PROJECT PROPOSAL

1. PROJECT TITLE*: PREVENTION OF EARLY CHILD PREGNANCY AND FORCED MARRIAGES.*

2. PROJECT LOCATION*: Shinyanga District, Shinyanga Region in Tanzania.*

3. NAME OF ORGANIZATION*: Ebeneza Group*

4. **AMOUNT OF GRANT REQUESTED: USD 56,455**

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1. Organization Narrative.

Ebeneza Group is a non- for profit volunteer charity organization with main offices in Ndala in Shinyanga region Tanzania.

Ebeneza Group working on different issues such as support for Orphans and vulnerable Children in Education support and Children Rights, women with provides women Rights and income generating and provides support to People living with HIV/AIDS in Shinyanga Region.

Moreover, Ebeneza Group implements community based Health Education and Promotion programs aiming at building capacity of youth, individuals and Community members in health and economic development. Main Objectives is to build the capacities of Communities in the identification and responding to economic challenges, diseases prevention, environmental protection and improvement of Rights of Women and Children. Ebeneza's beneficiaries are poor and marginal small scale farmers, Vulnerable, women, Orphans children & youths and general public.

Vision Statement of Ebeneza Group*- To recognize People as Valuable resources who have the right to Knowledge of their social, environment, and Political challenges and be assisted in development of their abilities for own full Development.*

Mission Statement of Ebeneza Group*- To empower People with the right tools that helps them to be conscious of Challenges around them, especially Women and Children (Ensuring the rights of Women and Children).*

The organization structure includes General Assembly, Executive committee, Staffs and volunteers. The Chairperson is the in charge of daily organization activities supported by general secretary, bursar, Coordinator and Volunteer. We have a Certified Public Health Consultant and Our Staffs and Volunteers are people with extensive knowledge and skills in implementing Health, Education and development Programs. Ebeneza have bank account in Tanzania Postal Bank, Shinyanga Branch *Account NO. 016-00001561, name of account is Ebeneza Group.*

Current Programs/Projects

Our current projects include:

- **Orphan and Vulnerable Children Support**: we are supporting 74 orphan and Vulnerable Children (40 boys, 34 girls, 12 in secondary school, 42 in primary schools and 20 in Early Child Development. Our support includes educational support, Medical care cost and basic human needs; however, we are only capable of supporting minimum number of OVC than the need in Shinyanga Municipal.

- **Computer education services for Orphans and Vulnerable children and youth**: since 2013 we have received funds from **U.S. Embassy in Tanzania** and we have provide support for 64 tainees in computer education

- **Tailor training for women and youth**: in 2014 we received funds from **Tanzania Development Trust** to implement Vocation training centre project for this program up now we have supported 74 orphans' children who have not qualified for secondary education.

- **"Empowering local women entrepreneurs on their economic and women's rights**: we have received funds from **Women Fund Tanzania (WFT)** to implement this project.
- **Support to People Living With HIV/AIS**: Ebeneza Kusaidiana group provides support to 19 PLHIV; our support ranges from Psychosocial, Nutrition, management of opportunistic Infections Drugs (Often out of stock in Public facilities) and Income Generating activities using the Self help group model.
- **Youth Education:** Ebeneza group has been receiving funds from the **United Methodist Church (UMCOR)** to implement Youth Friendly Health Education in Primary Schools in Shinyanga Region. Under this program, HIV/AIDS education has been conducted in 20 primary schools with more than 400 students trained as peer educators, 20 youth groups formed in schools and more than 6,000 community members reached through the Public Awareness campaign as a component of this project.

2. Description of the Problem.

Tanzania has one of highest child marriage prevalence rates the world on average, almost two out of five girls will be married before their 18th birthday. In 2010, about 37 percent of the women aged 20-24 were married/in union before age 18. Data shows a 10 percent decline since 2004 (41 percent). While child marriage is common in Tanzania, prevalence is highest in the Regions of Shinyanga (59 percent), (UNICEF, 2012). As it shown in Shinyanga Region prevalence is highest (59%), and marriage age normally starts at 12 years for girls and 15 for boys. Findings from Ebeneza Group field visits Mwawaza, Mwamalili, Ibadakuli and Chibe ward reveal that out of 39 young women visited village, 11 were victims of child marriage. Underlying causes of this problem in Shinyanga are the prevalence of harmful norms that make the community to view girls as source of income. Sukuma communities, child marriage is preferred as it is believed that when a girl conceives while at home, she will remove the honor of the family and reduce bride wealth hence CM; Poverty; Insufficient sensitization of the community on CP; illiteracy and inadequate awareness by girls of health, legal and economic implications of child marriages. Influenced also by Inadequate provision of SRHR services to girls in and out of schools, low access to legal aid services to victims/adolescents, inadequate vocational skills to girls, gender roles and inadequate availability of child friendly institutions like schools and health facilities that accommodate the needs of girls. The effects of this problem has been child bearing/pregnancies, exposure to risk of STIs infections, loss of status/rights of childhood, dropping out from school, increased patterns of dependency and vulnerability to decision making by girls as well as complications during delivery.

Child early and forced marriage is associated with a range of poor health and social outcomes and other negative consequences. Specifically, early and frequent pregnancies and forced continuation of pregnancy are all common in child marriages. They are closely linked to high maternal and infant morbidity and mortality rates and can have an adverse effect on girls' sexual and reproductive health. In fact, "pregnancy-related complications are the main cause of death for young women, with girls being twice as likely to die from childbirth as women in their twenties". Girls and women who are subjected to child, early and forced marriage are often not empowered to make decisions about, or lack accurate information about their sexual

and reproductive health, which compromises their ability to inter decide on the number and spacing of their children and negotiate contraceptive use, and places them at heightened risk of contracting sexually transmitted infections and HIV.

3. Project Description

The overall Goal of this project is to contribute towards ending child early forceful marriage and pregnancy through Strengthening and Scaling up Access to Quality Prevention, Advocacy, referral and counseling Services, and Socio-education Support. The Project is really a Child Marriage Prevention activity, beginning to explore possibilities of going to scale, with encouraging signs that such structural efforts will aimed at other goals, such as education, health, and poverty reduction. The project will increase access to and uptake of comprehensive post management services and linkage to care providers within Seventeen villages in Shinyanga Tanzania.

Also, gender based sexual and physical violence against young women and girls have been associated with increased risk of teenage pregnancy, sexual infection, deaths and may affect the demand for and utilization of services.

The Project will involve all the aspects of empowering and sustainably the girl-child. The project will expand and scale-up support and care to 80% of those affected, also the project through Ebeneza have the potential to prevent child marriage and teenage pregnancy, and will therefore, uptake specific services and addressing some of its drivers, with dedicated spaces that guarantee success through eradicating of poverty, expanding of economic opportunity, promoting of women's empowerment and promoting of girls' education.

In addressing the child marriages, Village executive officers(VEO's) influential people, teachers, paralegals, traditional and religious leaders are used as focal persons at village level and are the ones which assist project team in identification of victims, referrals, monitoring and organizing meetings with the public, parents and that of clan's gathering, funeral and churches. At ward level the Ward Development Committees members are focal points for organizing meetings, referrals and trainings including supporting project team in mobilization of communities and receiving village development reports including that of the child protection committees at ward level before are collected by field officers.

At District level the focal points are SWOs, CDOs, DEOs, and health staff, Police (Gender and Children desk).

As they are familiar with their communities, they influence and educate their fellow community members on the ill effects of child marriages and the importance of abandoning such traditional practices which in turn result into child marriages. At all levels the project team conducts monthly visits at village level, ward and district levels. However, the project adopts three major approaches;-

Mobilization and Advocacy; which is used to ensure entry point and access to the communities for awareness creation and influence change on the harmful established norms, by laws and dangers of child marriages.

Systems strengthening; which used to ensure systems responsible for child protection to reduce child marriages are strengthened. Establishing and training of CPTs, VDCs, teachers, paralegals, WDCs and district focal points who ensure victims are supported with SRHRs, Legal Aid, PSS and prosecution of perpetrators.

Capacity Building and Support (CBS); builds confidence and understanding among actors of child protection and victim themselves to reduce incidence of CMs. It involves training and support of victims on PSS, SRHR, and education and economic for them to be self reliant and resilient in their communities.

 Poor families also capacitated with entrepreneurship skills for them to diversify their sources of income and leave depending on bride wealth of their daughters. Also, the Project intends to reduce incidences of child marriages in 17 Villages of Shinyanga Districts by addressing the driving factors.

4. Target Population/Beneficiaries

The beneficiary of this project is a child/youth who is a victim of early marriage/pregnancies and those at risk of early marriages/pregnancies with an age of 12-17 years and in need of prevention and protection from early marriages/pregnancies through education support, adolescent support groups, SRHR services, vocational training, Reproductive training to adolescent girls and boys in and out of schools, temporary shelter and child protection system strengthening through child protection teams (Ward-District level), paralegals and school committees, community sensitization using various programs like cinema, dialogues, meetings, drama, roll playing and trainings.

This project will use the social support strategy which emphasizes active engagement of communities, child marriage survivors, impregnate girls and women, their families and men in mobilization, awareness raising, events and activities to enable girls and young women in child marriage homes and circumstances of deprivation within the ages of 7 to 17 years gain access to nutrition, psychosocial, formal and vocational education, and economic and legal support.

This project will support 600 child brides including girl-mothers to meet their education and socio-economic needs. It will support them with all scholastic education materials including 60 community peer educators who will be trained as community social workers/providers for child brides and girl-mothers. Young people, orphans and vulnerable girl-children and women, pupils and their teachers as well as members of informal sector groups and their families.

Grassroots units who are often the direct beneficiaries of Child Help's activities include whole village communities within each ward led by their local community leaders, elders and represented by the Village or Community Development Committees (VDCs) and sub-community technical persons. The public and Line will benefit from Project messages and activities with best practical results for used for further actions to end early child marriages and teenage pregnancies.

5. Project Objectives

1. To increase the level of knowledge on child early marriage issues including rights of 600 girl-survivors in 17 Villages by the end of the project period.

2. To provide care and support for girls and young women and families affected by child marriage through the establishment of IGA (Income Generating activities) livelihood projects such as gardening, Bakeries, soap making and other small business scale activities for income generation and sustainability.

3. To increase access to formal and non-formal education for child brides with pregnancies and babies with all holistic and comprehensive scholastic education support materials such as school uniforms, stationary, school shoes, school bags including healthcare services.

4. To form and support 60 Girls Not Brides clubs (GNBs) as an outreach campaign and pressure group on government and the community, to demand their rights, to do away with child marriage and teenage pregnancy, and to reached young women and girls, with comprehensive campaign and services to achieve universal access to education, health and livelihood.

5. Collaboration and partnership with Girls Not Brides groups, No to Child marriage, similar agencies against early child marriages in the world, and linkages with organizations with similar aims an objectives, the Government Ministry systems for increased access of child brides and teenage pregnant to care and support services.

6. Increase and build the capacity of 37 chiefdom communities V/CDC based Structures to deliver high quality post management service, care and treatment to survivors to reach 80% by the end of 2017.

7. To reduce early pregnancy and forced child marriage

Specific objectives:

Objective 1: Improve and increase mobilization and awareness raising:

Behavioral Change Communication (BCC) community outreach – Provision of BCC to all at risk groups (Sex workers, Drivers, etc.)

The tenants of this project, child early marriage and teenage pregnancy remain the highest priority target populations. This proposal seeks funding for an intensive service campaign package for implementing the proposed project activities. Activities focus on behavior change communication through peer based outreach and group education, community mobilization utilizing social activities and organizing community based events and enhanced teenage pregnancy service coverage and counseling.

Community mobilization activities are aimed at increasing coverage of services to hidden populations involved in such practice and enhancing self-esteem through developing a more positive group identity. Coverage targets of identifiable child brides and sex workers are as follows: behavior change communication activities (80%), condom distribution (90%) and provision of counseling and referral services on a routine basis.

As this child early marriage and teenage pregnant populations are increasingly reached through community mobilization, coverage through more intensive BCC as well as counseling and referral management will be scaled up.

Targets are based on the coverage capacity of existing implementing agencies to reach visible targets, and the coverage necessary to stop early child marriage and teenage pregnancy increase among risks groups, based also on less frequent risk behavior.

Objective 2: Strengthen community systems to stop early child marriage and teenage pregnancy through referral service.

Activities under Objective 2 will be organized around the followings:

- Advocacy, communication and social mobilization.
- Building community linkages, collaboration and coordination
- Human resources and skills development
- Community based service delivery

Objective 3: Build an enabling environment for implementation of Child marriage programs.

The primary environmental barriers to such programming are:

- Social/cultural taboos associated with open discussions of early child marriage, teenage pregnancy and sex.
- Gender norms that affirm male marital dominance and the disempowerment of women in early child marriage decision making.

Activities under Objective 3 will be organized around the followings:

- Educational support
- Social mobilization.
- Promoting gender equality
- Policy advocacy and legislation
- Institution building for governance and coordination
- Promoting multi-sect oral response.

6. Planned Activities

1: Prevention and ending of early child marriage and teenage pregnancy

This proposal will implement interventions to campaign against and stop early child marriage and unintended pregnancies including provision of care and support to identified child brides including their children and parents/relatives. Ebeneza Group plans to organize orientations, training, and support supervision with the District Councils and community led-Associations, Community / Village Development Teams.

This project will involve goals that will be tied to a broader educational, reproductive health, livelihoods, and gender empowerment and also integrate family planning. These activities will focus on the following objectives:

- Supporting outreach activities for family planning information, education, and service provision
- Increasing demand for quality family planning services among women and girls and communities, and supporting girl-children's choices to use family planning.
- Train community peer educators/social workers who are survivors of child marriages, and unintended pregnancies, to raise awareness and demand for their rights and services, and will involve men in critical discussions on the risk and to end such practice.
- Support the establishment of Girls Not Brides' clubs to end early child marriage and teenage pregnancies and to promote Education, Livelihood, reproductive health and child survival for child brides affected

2: Prevention, surveillance and monitoring

Prevention, surveillance and monitoring of child marriages and unintended pregnancies are critical to successful scale up of doing away with such practices. The project will support child brides in an ever-larger number of services to end child marriages and teenage pregnancies

3: Community systems strengthening.

Community systems strengthening activities will include:

(a) Human resources: building capacity for service delivery, advocacy and leadership

(b) Community based activities and services: delivery, use and quality

(c) Advocacy, communication and social mobilization, and

(d) Building community linkages, collaboration, and coordination.

4: Care and Support Services.

Care and support services component is meant to improve the quality, availability, and units of care and support services for survivors and families in need of educational, reproductive health, livelihoods, and gender empowerment. Under care and support services component, funds raised will be used on initiatives/activities that will increase lively opportunities for survivors and their parents/families, to do away with such practice.

The following activities will enable the project achieve this component by:

- Provide scholarships, uniforms, learning materials and other incentives to survivors returning back to school
- Providing support for 60 victim family's groups in income generating activities and livelihood diversification.
- Providing support for 17 Girls Not Bride Clubs that will continue the campaign
- Support Livelihoods, income generation and food security including Animal husbandry, adequate farm inputs/implements, advisory services and training on improved agricultural practices and planting of fuel woodlots).
- Support the countries '' No to child Marriage'' side events in June, 2016
- Support 60 debaters on '' No to child Marriage

- Support 1 ''Moonlight and outreach night'' quarterly within 12 months.
- Supporting logistics for transportation of emergency unconfirmed cases for blood test to the laboratory District Hospital. About 418 impregnated girls before age 18 years, will benefit from such services in the district

5: Capacity Building for Effective Child marriage and early pregnancy Prevention.

This component is meant to enhance the capacity of CHSL to effectively: -

- Trained 120 Community Peer educators/social workers will educate, counsel and refers child brides to recognized and appropriate institutions for care and support. Nearly 7,600 people are expected to benefit from this project which includes consultations and reviews, continuous health education, case presentations and discussion. 2,500 people will receive referrals and care services.
- Carry out awareness rising within communities on the increase, on the nature, cause and effects of child marriage scourge through radio talk shows and other alternative channels of mass communication including the consequences of early marriage and in the introduction of a minimum legal age of marriage in Tanzania.
- Carry out informal community education and awareness-raising that facilitates community mobilization, sometimes in the form of public declarations against harmful practices, such as female genital cutting and early marriage.
- Develop and disseminate via radio, pamphlets, drama and word of mouth and social networking sites including Face book, LinkedIn, Twitter, etc on do away with child marriage prevention messages
- Facilitate efforts of and build awareness in various church leaders, traditional leaders and other key stakeholders, on how to resolve the emerging challenges in early child marriage and unintended pregnancy prevention in selected high risk population settings.
- Conduct "Moonlight nights and counseling outreach" activities—conducted at night in the vicinity of Strategic bars, streets and lodges—to reach the most-at-risk populations with the message ''No to child marriage and Teenage pregnancy'' to more than **15,000** people are expected to benefit from this service.

7. Project strategies/Approaches

- **Mobilization and Advocacy;** which used to ensure entry point and access to the communities for awareness creation and influence change on the harmful established norms, bylaws and dangers of child marriages.
- **Systems strengthening;** which used to ensure systems responsible for child protection to reduce child marriages are strengthened. Establishing and training of CPTs, VDCs, teachers, paralegals, WDCs and district focal points who ensure victims are supported with SRHRs, Legal Aid, PSS and prosecution of perpetrators.

- **Capacity Building and Support (CBS);** builds confidence and understanding among actors of child protection and victim themselves to reduce incidence of CMs. It involves training and support of victims on PSS, SRHR, and education and economic for them to be self reliance and resilience in their communities.

- Poor families also capacitated with entrepreneurship skills for them to diversify their sources of income and leave depending on bride wealth of their daughters. Also, the Project intends to reduce incidences of child marriages in 10 wards of Shinyanga Districts by addressing the driving factors. This include the prevalence of cultural values that view girls as source of income, family economic pressure, ignorance and poor enforcement of child protection instruments, early pregnancies, insufficient sensitization of the community on child protection and the inadequate awareness of the girls of the health, education, legal and economic implications of child marriages. The intervention also addresses this problem by advocating for and creating awareness to communities and actors of child protection to reduce child marriages, through public meetings/dialogues, Media, Sukuma local gatherings, IEC, cinema, peer education, school campaigns, local theatres, groups to fight child marriages, meetings with leaders (local, cultural, district); Again, strengthening child protection systems to effectively support victims of child marriages from perpetrators. Also, through forming child protection teams, children councils, training legal actors/paralegals/health/education, community committees, research on the intervention practices, support legal aid to victims and prosecution of worst perpetrators, empowering victims of child marriages and girls at risk by enhancing their access to SRHRs, Education, vocational/entrepreneurship/life skills, forming girls/women mutual support groups for savings/credit and IGAs to improve their economic autonomy.

8. Out comes

The expected outcomes include:

- Stop and end child marriage and early teenage pregnancy; Increased mobilization and awareness, quality care and comprehensive services; Fulfilled rights to basic social services, and Enhanced ownership and sustainability of Child marriage and teenage pregnancy response.

- Implement comprehensive workplace and community response Address child marriage, teenage pregnancy and gender issues
  Changing socio-cultural and economic factors that Increase the vulnerability of young women and girls, to Promote adherence including mobilized community response Improve support and social protection to girl-mothers, vulnerable children and child brides.

9. Monitoring and Evaluation

Monitoring and Evaluation is a critical component and a vital tool that enables the organization to measure and evaluate outcomes and achievements of any development project/programme being implemented and long term impact made.

The overall objective of this component is to contribute successful collection and provision of information that will be used to: -

- Track progress on implementation of all programme components.
- Facilitate identification of gaps and weaknesses in service provision.
- Help in planning, prioritization, allocation and management of resources.
- Help in monitoring the impact of any intervention undertaken in communities
- Measure effectiveness of service delivery system.

The project team together with the local community and local district councils in the project areas will monitor the project. The result should be measurable on the context of attitude, practice and knowledge of the community. The indicator should measure clearly the impact of the project in the district community. The reports shall guide the management on any other interventions to be addressed in the following project period.

The following tools will be use for collecting data: Client Cards, Registers, Laboratory Referral Test Results Forms, Management Information System (MIS) Forms, Logistics Management Information System (LMIS) Forms (Stock logistics forms), Special data collection forms (e.g. Annual Review Tool), Tally sheets for compiling service statistics.

10. Indicators:

Indicators for ending child marriage and teenage pregnancy services will be included in the MIS forms. Each ward team will maintain record keeping systems that accurately track these indicators. The registers will include information on the clients, as well as their age, to facilitate accurate reporting of these elements when required.

The following indicators will be tracked during the program implementation: number of child brides counseled, number of child brides referred for laboratory testing, number receiving test results positive or negative, number of sent back to non-formal and formal schooling, number of families supported socio-economically, number of girl-mothers taken care of, number of unintended pregnancies supported, number of debaters and attendees, numbers of forum participants, number of moonlights and outreach organized and participants that attended, number of countries that organized campaign week events and the number of participants that attended, number of children supported with food and health care, number of clients referred for support and care, number of clients that reached the referral centres. Data collected on ending child marriage, teenage pregnancy, girl-mothers and children services will be used to make decisions at all levels. Each team will compile service statistics (usually along with data from all Centre units) each month and submit them to the Program Manager of the monthly report.

11. Reporting:

The Area Program Manager will compile and forward periodic reports to the Project Director on a monthly basis. The data from all service points will be merged and submitted quarterly to the donor and the Ministry of Social Welfare.

12. **Sustainability plan**

This project will ensure that the benefits will be maintained after the donor funding is completed.

The project has in place educational, economic, financial and technical viability through various strategies as highlighted below.

Utilization of Community Participatory Methodologies.

To ensure full community participation and strong sense of local ownership, the project will adapt three key elements; the use of the PRA (Participatory Rural Appraisal); Community implementation of activities and cost sharing use of PRA is a noted methodology for facilitating communities' full participation in controlling their own development.

To further ensure that PRA activities are fully accessible to all community members, the methodology emphasizes the use of locally available materials.

Educational and Social Feasibility.

This feasibility will be guaranteed by education and social based programs.

Trained Community stakeholders, health workers/Community peer educators, educational institutions will be used to maintain the project even after funding. The district councils will be engaged to factor these activities into their district yearly plan of action. The sustainability for this project will also accrue mainly from the trained community personnel in the project area and the project strategic approach of linking the all arrangement in line with the normal government policy in addressing the problem of child early marriage and teenage pregnancies.

The project will build capacity of community volunteers to reach out their fellow community members thus developed community human resources will support the sustained delivery of this project services.

The project will build strong linkages and collaborations with other civil society organization for different referral services which will continue serving the communities. It will provide information for the services and their locations. Lastly Ebeneza Group, will take part from mobilizing more resources to scale up and expand the project, will integrate some of the interventions especially referral systems into its running programmes.