This ensures health improvements continue long after project cycles end.

3-Year Strategic Plan (2026–2028)

1. Vision

Healthy, resilient communities empowered with knowledge, resources, and supportive systems that promote holistic wellbeing and prevent disease.

2. Program Goal

To strengthen community health through prevention, health education, psychosocial support, and improved access to essential services, enabling individuals and families to make informed decisions for long-term wellbeing.

3. Strategic Objectives (2026–2028)

Objective 1: Improve community health literacy through evidence-based prevention and wellbeing education.

Objective 2: Expand access to essential screening, early detection, and referral services.

Objective 3: Promote mental health awareness and psychosocial wellbeing at community and school levels.

Objective 4: Strengthen maternal, adolescent, and child health through targeted interventions.

Objective 5: Build resilient community structures for sustainable health promotion and emergency response.

4. Strategic Plan by Year

YEAR 1 (2026): FOUNDATION, CAPACITY BUILDING & PILOTS

Goal: Establish systems, conduct assessments, and roll out pilot interventions.

A. Situational Assessment & Community Mapping

- Conduct baseline assessments in 15 communities.
- Map disease patterns, health-seeking behaviors, mental health stigma, and maternal & child health gaps.
- Identify vulnerable groups and underserved households.

B. Program Staffing & Partnership Building

- Recruit Program Coordinator, Health Education Officer, Mental Health Facilitator, and M&E lead.
- Formalize partnerships with local health facilities, district health teams, and village health structures.

C. Community Health Education Rollout

- Develop culturally tailored health education curriculum.
- Implement weekly/monthly community health education sessions on:
    - Hygiene & sanitation
    - Nutrition
    - NCD prevention
    - Infectious disease control
    - Adolescent health
    - Healthy lifestyles

D. Screening & Preventive Care Pilots

- Conduct community screening days for:
    - Blood pressure & diabetes
    - HIV testing & counselling
    - Malaria screening
    - Child nutrition assessments
- Establish referral pathways to local facilities.

E. Mental Health Awareness & Psychosocial Support

- Conduct mental health awareness campaigns in 15 communities.
- Train 50 community volunteers in Psychological First Aid (PFA).
- Establish school-based or community-based support groups.

F. Maternal, Adolescent & Child Health Interventions

- Launch pregnancy clubs (“Mothers Circles”).
- Conduct adolescent wellbeing sessions.
- Promote early antenatal care and safe deliveries through awareness campaigns.

G. Year 1 Monitoring & Baseline Evaluation

- Complete baseline surveys and community health profiles.

Year 1 Key Outputs

- 15 communities engaged
- 50 PFA-trained volunteers
- 3,000 people reached with health education
- 1,000+ individuals screened
- Baseline report completed

YEAR 2 (2027): EXPANSION, SYSTEM STRENGTHENING & COMMUNITY-LED WELLBEING

Goal: Scale up services, strengthen systems, and deepen behavior change.

A. Scale-Up to Additional Communities

- Expand to 40 communities total (25 more).
- Train more community leaders and health volunteers.

B. Enhanced Community Health Literacy

- Develop and distribute health literacy materials (flyers, posters, radio content).
- Conduct community health fairs and wellbeing days.
- Roll out school-based health clubs.

C. Screening & Preventive Health Expansion

- Conduct quarterly mass screenings in 40 communities.
- Introduce mobile health outreach for hard-to-reach areas.
- Strengthen referral linkages with local health facilities.

D. Comprehensive Mental Health & Psychosocial Support

- Establish peer support groups for youth, mothers, and men.
- Train teachers and community workers in basic counselling skills.
- Facilitate mental health awareness weeks in schools & communities.
- Expand Psychological First Aid coverage.

E. Strengthening Maternal, Adolescent & Child Health

- Roll out maternal health classes in all 40 communities.
- School-based adolescent health sessions (SRHR, nutrition, life skills).
- Child growth monitoring & community nutrition interventions.

F. Youth Health Leadership & Community Engagement

- Train Youth Health Champions (100 total).
- Implement youth-led wellbeing campaigns (sport, fitness days, anti-drug drives).
- Encourage male involvement in family health and mental wellbeing.

G. Environmental & Lifestyle Wellbeing Integration

- Promote physical fitness clubs & healthy cooking demonstrations.
- Conduct anti-smoking, alcohol & drug misuse awareness campaigns.

H. Midline Evaluation

- Conduct midline survey to assess behavior change progress.
- Adjust programming based on data.

Year 2 Key Outputs

- 40 communities reached
- 200 community health volunteers trained
- 5,000+ individuals screened
- Mental health programs established in all target communities
- Midline evaluation report completed

YEAR 3 (2028): CONSOLIDATION, POLICY INTEGRATION & SUSTAINABILITY

Goal: Institutionalize community health systems and enable independent continuation.

A. Strengthening Community Health Governance

- Formalize community health committees for ongoing programming.
- Train local structures in:
    - Resource mobilization
    - Health planning
    - Data collection

    - Community engagement
- Develop community-led action plans for health and wellbeing.

B. Integration with Local Government

- Collaborate with district health teams to adopt program tools.
- Integrate services into local health facility outreach schedules.
- Provide evidence-based policy briefs to district councils.

C. Transition to Community Ownership

- Phase out direct service delivery and transition roles to trained community volunteers.
- Embed school health clubs and support groups into school routines.
- Establish mentorship systems among community leaders.

D. Final Screening & Health Impact Campaigns

- Conduct final large-scale community screening campaigns.
- Expand wellness events: marathons, fitness drives, nutrition fairs.

E. Endline Evaluation & Evidence Documentation

- Conduct endline assessment measuring:
    - Health literacy improvements
    - Screening outcomes
    - Mental health gains
    - Maternal/adolescent health improvements
    - Community resilience indicators
- Publish a comprehensive impact report.
- Host a national dissemination and community celebration event.

F. Digital Health & Sustainability Tools

- Launch an AIWE digital health education platform for easy access to:
    - Health information
    - Mental wellness content
    - Screening reminders
    - Community success stories

- Promote digital reporting tools for community health committees.

Year 3 Key Outputs

- Community health structures fully functional
- District health system integration achieved
- Endline impact report published
- Digital community health learning hub launched

5. Monitoring, Evaluation & Learning (MEL)

Key Indicators

- % increase in health literacy
- % reduction in preventable diseases (malaria, diarrhoea, NCD risk)
- % increase in health screenings and referrals
- of individuals receiving psychosocial support
- % increase in ANC attendance and adolescent health awareness
- Strength of community health committees
- Participation levels in community health activities

MEL Tools

- Baseline/midline/endline surveys
- Screening registers
- Referral and follow-up logs
- Focus group discussions
- Mobile data collection
- Case studies and success stories

6. Sustainability Strategy

AIWE ensures long-term impact through:

- Training local volunteers and committees
- Integrating program components into school and community systems
- Collaborating with district health authorities
- Establishing youth-led and women-led health structures
- Using low-cost, community-friendly health models

- Creating digital health resources for continued learning

By 2028, communities will possess the **capacity, knowledge, systems, and leadership** to sustain health and wellbeing initiatives independently.