

FIVE-YEAR STRATEGIC PLAN · 2027-2031

From a phone call to a *national system* of care

How Letters to Strangers Liberia will strengthen, grow and sustain youth-centred mental health support across Liberia between 2027 and 2031.

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THE PLAN AT A GLANCE

Five priorities. Five years. One connected system.

- **Strengthen the front door:** a reliable, quality-assured 9898 hotline.
- **Open and grow Move To Heal** and youth-centred clinical care.
- **Reach further** into counties and communities.
- **Build the workforce** and the system around it.
- **Build a sustainable, accountable institution.**



STATUS KEY

OPERATIONAL

IN PREPARATION

PLANNED

PROJECTION / TARGET

This plan separates what L2SLiberia already delivers from what it is preparing or proposing. Each service carries a status label, and every future figure is marked as a target or projection.

01 · EXECUTIVE SUMMARY

A system Liberia has never had, built by young Liberians

Letters to Strangers Liberia (L2SLiberia) has shown that a free phone call can open the door to care in a country with very few mental health specialists. Over the next five years we will turn that door into a dependable national system of youth-centred mental health support.

Liberia's mental health burden is heavy and mostly untreated. A national survey found PTSD symptoms in 44% of adults and symptoms of major depression in 40% (Johnson et al., 2008). Two to three psychiatrists were reported for the whole country in 2018–2019. Most people live far from specialist care, and roughly half of Liberians lived in extreme poverty in 2021. Young people bear much of this weight: 63% of the population is under 25.

Since 2019 L2SLiberia has built an integrated model. The **9898 toll-free hotline** is the front door. A **Mobile Clinic** takes care to communities, and a **referral network** connects people to hospitals, safe houses, protection services and legal aid. Our published figures include more than 140,000 calls received, more than 5,000 referrals and 75 clinicians trained. Mobile outreach has reached more than 32,500 people in Montserrado, Bomi and Margibi.

The 2026 work plan was candid about what still needs to change: a secure hotline workspace, reliable 24/7 rosters, clinical supervision and consolidated monthly data. This strategy builds on those foundations before it builds outward.

Our five strategic priorities, 2027–2031

- 1 Strengthen the front door.** A stable, supervised, data-driven 9898 hotline.
- 2 Open and grow Move To Heal,** Liberia's first dedicated youth mental health clinic, and in-house counselling.
- 3 Reach further** through the Mobile Clinic, schools and communities, county by county, beginning with Nimba.
- 4 Build the workforce and the system:** caregivers, peer navigators, police training, MoH integration.
- 5 Build a sustainable, accountable institution** with diversified income, strong governance and published results.

What will be different by 2031 TARGETS

- Every call to 9898 answered by a trained, supervised counsellor, with performance published each month.
- Move To Heal licensed and operating, with outcomes measured using validated tools.
- Services extended beyond the current three counties, with Nimba first.
- A Liberian community mental health workforce trained to an agreed national standard.
- No single funder providing more than 40% of income, and an independent audit every year.

The greatest barrier to mental health care in Liberia is not the absence of need. It is the absence of access.

L2SLIBERIA FOUNDING VISION

02 · WHO WE ARE

Youth-led. Liberian-built. Free at the point of contact.

Letters to Strangers Liberia is a registered Liberian non-profit, established in 2019 and accredited by the Ministry of Health as a mental health provider. We are the Liberia chapter of Letters to Strangers, a global youth-run mental health non-profit founded in 2013 and now active in 72 countries. Our office is in Congo Town, Monrovia.

We began with young people supporting young people through peer circles and anonymous letter-writing. Since then we have built the 9898 toll-free hotline (launched in 2021), a Mobile Clinic and a network of trained caregivers, referral partners and public institutions.

Mission

To provide free, accessible, trauma-informed mental health support to all Liberians through a national toll-free hotline and mobile clinic, reaching those most left behind by poverty, geography and stigma.

Vision

A Liberia and a West Africa in which mental health is understood, destigmatised and accessible to all, where no person suffers alone, in silence, without hope.

Our values

Dignity

Every person is believed and respected.

Accessibility

Cost and distance are never the reason someone goes without help.

Cultural humility

We work within people's worldview, not against it.

Trauma-informed care

Safety, trust, choice, collaboration and empowerment.

Radical transparency

We publish our data and invite scrutiny.

People before institutions

Services are designed around the person, not the system.



L2SLiberia team and volunteers in a planning session.

Organisation facts

Legal status	Registered non-profit
Established	2019
Accreditation	Ministry of Health
Tax ID (TIN)	501463377
Business Reg. No.	053085784
Hotline	9898, toll-free, 24/7
Website	mentalhealthliberia.org

Who we serve

Children and adolescents; youth aged 15-35; women and survivors of gender-based violence; rural and peri-urban communities; law enforcement personnel; and any Liberian in mental health distress.



03

The context

Two civil wars, the Ebola epidemic, persistent poverty and the 2025 cuts to foreign aid have left a deep, largely untreated mental health burden. It falls hardest on young people.

03 · THE CONTEXT

A heavy burden, very few specialists

Liberia's civil wars (1989–2003), the 2014–2016 Ebola epidemic and chronic poverty have produced trauma that spans generations. For most people, formal care remains out of reach.

44%

of Liberian adults had symptoms of PTSD; 40% had symptoms of major depression

Johnson et al., *JAMA*, 2008

2–3

psychiatrists reported for the whole country in 2018–2019

Carter Center 2018; MSF 2019

63%

of Liberians are under 25; 74.5% are under 35

UNFPA 2023; LISGIS Census 2022

~50%

of Liberians lived in extreme poverty in 2021

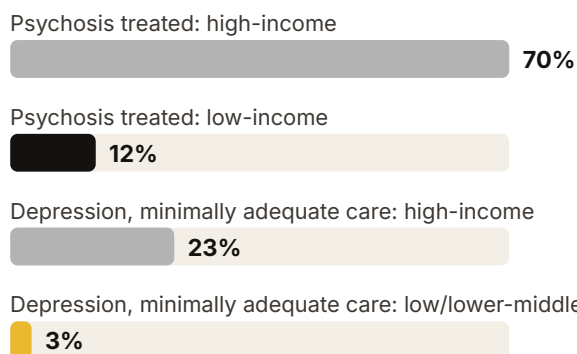
World Bank, 2022

What the evidence shows

The most robust Liberia-specific estimate comes from a national population survey published in *JAMA* in 2008. It found symptoms of post-traumatic stress disorder in 44% of adults and symptoms of major depression in 40%. Former combatants and survivors of sexual violence had the highest rates. Liberia's Truth and Reconciliation Commission (2009) documented the scale of torture, forced recruitment of children and sexual violence during the conflict. No comparable national survey has been published since.

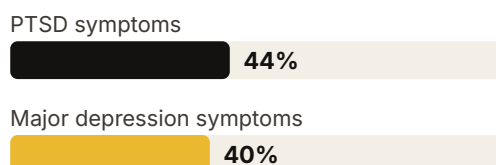
Globally, one in seven adolescents aged 10–19 experiences a mental disorder, and suicide is the third leading cause of death among people aged 15–29 (WHO, 2025). WHO's *World mental health report* (2022) found that only about 12% of people with psychosis in low-income countries receive treatment, compared with about 70% in high-income countries.

Treatment coverage, low- vs high-income countries



Source: WHO, *World mental health report*, 2022.

Symptom prevalence in Liberian adults



Source: Johnson et al., *JAMA*, 2008 (national population survey, n = 1,666 adults).

03 · THE CONTEXT

Three walls between people and care

1

Poverty

About half of Liberians lived in extreme poverty in 2021 (World Bank, 2022). Transport to a clinic, let alone private care, is out of reach for most families. Poverty also produces the chronic stress, food insecurity and loss that drive mental ill-health.

2

Geography

Specialist services are concentrated in Monrovia. Roads are long and many counties have no dedicated mental health service. The workforce is made up mainly of mid-level clinicians: by 2018, 249 clinicians had been trained in mental health nationwide (Carter Center, 2018).

3

Stigma

In an L2SLiberia community survey, 74% of respondents said they would be embarrassed to seek mental health help, and 61% believed mental illness had spiritual or supernatural causes. People often turn first to faith and traditional healers.



Schoolchildren gather during a community activity.

Why young people, and why now

Liberia is a young country. The 2022 census found that 41.5% of the 5.2 million population is under 18 and 74.5% is under 35, and UNFPA (2023) reports that 63% are under 25. Many mental health conditions first appear in adolescence and early adulthood. Yet our programme documents and the THRIVE Framework analysis record that Liberia has no dedicated youth or children's mental health service.

The system is also under new strain. The 2025 cuts to United States foreign assistance closed or reduced health and psychosocial services across Liberia (AP/NBC News, 2025), which increases demand on free services such as ours.

There are openings too. The government is reforming the mental health system. In April 2025 the Ministry of Health announced plans for wellness clinics in referral hospitals and reported that mental health medicines are now in the national essential drug supply (MICAT, 2025). Mobile phones reach communities that roads do not.

Implication for this strategy

Liberia does not need a copy of a Western clinic. It needs a connected, low-cost, community-rooted system that reaches young people where they are and links them to the scarce specialist care that exists. That is the system this plan sets out to build.

04 · WHERE WE STAND IN 2026

A working model, ready to be strengthened

This assessment draws on our H2 2026 Work Plan and the February–October 2026 Hotline Report. Both were written to be candid with L2SLiberia headquarters and the Board.

140,000+

calls received from across Liberia and Africa (cumulative)

Liberian Investigator, Apr 2026

5,000+

referrals made to onward care

Liberian Investigator, Apr 2026

32,500+

people reached through mobile outreach in three counties

Organizational Profile, 2026

75

clinicians trained through L2SLiberia programmes

Liberian Investigator, Apr 2026

Strengths to build on

- A recognised national hotline: toll-free, 24/7, with callers from all 15 counties.
- MoH accreditation and a joint World Mental Health Day 2026 campaign with the Mental Health Unit.
- A formal partnership with the Liberia National Police Academy and Training School.
- A published, evidence-informed model: the THRIVE Framework and BRIDGE approach.
- The youth-led identity, peer-support roots and the backing of a 72-country global network.

Constraints to resolve

- The hotline workspace raises confidentiality, safeguarding and data-protection concerns; relocation is recommended.
- 24/7 cover relies on part-time responders.
- Clinical oversight depends on recruiting a licensed counsellor or psychiatrist.
- No consolidated monthly performance dataset for 2026 yet.
- Small, approval-dependent budgets: the H2 2026 framework totals \$34,655.

Opportunities

- Opening Move To Heal fills a clear national gap in youth services.
- MoH reform: wellness clinics and the essential medicines supply.
- University partnerships for a pipeline of student responders and research.
- Foundation and UN interest in youth-led, low-cost models.
- Hotline data could become a national mental health intelligence resource.

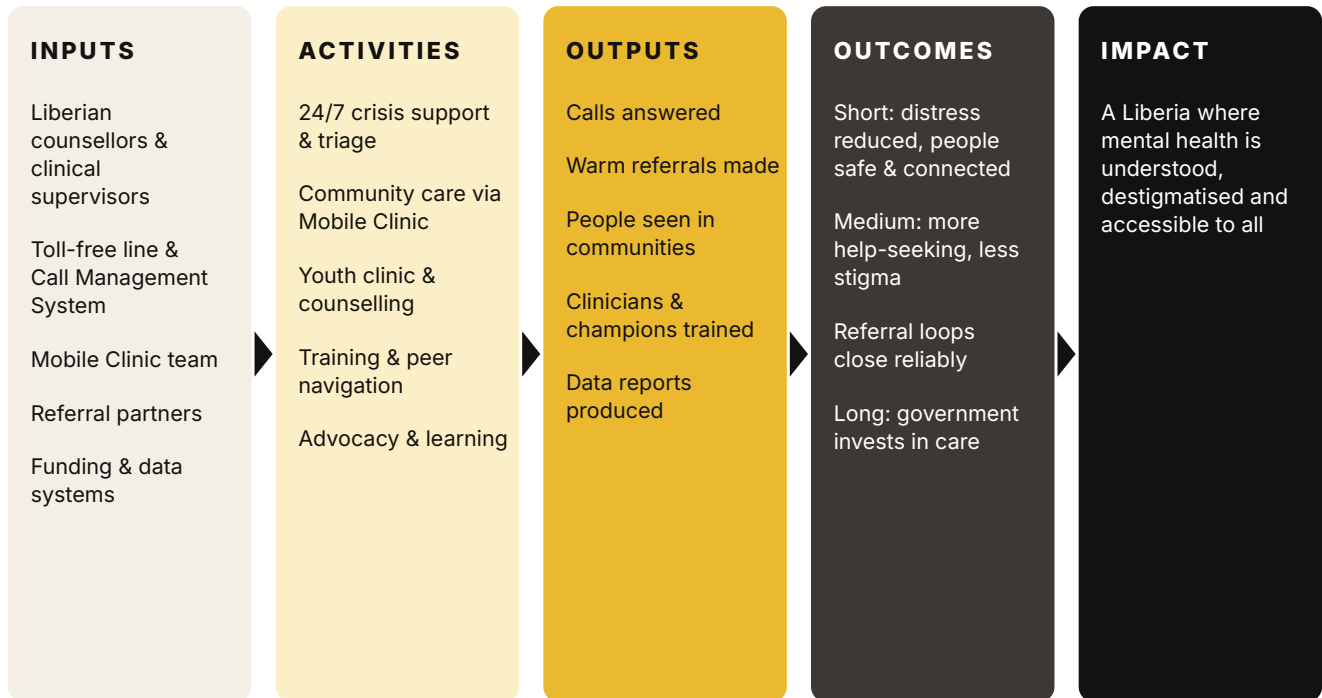
Threats

- Promoting the hotline before 24/7 cover is stable risks unanswered calls and lost trust.
- Staff burnout from constant exposure to traumatic material.
- Thin referral capacity for higher-level care outside Montserrado.
- A funding environment that tightened after the 2025 aid cuts.
- Dependence on a small number of funders and on HQ approval cycles.

05 · THEORY OF CHANGE

Why our approach will work

If we remove the barriers of cost, distance and stigma, and deliver trauma-informed, culturally grounded care to those most left behind, then Liberians will heal, communities will strengthen and the cycle of untreated suffering will break.



Four propositions

- 1 **If barriers to access are removed:** a free call removes cost, the Mobile Clinic removes distance, and visible Liberian-led services build trust...
- 2 **...and care is trauma-informed and culturally grounded:** Liberian counsellors, non-judgemental practice, help for the whole range of need...
- 3 **...and people are connected to the wider ecosystem:** warm referrals, community champions, follow-up and case tracking...
- 4 **...then sustainable, systemic change becomes possible** for individuals, families, communities and government.

Assumptions we will test

- **Access drives uptake.** Removing cost and distance increases help-seeking; call data will test this continuously.
- **Trust enables disclosure.** Callers share their real need when the service feels safe and familiar.
- **Referral services exist.** Where they are weak, we must help strengthen them.
- **Staff can sustain quality** with supervision, self-care support and manageable caseloads.
- **Government remains a partner** through data-sharing, joint programming and advocacy.

Adapted from the L2SLiberia Theory of Change (2026), which is reviewed every year.



06

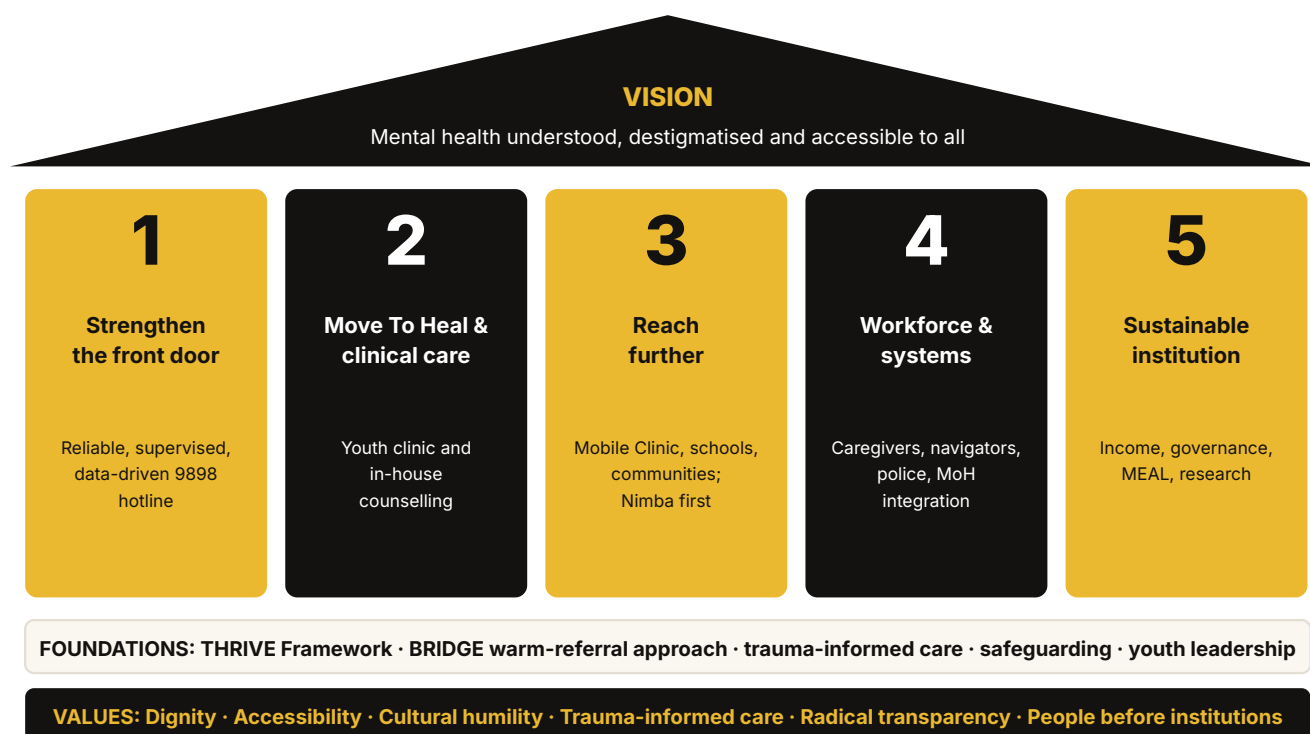
Strategic framework

Five priorities, each with an objective, outcomes and measurable indicators. The order is deliberate: we strengthen what exists before we expand.

06 · STRATEGIC FRAMEWORK

One vision, five priorities

The five priorities form a single system. The hotline brings people in. Move To Heal and the Mobile Clinic provide care. The workforce priority supplies the people, and the institution priority keeps it all funded, governed and accountable. Our foundations are the THRIVE Framework, our blueprint for community mental health in Liberia, and the BRIDGE warm-referral approach.



Sequencing principle

As the 2026 Work Plan set out, Priority 1 comes first. Awareness campaigns will be timed to match confirmed 24/7 capacity, so that new demand is answered.

How targets are set

Targets marked **TARGET** are proposed. They will be re-baselined in Q1 2027, once a Call Management System data pull for 2026 is complete.

Approval

All commitments, budgets and partnerships remain subject to written approval from Letters to Strangers headquarters and the L2SLiberia Board.

1

STRATEGIC PRIORITY 1 BUILDS ON OPERATIONAL SERVICE

Strengthen the front door

Objective

By 2028, every person who calls 9898 is answered promptly by a trained, supervised counsellor and is connected and followed up, with performance reported every month.

The hotline is our flagship service and the entry point to the whole system. The 2026 Hotline Report found the service model clear and well documented, but secure premises, dependable 24/7 rosters, clinical supervision and consolidated data are not yet in place. Fixing these is the precondition for every other priority.

Key actions, 2027–2031

- Relocate the hotline to a secure, confidential workspace and complete the 24/7 on-call roster.
- Recruit and keep a licensed clinician to supervise calls, reviewing a random 20% each week.
- Train every responder in crisis intervention, safeguarding and data protection, with annual refreshers.
- Standardise definitions (call, referral, follow-up) and publish a monthly dashboard from the CMS.
- Formalise the referral agreement with MoH-affiliated facilities and keep the referral directory up to date.
- Pilot the BRIDGE Line, a peer-navigator sub-line for police, teachers and community contacts.
- Time public awareness campaigns to match confirmed capacity.



Intended outcomes

- Callers experience immediate relief from acute distress and are safe.
- High-risk callers are followed up reliably.
- Data on call volumes, issues and geography informs services and national policy.

Indicators and proposed targets **TARGETS**

Calls answered within three rings	95%+ (ToC)
Priority 1 critical calls with a completed safety plan	100% (ToC)
Referrals followed up within 72 hours	85%+ (ToC)
Callers reporting they felt heard, respected and safe (exit survey)	90%+ (ToC)
Calls given a clinical supervision review (random sample)	20% per week
Monthly dashboard delivered by the 5th working day	12 of 12 months, from 2027
Published annual hotline report with county, age and sex breakdown	Every year from 2027

2

STRATEGIC PRIORITY 2 IN PREPARATION

Open and grow Move To Heal and youth-centred clinical care

Objective

Open Move To Heal as a licensed, youth-friendly clinic in 2027 and grow it into Liberia's reference service for youth mental health by 2031.

Move To Heal is Liberia's first dedicated youth mental health clinic. It is designed as a stigma-free 'community living room' that offers mental health, substance-use and GBV support under one roof. Source documents describe it as in its final preparation phase, operating under Ministry of Health registration, clinical protocols and a safeguarding framework. The immediate funding need is \$10,000 to make the leased space service-ready and \$7,500 for Year 1 operations. Alongside the clinic, sliding-scale in-house counselling widens access and creates earned income.

Key actions, 2027–2031

- Complete fit-out, licensing and the opening of Move To Heal, with intake connected to 9898 and the Mobile Clinic.
- Launch in-house counselling on a sliding scale, free for those in extreme poverty.
- Introduce routine outcome measurement (for example PHQ-9 and GAD-7) at intake, three months and exit.
- Develop specialised tracks, including survivor-centred rehabilitation for young survivors of torture and organised violence (proposed to IRCT for 2027).
- Set up a youth advisory group so that young people shape the service.



Intended outcomes

- Young people receive timely, evidence-based care without stigma or cost barriers.
- Symptoms and daily functioning improve, measured with validated tools.
- Families and survivors of violence gain a dedicated, safe route into care.

Indicators and proposed targets **TARGETS**

Move To Heal licensed and open	2027
Young people served, Year 1	500 (documented Year 1 target)
Service contacts, Year 1	1,200 (documented Year 1 target)
Young people served per year by 2031	1,500 (projection)
Clients with a clinically meaningful symptom reduction at three months	60%+ of completers
Clients rating the service as youth-friendly and safe	90%+
Share of sessions free or subsidised	Reported quarterly

3

STRATEGIC PRIORITY 3 EXPANDING OPERATIONAL SERVICE

Reach further into counties and communities

Objective

Extend in-person care and stigma-reduction work from the current three counties to more of Liberia by 2031, guided by hotline data on where need is greatest.

The Mobile Clinic brings assessment, counselling, psychoeducation, GBV response and basic health screening to villages, markets, schools and churches in Montserrado, Bomi and Margibi. Hotline callers come from all 15 counties, so need is visible well beyond the areas where we work in person. Our first outreach to Nimba, Liberia's second most populous county, was planned for World Mental Health Day 2026. Community norms can shift, but only through sustained work by trusted local actors.

Key actions, 2027–2031

- Run a regular Mobile Clinic schedule in each active county (the ToC sets a baseline of four visits a month).
- Expand county by county: consolidate Nimba, then add counties chosen using hotline demand data and partner presence.
- Train community mental health champions and register faith and traditional leaders as BRIDGE referral contacts.
- Deliver school mental health literacy sessions and peer support circles, and pilot community Healing Hubs.
- Use community radio and the annual World Mental Health Day campaign to spread hopeful, accurate messages.



Intended outcomes

- More people in rural and peri-urban areas seek help early.
- Stigma falls among community members, teachers, and faith and traditional leaders.
- County health teams and communities hold referral pathways together.

Indicators and proposed targets **TARGETS**

Mobile Clinic community visits per year	48+ (ToC baseline)
Individuals seen by the Mobile Clinic per year	960+ (ToC baseline)
Counties with regular in-person services	3 now → 6 by 2029 → 8 by 2031 (projection)
Reduction in stigma scores among workshop participants (pre/post)	25%+
Community champions confident in mental health first aid	80%+ after training (ToC)
Registered BRIDGE community referral contacts	500+ by 2031 (THRIVE target)



STRATEGIC PRIORITY 4 **BUILDS ON PARTNERSHIPS**

Build Liberia's mental health workforce and the system around it

Objective

Grow a skilled, supervised, Liberian mental health workforce and embed mental health in the institutions where people first seek help: schools, police, health facilities and faith communities.

Specialists are scarce, so task-sharing is essential. L2SLiberia has trained 75 clinicians and has a Training-of-Trainers partnership with the Liberia National Police Academy and Training School: five Academy members are trained as trainers, starting with a pilot cohort of up to 70 recruits. The BRIDGE model adds trained Peer Navigators where people are most often lost, at hospital discharge, police contact and referral from schools or healers. Strengthening the system also means working inside government plans.

Key actions, 2027–2031

- Scale the Caregiver Fellowship across counties, with a competency framework aligned to WHO mhGAP and MoH standards.
- Complete the LNPATS pilot, evaluate it and, with HQ approval, embed the curriculum in Academy training.
- Train and deploy Peer Navigators in line with the BRIDGE protocol, starting with Move To Heal and the hotline.
- Sign an MoU with at least one university to create a pipeline of student responders, placements and joint research.
- Take part in MoH working groups and agree a data-sharing protocol for the national health information system.

Indicators and proposed targets **TARGETS**

Clinicians and caregivers trained (cumulative)	75 now → 300 by 2031 (projection)
Peer Navigators trained	30 in Year 1 → 150 by 2031 (projection)
LNPATS trainers certified; pilot cohort completed	5 trainers; ≤70 recruits
University MoUs signed	1+ by 2027
Signed MoH referral agreement and data-sharing protocol	2027
Annual staff turnover among counsellors	Tracked; below 20% target



Intended outcomes

- Front-line workers recognise distress early and refer safely.
- Police respond to mental health crises in trauma-informed, rights-based ways.
- L2SLiberia data and training standards feed national systems.

5

STRATEGIC PRIORITY 5 INSTITUTIONAL DEVELOPMENT

Build a sustainable, accountable institution

Objective

By 2031, L2SLiberia is financially resilient, well governed and transparent about its results, and ready to support replication in West Africa.

Every part of this plan depends on predictable funding and strong systems. The 2026 Work Plan set the first steps: an international bank account under the organisation's legal entity, a fundraising pipeline, foundation applications, dual signatories and quarterly reporting to headquarters. Our Theory of Change commits to annual evaluation and publishing what we learn. The West Africa vision of adapting the model in Sierra Leone and Guinea comes only after the Liberian model is proven and documented.

Key actions, 2027–2031

- Produce a costed five-year budget and a resource mobilisation plan in Q1 2027, built from the 2026 baseline.
- Diversify income across foundations, institutional and UN partners, corporate and diaspora giving, and earned income.
- Build a reserve and adopt a donor ethics policy, as committed in the Theory of Change.
- Commission an annual independent financial audit and an external programme evaluation every year from 2028.
- Launch the Innovation Lab pilot and a small research and evaluation function.
- Document the model for replication and explore partnerships in Sierra Leone and Guinea from 2030.



Intended outcomes

- Diversified, multi-year income that protects services from funding shocks.
- Strong governance, financial controls and safeguarding that partners trust.
- Published evidence of what works, and what does not.

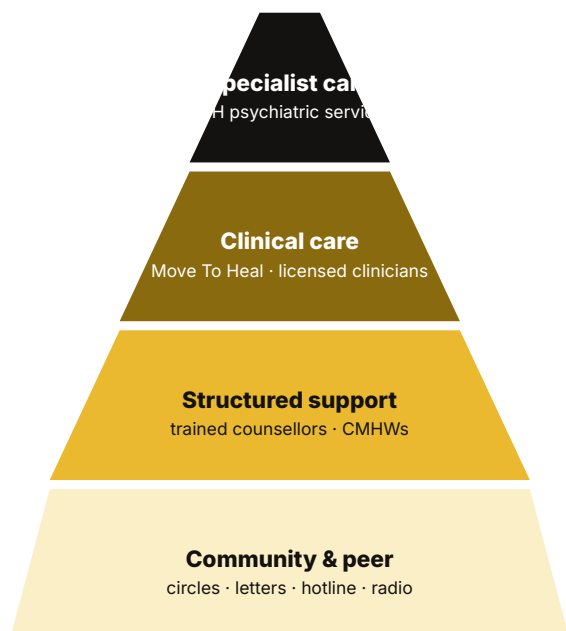
Indicators and proposed targets TARGETS

Largest single funder's share of annual income	Below 40% by 2029
Operating reserve	3 months by 2029; 6 months by 2031
Earned income (counselling, training contracts) as a share of income	10–15% by 2031
Independent audit completed and published	Every year from 2027
External programme evaluation	Every year from 2028
Public annual impact report	Every year

07 · CLINICAL SERVICE DEVELOPMENT AND WORKFORCE STRENGTHENING

Matching care to need

Our services follow the stepped-care pathway set out in the THRIVE Framework. Most people are helped at the community and peer level. A smaller number need structured psychological care, and a few need specialist or inpatient treatment through MoH facilities. The hotline and Peer Navigators move people between levels without losing them.



Stepped-care pathway adapted from the THRIVE Framework. People can enter at any level through 9898.

Clinical development milestones

- **2027** **PLANNED**
Licensed clinician in post. Clinical governance framework, supervision policy and referral agreement with MoH facilities. Move To Heal opens. Routine outcome measures introduced.
- **2028** **PLANNED**
Evidence-based group interventions adopted, such as WHO Problem Management Plus and group interpersonal therapy. Specialised trauma track. Annual clinical audit.
- **2029–2030** **PLANNED**
County-based counselling linked to the Mobile Clinic. Tele-counselling follow-up through 9898. Peer Navigators at key intercept points.
- **2031** **TARGET**
Move To Heal recognised by MoH as a reference site for youth-friendly mental health care and training placements.

Workforce pipeline



08 · IMPLEMENTATION ROADMAP

Year by year, 2027–2031

Milestones are indicative and subject to funding and written HQ approval. The first two years concentrate on consolidation, and growth follows from 2029.

	2027	2028	2029	2030	2031
Hotline: secure site & 24/7 roster	Relocate · roster · supervision				
Hotline: monthly dashboard	Monthly CMS reporting · annual public report				
BRIDGE Line (navigator sub-line)		Pilot → embed			
Move To Heal opening & licensing	Fit-out · open · me				
In-house counselling (sliding scale)	Launch and grow earned income				
Specialised tracks (trauma, substance use)		Develop and evaluate			
Mobile Clinic: 3 counties + Nimba	Consolidate				
Mobile Clinic: new counties			6 counties by 2029 → 8 by 2031		
Schools, champions & Healing Hubs	Community and school programmes				
LNPATS Training-of-Trainers	Pilot → embed in curriculum				
Caregiver Fellowship & Peer Navigator	Scale across counties				
University & MoH agreements	MoUs · referral · data				
Costed budget, reserves & audits	Q1 2027 budget · annual audit · reserve building				
External evaluation & research		Annual evaluation from 2028			
West Africa replication readiness				Document model · scoping partners	

2027–2028: Consolidate

Stabilise the hotline. Open Move To Heal. Complete the LNPATS pilot. Sign the core MoH and university agreements. Build the data system and the costed budget.

2029–2030: Grow

Extend to new counties. Scale the workforce and Peer Navigators. Add specialised clinical tracks. Reach the income diversification and reserve targets.

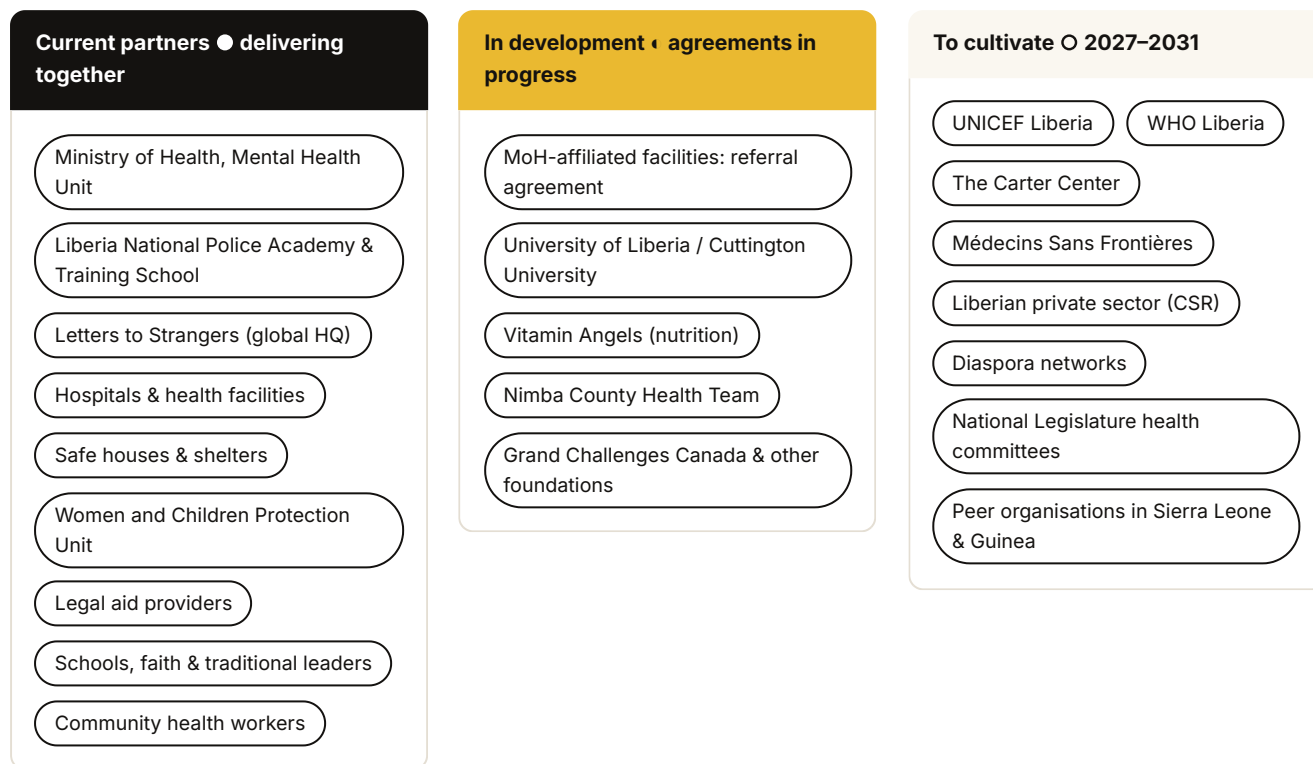
2031: Sustain and share

Move To Heal becomes a reference site. Externally evaluated results are published. Replication partnerships are scoped in Sierra Leone and Guinea.

09 · PARTNERSHIPS

No one builds a system alone

Our partnerships fall into three groups: partners who already deliver care with us, partners we are building agreements with, and partners we will cultivate over the plan period.



Status note. Organisations in the second and third columns are prospective partners named in L2SLiberia's 2026 Work Plan. They have not committed to any partnership.

Government

The MoH Mental Health Unit provides accreditation, clinical oversight, policy alignment, joint campaigns and referral to public facilities. Next steps are a signed MoU, licensing for Move To Heal, the referral agreement and a data-sharing protocol. The LNPATS partnership embeds mental health in police training.

Academic and health partners

University partners can provide student volunteer responders, counselling placements and joint research on youth mental health. Health partners such as the Carter Center and MSF, both long active in Liberian mental health, are natural collaborators on training and referral.

International and funding partners

Letters to Strangers headquarters provides governance and technical support. Target partners include UNICEF and WHO country offices, global health and youth foundations, the Liberian private sector and diaspora givers.



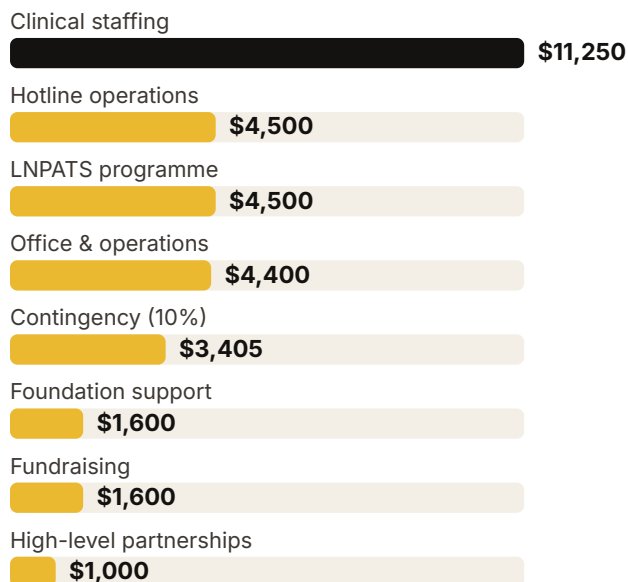
Young people at an L2SLiberia community engagement activity.

10 · FINANCIAL SUSTAINABILITY AND FUNDRAISING

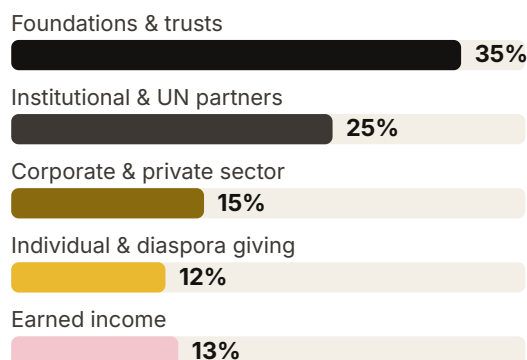
Funding a free service sustainably

Care at the point of contact stays free. Sustainability therefore depends on a diversified mix of grants, partnerships, giving and earned income, and on spending each dollar where it counts most. A costed five-year budget will be developed in Q1 2027 from verified 2026 expenditure. This plan does not include a five-year budget figure, because one has not yet been costed.

H2 2026 planned budget, \$34,655



Target income mix by 2031 PROPOSED



Illustrative proposed target; not a forecast. To be finalised in the Q1 2027 resource mobilisation plan.

Largest lines from the July–December 2026 budget framework (subject to HQ approval). The four remaining lines total \$2,400.

Fundraising strategy

- A pipeline tracked in the Global Donor Tracker (Canada, UK, Ireland, US).
- At least 4 letters of inquiry and 2 full applications a year to aligned foundations.
- Multi-year institutional and UN agreements.
- Annual World Mental Health Day fundraising event.

Earned income

- Sliding-scale in-house counselling; the H2 2026 launch target was 20–30 sessions a month.
- Fee-based training for employers and institutions.
- Workplace mental health programmes for corporate partners.
- Surplus reinvested; no one turned away for inability to pay.

Financial controls

- International bank account with programme sub-accounts.
- Dual signatories and monthly reconciliation.
- Quarterly financial reporting to HQ and the Board.
- Annual independent audit; donor ethics policy.

Resource mobilisation priorities, in order

1. Hotline core costs

Staffing, telecoms (\$150/month) and supervision.

2. Move To Heal

\$10,000 fit-out and \$7,500 Year 1 operations.

3. Licensed clinician

\$1,500/month contract (2026 rate).

4. Expansion

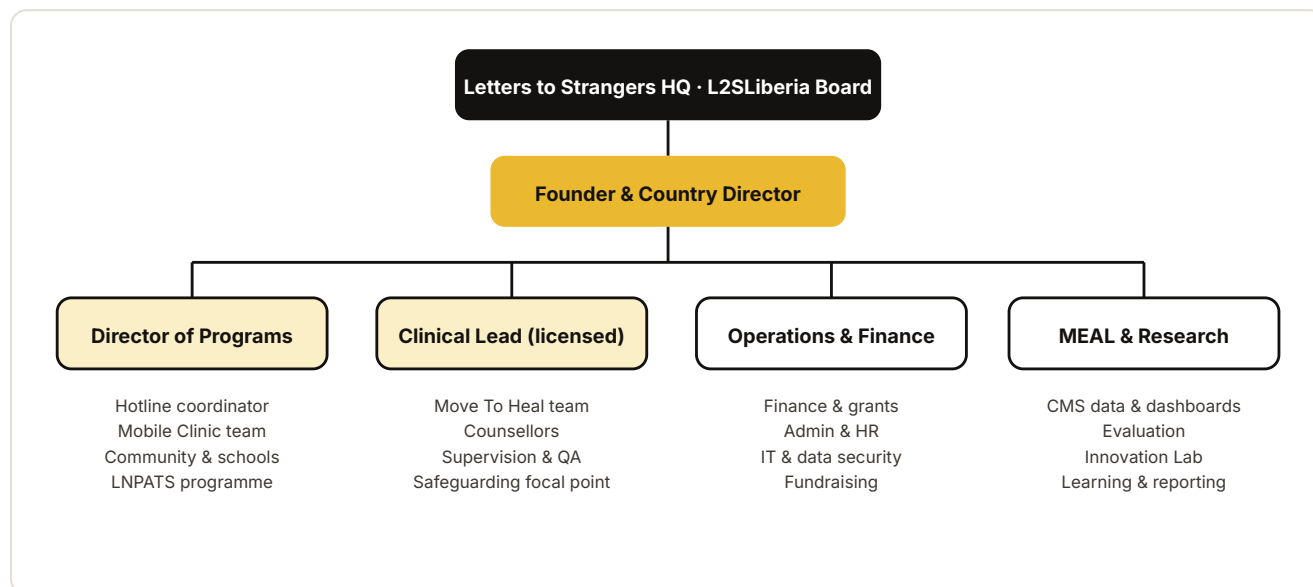
Mobile Clinic counties, workforce and evaluation.

11 · GOVERNANCE, PEOPLE AND ORGANISATIONAL CAPACITY

Strong institutions protect vulnerable people

L2SLiberia works in close coordination with Letters to Strangers headquarters. Every activity, commitment, expenditure and partnership needs formal written HQ approval, as set out in the 2026 Work Plan. The Founder and Country Director leads the organisation. A Director of Programs provides leadership across the hotline, Mobile Clinic and community work, supported by programme coordinators and monitoring and evaluation.

Proposed structure by 2028 PROPOSED



Proposed structure for growth. Roles will be filled in phases as funding is secured. Move To Heal reports through the Clinical Lead, and all clinical staff receive weekly supervision.

Governance commitments

- Board oversight of strategy, budget, risk and safeguarding.
- Board and HQ receive quarterly reports.
- A conflict-of-interest policy and a donor ethics policy.
- Youth representation in governance and programme design.

Safeguarding and data protection

- All staff complete safeguarding training before contact with clients.
- Client data held only in secure, access-controlled systems.
- Mandatory incident reporting from Day 1.
- Written informed consent before any story or image is used. Anonymity is the default, and no child is ever identified.

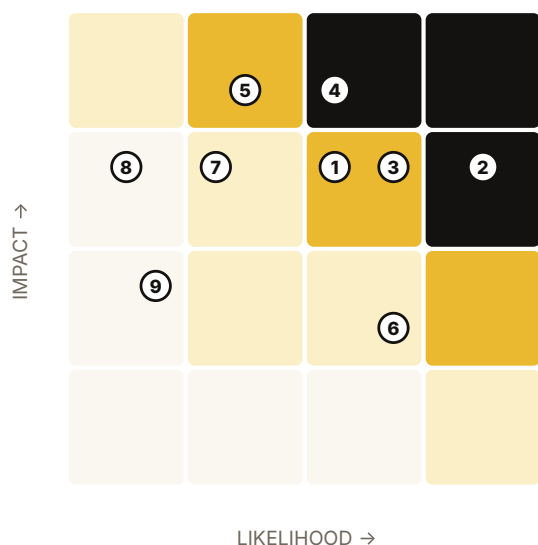
Staff wellbeing and capacity

- Mandatory supervision, debriefing and caseload limits.
- Wellness policy and competitive pay.
- Annual training plan for every role.
- Phased recruitment of finance, HR and data roles as income grows.

11 · RISK MANAGEMENT

Naming what could go wrong

The risk register below builds on our Theory of Change. Risks are reviewed by management each quarter and by the Board twice a year. Ratings are management judgements, not measured probabilities.



Risk matrix: likelihood against impact. Darker cells are higher priority.

1 Funding shortfall disrupts services
Diversified income, reserve policy, phased growth

2 Staff burnout and turnover
Supervision, wellness policy, pay, peer support

3 Referral partners unavailable
Partner management, audits, direct service as fallback

4 Hotline promoted beyond capacity
Campaigns timed to confirmed 24/7 cover

5 Confidentiality or data breach
Secure site, access control, training, coded records

6 Community resistance
Engage leaders and champions before launch

7 Telecom or technology failure
Redundant lines, backup protocols, maintenance

8 Political instability
Contingency plans, mobile and remote capacity

9 Donor conditions conflict with ethics
Ethical screening, published donor policy

Ownership

Each risk has a named owner in the management team. The Country Director keeps the register, and the Board reviews the highest-rated risks at every meeting.

Early-warning signals

Unanswered-call rate, roster gaps, supervision backlog, staff sick leave, referral rejections, and months of cash in hand. All are tracked on the monthly dashboard.

Escalation

Safeguarding incidents and data breaches are reported to the Country Director within 24 hours and to HQ and the Board within 72 hours, following the incident reporting procedure.

12 · MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING

Measuring what matters, and publishing it



Data sources

- Call Management System
- Mobile Clinic and Move To Heal client records (coded)
- BRIDGE tracking register
- Exit and feedback surveys
- Training pre/post tests
- Partner referral confirmations

The MEAL system starts with the commitment in our Theory of Change: to track every call, referral and follow-up, audit quality and invite scrutiny. Its first job in 2027 is to establish a reliable baseline.

Results levels

Outputs	Calls answered, referrals made, people seen, sessions delivered, people trained. Reported monthly.
Outcomes	Distress and symptom change (PHQ-9, GAD-7, PCL-5 where relevant), functioning, safety plans completed, referrals followed up, stigma scores. Reported quarterly.
Impact	Help-seeking and stigma in served communities, and government investment in community mental health. Assessed through external evaluation.

Accountability rhythm

Hotline performance dashboard	Monthly
Programme and finance report to HQ and Board	Quarterly
Clinical supervision sample review	Weekly
Community feedback sessions in programme areas	Twice a year
Theory of Change and target review	Annually
External evaluation and independent audit	Annually
Public annual impact report	Annually

Data ethics. Data is anonymised and broken down by age, sex and county. Every person has a unique code that is never linked to their name in shared databases. Only aggregate data leaves the organisation.

13 · THE FIRST TWELVE MONTHS

Implementation priorities for 2027

The first year turns the strategy into action and builds the evidence base for everything after it.

Q1

Jan–Mar

- Data pull for 2026 and a reconciled baseline
- Costed five-year budget and resource mobilisation plan
- Hotline relocation complete and 24/7 roster live
- Licensed clinician in post

Q2

Apr–Jun

- Move To Heal open (subject to licensing)
- Referral agreement with MoH facilities signed
- LNPATS pilot evaluated
- University MoU signed

Q3

Jul–Sep

- In-house counselling at target capacity
- First Peer Navigator cohort trained
- Nimba follow-up visits and county referral map
- Two or more foundation applications submitted

Q4

Oct–Dec

- World Mental Health Day 2027 campaign
- First annual hotline report published
- Independent audit commissioned
- Theory of Change and targets reviewed

What we are asking of partners

Funders

Core hotline costs, Move To Heal fit-out and operations, and multi-year support.

Government

MoU, facility licensing, referral and data-sharing agreements.

Universities

Student responders, placements and joint research.

Communities

Champions, leaders and young people to co-design services.

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About this document

Prepared by Letters to Strangers Liberia, October 2026, as part of a five-document portfolio with the Move To Heal clinic document, the Operating Model, What We Offer and the Evidence-Based Impact Story. All organisational figures are consistent across the five documents. Photographs are L2SLiberia's own.



Join us in building a Liberia where every young person knows that help is a phone call away, and that it is free.

“No one should suffer alone, in silence, without hope.”

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NEED SUPPORT NOW?

9898

Toll-free mental health hotline, 24/7 within Liberia

Alternative line +231 77 576 3208

REGISTRATION

Registered Liberian non-profit organisation, established 2019
Tax Identification No. 501463377

Business Registration No.
053085784

Accredited by the Ministry of Health as a mental health provider