AIWE – Adolescent & Reproductive Health Education Program (ARHEP)

3-Year Strategic Plan (2026–2028)

1. Vision

A generation of adolescents who are knowledgeable, confident, and empowered to make safe, healthy, and informed decisions about their bodies, relationships, and futures.

2. Program Goal

To improve adolescent reproductive health knowledge, behaviors, and access to youth-friendly services through school- and community-based education, life-skills training, and supportive systems.

3. Strategic Objectives (2026–2028)

Objective 1: Strengthen adolescent reproductive health knowledge and life skills.

Objective 2: Reduce early pregnancies, STIs, HIV infections, and menstrual-related school absenteeism.

Objective 3: Equip schools, families, and communities to support adolescent wellbeing and reproductive health.

Objective 4: Improve access to youth-friendly reproductive health and psychosocial services.

Objective 5: Build sustainable, community-led mechanisms for long-term reproductive health education.

4. Strategic Pillars & Key Activities

YEAR 1 (2026): FOUNDATION, CURRICULUM DEVELOPMENT & PILOTING

Goal: Establish structures, build partnerships, and pilot activities in selected schools.

A. Program Establishment

- Recruit ARHEP program staff (Coordinator, Trainers, M&E, Peer Mentor Lead).
- Develop age-appropriate and culturally sensitive reproductive health curricula.
- Form partnerships with the Ministry of Education & Ministry of Health.
- Identify 20 pilot schools (10 primary, 10 secondary).

B. Training & Capacity Building

- Train 100 teachers in Comprehensive Sexuality Education (CSE), menstrual health, and referral protocols.
- Train 40 community health workers in adolescent-friendly services.

C. School-Based Pilot Interventions

- Deliver weekly reproductive health sessions in pilot schools.
- Introduce anonymous question boxes and wellbeing clubs.
- Establish menstrual health corners and safe spaces for girls.

D. Community Engagement & Parental Involvement

- Conduct 10 community dialogues on reproductive health norms and stigma.
- Organize parenting workshops on adolescent communication and support.

E. Menstrual Health Innovations

- Pilot reusable sanitary pad distribution and menstrual hygiene trainings.
- Assess WASH facilities in schools and advocate improvements with authorities.

F. Baseline Studies & Program Monitoring

- Conduct baseline surveys on knowledge, attitudes, and practices (KAP).
- Develop a digital data management system for monitoring and evaluation.

Year 1 Key Outputs

- 20 schools implementing ARHEP
- 100 teachers and 40 health workers trained
- Menstrual health initiatives rolled out in all pilot schools
- Baseline KAP report published

YEAR 2 (2027): EXPANSION, SERVICE DELIVERY & COMMUNITY MOBILIZATION

Goal: Scale services, deepen community engagement, and strengthen service linkages.

A. Expansion to More Schools

- Increase coverage to 60 schools (20 → 60).
- Train additional 200 teachers and 120 peer educators.
- Introduce school health clubs in all new schools.

B. Comprehensive Reproductive Health Sessions

- Implement structured sessions on:
    - puberty & body changes
    - menstrual health
    - STIs & HIV prevention
    - consent & healthy relationships
    - digital safety
    - gender-based violence prevention

C. Youth-Friendly Service Strengthening

- Establish formal referral pathways with 15 health facilities.
- Provide regular in-school outreach: STI screening, HIV testing, counselling.
- Train health workers in adolescent-friendly service provision.

D. Menstrual Health Scale-Up

- Expand menstrual health supply distribution to 60 schools.
- Advocate with local governments for school WASH improvements.
- Implement male engagement sessions to reduce stigma.

E. Community Influence & Social Norm Change

- Conduct:
    - 30 community dialogues
    - 20 radio talk shows
    - 10 youth health campaigns
    - school & community health fairs

F. Midline Evaluation

- Conduct midline KAP survey.
- Improve curriculum and delivery based on findings.

Year 2 Key Outputs

- 60 schools implementing full ARHEP
- 300 teachers & 120 peer mentors trained
- 15 health facilities functioning as youth-friendly centers
- Community campaigns reaching 30,000+ people

- Midline assessment produced

YEAR 3 (2028): SUSTAINABILITY, SYSTEM INTEGRATION & POLICY ADVOCACY

Goal: Institutionalize ARHEP, strengthen local ownership, and influence policy frameworks.

A. Integration Into School Systems

- Transition routine delivery to trained teachers and school clubs.
- Integrate ARHEP modules into existing school health programs.
- Develop school-based ARHEP sustainability committees.

B. Government Collaboration & Policy Influence

- Partner with MOES to integrate reproductive health education into:
    - teacher training colleges
    - district-level education plans
    - national adolescent health frameworks
- Develop policy briefs and position papers.

C. Local Government & Community Ownership

- Train district health educators and local leaders to oversee program components.
- Engage Parent-Teacher Associations (PTAs) and School Management Committees (SMCs).
- Introduce community reproductive health champions.

D. Research, Learning & Documentation

- Conduct endline KAP survey and full impact evaluation.
- Publish adolescent reproductive health evidence reports.
- Host national dissemination workshop.

E. Digital Expansion & Innovation

- Launch digital learning platform with:
    - online lessons
    - reproductive health e-resources
    - tele-mentoring for teachers

- anonymous Q&A portal for adolescents

F. Funding Model & Sustainability Pathway

- Develop multi-year funding proposals.
- Create partnerships with private sector (CSR).
- Explore social enterprise models for menstrual health products.

Year 3 Key Outputs

- ARHEP integrated into school systems in 60 schools
- District-level ownership established
- Digital reproductive health platform launched
- National dissemination completed
- Endline evaluation & final program report produced

5. Monitoring, Evaluation & Learning (MEL)

Key Indicators

- % increase in adolescent reproductive health knowledge
- Reduction in menstrual-related absenteeism
- Increase in youth-friendly service uptake
- Reduction in early pregnancies and STI cases
- of parents and community members reached
- Quality of school-based delivery
- Teacher and peer educator competency levels

Regular monitoring will occur through mobile data collection tools, annual reviews, midline and endline evaluations, and feedback sessions with teachers and students.

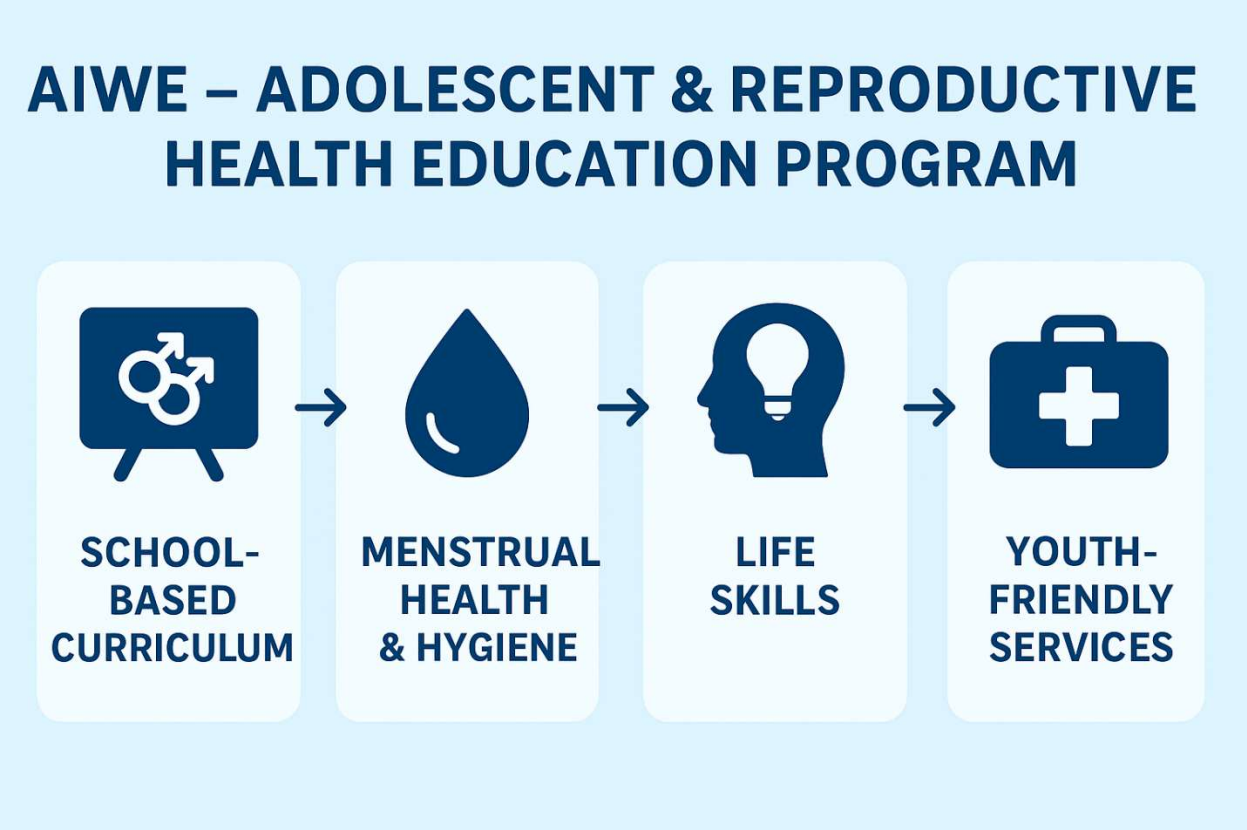
6. Sustainability Strategy

AIWE will ensure long-term program continuity by:

- **Training teachers** to continue delivery independently
- **Building school health clubs** to sustain peer education
- **Embedding modules** into school structures and district plans
- **Strengthening community engagement** and parental ownership
- **Leveraging digital tools** for low-cost ongoing learning
- **Advocating for government adoption** of key ARHEP components

- **Forming partnerships** with health facilities and local leaders

By Year 3, ARHEP will be designed to operate with **reduced external dependency**, supported by strong local ecosystems.




Strategies to Improve Access to Sexual and Reproductive Health Services
Online contraception providers
Condom availability programs
Mobile health clinics
On-campus STI screening
Telehealth services
Providing contraception on-campus
School-clinic partnerships