
I am a Child not a Bride Phase-II

Parsagadhi Municipality, Parsa, Madhesh Province

WHY I am a Child not a Bride – Second Phase?

The IRHDTC has previously implemented the "I am a Child, not a Bride" project with the support of ANMF and in collaboration with the Parsagadhi Municipality. Despite facing resource constraints, the project achieved notable successes, and a comprehensive report was submitted at the time. Building on the achievements of the previous project, we have developed the second phase of "I am a Child, not a Bride" to ensure that the work continues in addressing the critical issue of child marriage in the region.

Background and Rationale

The Government of Nepal, with support from UN agencies and Girls Not Brides Nepal, has developed a National Strategy to End Child Marriage. However, the strategy launch has been delayed due to the 2015 earthquake, and the timeline for implementation remains unclear. Nepal has also committed to ending child marriage by 2030, in line with the Sustainable Development Goals.

Child marriage remains a significant issue in Nepal, with the country having [the second-highest rate](#) in South Asia after Bangladesh. The practice affects girls' education and puts them at risk of violence and early childbirth, among other consequences.

Despite a national strategy to eliminate it, efforts have fallen short, with child marriage rates remaining high in certain areas. To tackle the problem, more awareness-raising and education is needed, particularly targeting parents and adolescents. Empowering girls through education and life skills may also help prevent child marriage. However, it requires a sustained effort from schools, local bodies, parents, and concerned authorities.

In the Madhesh Province region, girls face significant challenges in achieving the targets of Sustainable Development Goals (SDGs) 3, 4, 5, and 10 due to various factors.

These include a lack of access to essential resources and means, limited opportunities for participation in local-level programs, and insufficient leadership development programs tailored to their needs. As a result, the effective implementation of these SDGs has been hindered for girls in the region.

We have prepared this proposal after comprehensive discussions with the concerned bodies of various sectors in Parsagadhi municipality. These stakeholders have emphasized the importance of addressing the identified issues and have expressed the need for targeted interventions to be

implemented in the region. As a result, the project proposal has been developed with the goal of addressing these concerns and promoting sustainable development in the area.

SDG 3: Good Health and Well-being

Ensure healthy lives and promote well-being for all at all ages.

Reduce maternal mortality and end preventable deaths of newborns and children under 5.

SDG 4: Quality Education

Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

Ensure that all learners acquire the knowledge and skills needed to promote sustainable development

Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments

SDG 5: Gender Equality

Ensure universal access to sexual and reproductive health and reproductive rights.

Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making.

SDG 10: Reduced Inequalities

Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality

Objectives

1. To increase access to sexual and reproductive health services for adolescent girls in Parsagadhi Municipality
2. To enhance knowledge and awareness among adolescent girls on topics related to sexual and reproductive health, including family planning and safe sex practices.
3. To empower adolescent girls to make informed decisions regarding their sexual and reproductive health through targeted education and skills-building interventions.
4. To engage community stakeholders, including parents, religious leaders, and educators, in promoting positive attitudes and behaviors toward adolescent sexual and reproductive health
5. To sustain and build upon the achievements of the previous "I am a Child, not a Bride" project, with a focus on improving the health and well-being of adolescent girls in the target area.

3-E Approach to implement I am a Child not a Bride – Second Phase

The proposed approach is based on the 3-Es: Educate, Empower, and Elevate. These three elements are critical in addressing the health challenges faced by adolescent girls in Madhesh, as they provide a framework for improving health outcomes by enhancing knowledge, skills, and access to resources.

Educate:

The first element of the approach is to educate adolescent girls about their health and well-being. This will involve providing them with information about nutrition, sexual and reproductive health, hygiene, and disease prevention. The education will be delivered through community-based programs, health clinics, and schools, ensuring that all adolescent girls in the region have access to the knowledge they need to make informed decisions about their health.

Empower:

The second element of the approach is to empower adolescent girls to take control of their health and well-being. This will involve providing them with the skills and resources they need to make positive changes in their lives. For example, training in life skills, such as communication and decision-making, will help them to navigate complex social situations and make informed choices. Additionally, access to health services and financial resources, such as microfinance, will enable them to take care of their health and well-being.

Elevate:

The third element of the approach is to elevate adolescent girls' status in society. This will involve challenging harmful social norms that limit their access to healthcare services and education. The approach will work with communities, religious leaders, and policymakers to change attitudes towards adolescent girls and promote their rights. This will ensure that adolescent girls have the support they need to make positive changes in their lives.

Activities

1. Establishing 10 VISION CHILD CLUBS

To work on our vision, Implement 3-E idea, the organization will have 10 VISION Child Clubs in 10 separate schools. VISION, focusing on Sexual and Reproductive Health and Rights (SRHR) for adolescent girls:

V - Viable SRHR education and information

I - Improved SRHR services and support

S - Safe and respectful SRHR environment

I - Inclusive and culturally sensitive SRHR programs

O - Opportunities for SRHR advocacy and awareness

N - Non-discriminatory SRHR policies and programs

These clubs can provide a safe space for girls to learn about their health, share experiences, and engage in activities that promote their well-being.

2. **Organizing Health Education Workshops:** to provide adolescent girls with information on nutrition, hygiene, sexual and reproductive health, disease prevention, and mental health.
3. **Conducting Life Skills Training:** to develop the life skills of adolescent girls, such as communication, decision-making, problem-solving, and goal-setting.
4. **Providing Access to Health Services:** Adolescent girls should have access to healthcare services, including regular check-ups, immunizations, and reproductive health services. We will engage in advocacy efforts to establish and promote adolescent-friendly health facilities in coordination with local ward health posts and other relevant health stakeholders.
5. **Promoting Sports and Physical Activities:** Sports and physical activities can promote physical and mental health, and can be organized as a fun way to educate and empower adolescent girls. Such activities will be conducted every month under the leadership of VISION Club.
6. **Freindraiser Activity, Involving Community Leaders and Policymakers:** Engaging community leaders and policymakers can help to raise awareness about the importance of adolescent girls' health and well-being, and promote policies that support their empowerment. The adolescents participating in this project will establish relationships with ward presidents, ward members, public representatives, teachers, women's health volunteers, social workers, and political parties. Through these relationships, they will collectively work towards making the municipality more adolescent-friendly.
7. **Providing Mentoring and Role Models:** Adolescent girls can benefit from having access to mentors and positive role models who can provide guidance and support, and inspire them to reach their potential.
8. **Promoting Peer Education:** Peer education programs can be established where trained adolescent girls can share information and knowledge with their peers, promoting positive health behaviors and attitudes. The girls in the Vision Club will disseminate their newfound knowledge and skills to their peers, thereby cultivating greater awareness and understanding among a wider audience. This knowledge-sharing approach will effectively expand the reach and impact of the project beyond the immediate participants.

9. **Creating Informational Materials:** Creating informational materials such as posters, brochures, and videos can be effective in providing adolescent girls with accessible and easy-to-understand information on their health and well-being. These materials can be distributed through schools, clinics, and community centers to reach a wider audience.

Expected Outcomes

1. Increased accessibility of sexual and reproductive health services will result in improved health outcomes for adolescent girls in Parsagadhi Municipality.
2. Greater knowledge and awareness of sexual and reproductive health topics will empower adolescent girls to make informed decisions, leading to a reduction in risky sexual behaviors and improved overall health.
3. Through targeted education and skills-building interventions, adolescent girls will gain the confidence and skills needed to take control of their own sexual and reproductive health, leading to improved health outcomes and increased agency.
4. Increased community stakeholder engagement in promoting positive attitudes and behaviors toward adolescent sexual and reproductive health will help create a supportive and inclusive environment for adolescent girls in Parsagadhi Municipality.
5. The sustainability and building upon of the achievements of the previous project will lead to continued improvements in the health and well-being of adolescent girls in the target area, with the potential for positive impacts to extend beyond the immediate project period.

Monitoring and Evaluation

To ensure that the project's impacts are sustained and built upon, it is essential to establish a robust monitoring and evaluation framework. This will help track progress and identify areas for improvement, ensuring that the project's positive impacts continue to benefit adolescent girls in Parsagadhi Municipality beyond the immediate project period.

Organizations, local children's clubs, government bodies, municipalities and public representatives will regularly monitor and evaluate this project and provide us with factual information.

Sustainability Plan

1. **Institutionalization of services:** One way to sustain the accessibility of sexual and reproductive health services is to ensure their institutionalization within existing health systems. This could involve training local healthcare providers and integrating these services into the routine healthcare delivery system of Parsagadhi Municipality.
2. **Advocacy and awareness campaigns:** To sustain the gains in knowledge and awareness, it is essential to continue advocating for the importance of sexual and reproductive health education. This can be done through awareness campaigns in schools and communities, using various media and communication channels.
3. **Peer-to-peer education:** A key aspect of empowering adolescent girls is to build their confidence and skills to make informed decisions about their sexual and reproductive health. To ensure that these skills are maintained, we could establish peer-to-peer education

and mentorship programs, in which girls who have undergone the previous interventions act as mentors for younger girls.

4. Community ownership: For the sustainability of community engagement, it is crucial to create an environment in which community stakeholders feel ownership and investment in the project. We could continue to work with local leaders and organizations to promote positive attitudes towards adolescent sexual and reproductive health and encourage their active participation in project planning and implementation.

Budget