASL evaluations
Outcome	Enhanced competencies among paediatric and neonatal healthcare workers	# of trained health workers demonstrating improved knowledge/skills	Pre/post-test scores, training attendance records
Output	- Trainings conducted - Curriculum developed - CPD system launched	- # of trainings - Finalised curriculum - CPD platform active	PASL reports, MoH training records, CPD tracking

Strategic Pillar 4: Research, Data & Quality Improvement

Level	Statement	Indicator	Means of Verification
Impact	Evidence-informed decision-making for child health interventions	# of child health decisions based on local evidence	Policy review reports, stakeholder interviews
Outcome	Strengthened paediatric research and data utilization	# of research publications and clinical audits completed	PASL publications, audit reports
Output	- Research priorities defined - Clinical audits conducted - Annual State of Child Health report published	- Research agenda developed - # of audits - Annual report released	PASL documents, MoH collaboration reports

Strategic Pillar 5: Resource Mobilisation & Sustainability

Level	Statement	Indicator	Means of Verification
Impact	Sustainable operations and program implementation by PASL	Total annual revenue raised by PASL	PASL financial statements, audit reports
Outcome	Increased funding and internal revenue generation	# of donors engaged Revenue from membership & paid services	Donor engagement records, income reports
Output	- Fundraising strategy developed - Membership model implemented - Donor events held	- Strategy in place - Membership revenue - # of events held	PASL fundraising reports, donor meeting attendance logs

Annexe 3 - Communication Plan for PASL Strategic Plan (2025-2030)

Communication Objectives

- Raise awareness about PASL's 2025–2030 Strategic Plan among members, partners, and the public.
- Mobilize stakeholder support for the implementation of the strategic plan.
- Foster transparency and accountability through regular updates and reporting.
- Promote PASL's role as a national leader in paediatric health advocacy and service improvement

Key Audiences

Audience	Purpose of communication
PASL Members	Ensure ownership and engagement in implementation
Ministry of Health	Foster collaboration and policy alignment
Donors & Development Partners	Mobilize technical and financial support
Health Workers and Institutions	Promote awareness of trainings, standards, and research
Media and General Public	Build visibility and support for child health issues
Professional Associations	Facilitate collaboration and joint advocacy
Academia and Researchers	Encourage research partnerships and evidence dissemination

Key Messages

- PASL is committed to improving child health in Sierra Leone through evidence-based, coordinated, and sustainable strategies.
- The Strategic Plan 2025–2030 provides a clear roadmap to address key child health challenges.
- PASL is a trusted partner and convener in paediatric advocacy, training, service delivery, and research.
- Collaboration and support from stakeholders are essential for the plan's success.

Communication Channels and Tools

Channel/Tool	Use
Strategic Plan Document	Print and electronic dissemination to all key stakeholders.
PASL Website	Host the whole strategic plan and regular implementation updates.
Email Newsletters	Quarterly updates to members, partners, and stakeholders.
Social Media	Share highlights, events, calls to action, and campaign materials.
Press Releases and Media Briefings	Announce key milestones and advocacy issues.
Stakeholder Meetings	In-person or virtual forums to present and discuss progress.
Conferences and Workshops	Presentations to broader professional and academic communities.
Annual Reports	Summarise yearly progress and financial performance.
IEC Materials	Translate strategic messages into flyers, posters, and infographics.

Implementation timeline

Activity	Timeframe	Responsibility
Launch of Strategic Plan	Q2 2025	PASL President & Secretariat
Upload to PASL website and distribute copies	Q2 2025	Communications Lead
Design and share digital summary (infographic)	Q2–Q3 2025	Communications Team
Quarterly email newsletters	Starting Q3 2025	PASL Communications Lead
Annual media briefing on progress	Annually, Q4	PASL President & Comms Lead
Partner roundtables and donor engagements	Bi-annually	Resource Mobilization Team
Social media campaign (e.g., Child Health Week)	Annually	Communications Team
CPD webinars and updates	Bi-monthly	Training & CPD Coordinator

Monitoring & Implementation

Indicator	Target	Means of Verification
% of stakeholders receiving the strategic plan	100% of the target stakeholder list	Distribution list, delivery logs
Website traffic increase post-launch	25% increase	Website analytics
Number of social media posts and engagements	At least two posts per week	Social media analytics
Newsletter open rate	30%+	Mailchimp or email tracking tools
Number of media features (radio, TV, print)	At least 4 per year	Media tracking report
Stakeholder feedback on communication effectiveness	80% positive feedback	Annual stakeholder survey