PROBLEM STATEMENT

Teenage pregnancy is a serious problem in Zambia, They get unwanted pregnancies while others get married before their, biologically mature, they are supposed to be in school

**TITLE: Reducing child marriage in Zambia**

**SITUATION**

Teenage pregnancy is a serious problem in Zambia, most teenages get unwanted pregnancies while others get married before there boby is biologically mature, when they are supposed to be in schools. According to the plan international 2014 report, it shows that 42% of girls under the age of 18 are married meaning 2 in 5 girls in Zambia are child brides while 6% are pregnant with the child 28% of the young girls 15 to 17 years have begun child bearing, 22% have had a child, while 6% are pregnant with the first child.

Zambia is rucked 16th amongst countries with the highest rate of child early marriage in the World and although the marriage act established a legal age for marriage and the penal code makes sex with a girl under the age of 116 an offence in Zambia, these provision rarely apply in customary law. Although child marriage is illegal, and are considered to be a violation of human rights. However the legal age for marriage in Zambia is 18 for female and 21 years for male, but on the contrary, under traditional law, marriage can take place at puberty and it is very common among girls.

According to the 2014 ZDHs report, it shows that copperbelt having the lowest proportion of teenage pregnancy while western and north western province 41% having the highest proportions. In addition the report shows that rural areas are the most affected while shut compounds urban areas are also victims of teenage pregnancy.

Evidence suggest that youth are becoming sexually active at a young age, which is a risk factor for Sexually transmitted Infections(STIs) including HIV, reproductive health complications and lack of girl retention in education, The sexual behavior survey (SBS) of 2013 reported that some young people initiate sexual activity before the age of 15 (14% of female respondents and 16% male respondents aged 15-24 reporting that they have sex before 18 years)

Furthermore, factors associated with teenage pregnancy are complex and often intertwined and driven by various social, economic and sexual-retations patterns that are further influenced by other underlying issues such as lack of access to appropriate sexual and reproductive health information and services, particularly contraceptive, poverty which leads some girls to offer in sex exchange for money , social and culture determines such as gender inequality, child marriage and peer pressure, lack of information and education on sex and lack of opportunities for teenagers particular others in rural areas, such as school boarding facilities and social services.

**OVERALL OBJECTIVES**

The project aims at increasing self-awareness among teenagers in Zambia, through creating two youth friendly corner, youth empowerment programs, women empowerment programs and reaffirming the government re-entry policy. The project will help improve on the quality of health, education, reduce maternal and infant mortality rates.

**PROJECT OBJECTIVE**

The project objective is to reduce teenage pregnancy by 30% in the selected areas of implementation within 5years in the project implementation period.

The projects hall work to increase awareness to the beneficiary in teen reproductive health issues. The project will target teenagers, Guardians, caregivers and teachers.

The project will directly increase the knowledge and use of available options in teenage reproductive health, HIV, STI and AIDS prevention, family life and health education and the effects of negative social – culture practices, peer pressure, acceptance and adoption of HIV/AIDS orphaned children.

**PROJECT ACTIVITIES**

* 1. Youth friendly corner

1. The project will construct two youth friendly corners and they be open to both male and female. These corners will give teenagers an opportunity to different information on the dangers of teenage pregnancy and its effect,.
2. Counseling of youth/ Teenagers pregnancy will be done in these youth friendly corners, teenagers will be counselling on the dangers of substance abuse, teenage pregnancy and on how to use contraceptive and abstinence.
3. Conduct sanitization talks on sexual and reproductive health.
4. Facility abstinence and contraceptive, this will be done through talks and through making condoms and family planning offers pills available to teenagers.
5. Empowerment programs
6. Train youth in entrepreneurship skills, Youth will be trained in different entrepreneurship skills such as farming, bricklaying, carpentry, tailoring and designing, life-skill such as catering
7. Conduct financial financial literacy workshops in order to equip youth with basic book keeping knowledge.
8. Youth will be given money to start business.
9. Sensitization programs
10. Conducting sensitization through training, workshop, road shows
11. School re-entry policy re-affirmed
12. Services
13. Conducting family planning services, this will make teen guardian, by encouraging them of the use of birth control.
14. Conduct STD prevention and treatments based services as on of the clinic based intervention.

**EXPECTED PROJECT RESULTS**

Two youth friendly corners established, once these corners are created, the project expect teenagers to have adequate information on the of teenage pregnancy, the project expect teenager to be well guided in different issues which affect their life through the counseling services which will be there, In addition self –awareness will be increase among teenagers, condoms, birth control like morning after pill will be ready available.

Youth empowerment program created, the project expect a lot of youth and women to be trained in different business ventures and also expects youth and women to be empowered to start their business. The projects expect the benefiercies to be well equipped with financial literacy , that they should understand basic book keeping . The project expect a lot of youth employment others in the near future.

School re- entry policy for girls re-affirmed, with the help of the ministry of Education through the provincial and district education office, the project expect parent will be willing to take their teen pregnant children back to school. We expect a lot of girls who dropped out of school due to pregnancy or forced marriage to go back to school.

Clinic based intervention programs, we expect to have a trained family planning service to the special needs of teenagers and parents. This program will focus on clinic based contraceptive education, counselingand services for teenagers and parents

**WORKING AREAS**

**DISTRICT CHIEFDOMS/AREAS VILLAGES/WARD**

LUFWANYAMA ST JOSEPH & CHAPULA

KITWE KAPOTO AND MULENGA

SERENJE SERENJE DISTRICT

MAZABUKA ZED COMPOUND

KABOBOLA

**ORGANIZATION CAPACITY**

|  |
| --- |
| CHIEF EXECTIVE OFFICER |

|  |
| --- |
| DIRECTOR OF FINANCE |

|  |
| --- |
| DIRECTOR HUMAN RESOURCE |

|  |
| --- |
| DIRECTOR M&E |

|  |
| --- |
| Women empowerment Manager |

|  |
| --- |
| Social and welfare for Girls and Women Manager |

Coordinators

PROJECT SUSTAINBILITY

It is envisioned that, after 5 years, the activities launched through the project will continue to operate and expand independently of any organization involvement.

1. Robust business are inherent sustainable, the youth will be trained in entrepreneurship skills and in financial literacy. This will improve their ability to train others I the skills enhance the project will be self – sustaining. Furthermore, the project will empower business ventures and this will generate income and create jobs beyond the project implementation period. Now entrepreneurs will be able to seek guidance from more experienced entrepreneurs.
2. By working with different stakeholders such as the ministry of health and ministry of education will enable the project continue beyond it project period. The organization will strengthen their capacity to provide outgoing support, the re-entry policy strategy will be re-affirmed for the teenagers who fell pregnancy.
3. Finally by working with and through the community the project period. The project will go beyond the project period. The project will conduct sensitization programs workshops.

The project is community health workers, teachers, nurses and midwives will be taken from their respective communities. They will be still be in position to carry on the project viably local authority and leaders will be involved at each stage of the project.

**Total Project Funds Required**

**$340,000**