

SUMMARY OF APPLICATION

YOUTH FIRST DEVELOPMENT is a Private Company Limited by Guarantee registered in 2012 under the Companies Act of 1990, Certificate # 104414 - Not for Profit.

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Funding Request: US\$20, 000 (12months)

Youth First Development empowers young people to work shoulder to shoulder with the community to create community development. Our local and culturally aware, professionally trained young people deliver impact through peer to peer learning and sharing, hands on teaching of Sexual Reproductive Health, farming, entrepreneurship and governance lessons. We target poor resource young people, their households and community. Our work 1) Empowers Young People with appropriate skills, knowledge and tools to get involved in decision making and community actions; training for transformation 2) Advocates with and for young people for meaningful inclusion in setting the agenda, policy formulation and decision making. Giving young people real representation and space to be heard; and 3) supporting young people, their families and communities to get involved in making a difference in the community

Our project beneficiaries are poor resource young people in hard to reach, households, communities and rural areas. The young people affected by poverty, at risk of HIV infection and other diseases, food insecure, low self-esteem, lack life skills to demand for accountability from the duty bearers. We categorise them in the following ways:

- Adolescent girls
- Orphaned (3 – 18)
- Out of school (6 – 19)
- In school (6 – 18)
- Involved in/survivors of family violence/abuse (3 – 24)

The project wants to contribute to the reduction of adolescents' risk and vulnerability to HIV by increasing their access to gender-sensitive knowledge and Life skills education. To achieve this, the project will use its proven, innovative and cost effective methodology to specifically:

1. Enhance capacity among peer educators to facilitate Life skills education, Sexual Reproductive Health and HIV information to their peers (30 peer educators)
2. Increase access to Life skills, sexual and reproductive health, and HIV information by the adolescents (400 adolescents)
3. Reduce number of adolescent girls dropping out of school as a result of early pregnancies and marriages (reduce by 30%)
4. Increase participation of local policy makers in promoting Life skills education and parent/ teacher to child dialogue on critical issues of sexuality (15 Local leaders including elected leaders)

As a Youth Led Youth Focussed organisation, we are concerned with the increase in percentage of adolescent especially girls practicing behaviours that continue to increase their risk of HIV infection. The proposed cooperation between yourselves and Youth First Development will focus on increasing comprehensive HIV knowledge among adolescent girls and boys, reducing their vulnerability to early marriages, early pregnancies, and HIV/STIs infection as well as access to information on HIV counselling services and testing and the use of condoms. This will be done through Life Skills Education, Advocacy and Youth friendly structure strengthening. This program represents an important part of Community Development as they relate to the Millennium Development Goals (MGDs goal number 6 “of to combating HIV and AIDS as the country strives to have a Zambia free of HIV by 2030).

While other districts in Zambia recorded decrease in the HIV/AIDS prevalence levels, Chibombo increased by 4% (From 12% in 2003 to 16% in 2007) meaning many people including Adolescents and youths are at risk of acquiring HIV. The National HIV Prevalence among girls aged 15-24 years is much higher than that of the boys (4.2% for boys and 8.9% girls) in the same age group. In terms of HIV Prevention knowledge girls continue to have less knowledge than boys of the same age group at 38% and 41% respectively. (*Source: Zambia Census Report, 2010; ZDHS, 2007; State of the World's Children, UNICEF, 2012*). Ministry of Education reports that 39 % (45/ 118) of the Adolescent girls have had sex. They had their first sexual experience between the ages of 6 to 20 years. The median age calculated for girls at first sex is 15 years lower than the National statistics which is at 18years. Of the Adolescent boys 78% indicated to have had sex. The median age at first sex for boys is 14 years. This is considerably higher than the percentage of Adolescent girls that admitted to have engaged in sex

before. On the other hand, **240** Adolescent girls who dropped out of basic schools as a result of early pregnancies, only **154** were re-enrolled back to school in 2011. Out of **240** Adolescents who dropped out of basic school due to early marriages, only 39 were male. There are key factors that influence Adolescents especially girls who continue being at risk in Chibombo District:-

- a) **Limited Access to Adolescent Sexual and Reproductive Health Information and Services:** In terms of misconceptions, the report indicates that the information Adolescent girls and boys had in the sample was not comprehensive as asserted by the finding that 34% of the girls indicated that having unprotected sexual intercourse with a boy just once cannot make her pregnant. For the boys, the percentage was even higher with 47.7% of the boys thought that having sex with a girl just once would not make her pregnant b) **Coercion caused by Gender Inequalities and Lack of Coping Skills:** The report indicates that in Chibombo District 16.9% of Adolescent girls in the 15 to 19 years age group had non-consensual sex. Of the girls that indicated they had had sex before, 57.9% said that their first sexual intercourse was without their voluntary consent. Of the boys 33.3% indicated that their first sexual intercourse was without their voluntary consent. Most Adolescent girls that were coerced into having sex at first sexual intercourse were either physically forced (35%), not knowledgeable about what was happening (20%) or were threatened by their (boy) friends (35%), Overall, 70% of the girl that did not consent to having sexual intercourse at first sex were not forced by means of economic gain but were either physically forced or threatened (*Zambia Demographic Health Survey 2007; ZSBS, 2003*); c) **Peer Pressure:** In total 60% of the Adolescent girls received peer pressure to engage in sex. Peer pressure targeting Adolescent girls emphasizes the importance of having sexual experience for the future, the opportunity to gain economically, and that sex is fun as well as a normal part of a relationship. Peer pressure that targets boys accentuates foremost that sex is an extension of love, while it also stresses the importance of having sexual experience for the future, and that sex is a normal part of a relationship. Alcohol Consumption among adolescents and youths has also become a major concern in Chibombo. About 60% of the boys consume alcohol in bars compared to 30.8% of the girls that consumed during the 3 months preceding the survey.

STRATEGIES

Strategy 1: *Capacity building of Peer Educators and Counsellors from School and Youth Centres* in order to address lack of skills among adolescent peer educators and youth counsellors working in the youth resource centres and those that will be involved in facilitating life skills education sessions in schools, YFD has planned to build their skills through training and information materials to enable effective and quality knowledge and services delivery to the target group (in school Adolescents). **Strategy 2:** *Mobilization for Life Skills Education Sessions in Selected School* reaching out to Adolescent with specific messages for the purpose of closing a gap in information through awareness sensitization is one of YFD's strategies. YFD will use small group sessions and one to one to create the needed awareness on HIV Prevention among adolescents in schools. The absence of accurate information on sexual and reproductive health to adolescent girls has had a negative impact on their choices. In most cases adolescents get incorrect information from their peers which inform their decisions. YFD will close this information gap through hosting of sessions on Life Skills. **Strategy 3 – Mobilization for girls specific Interventions for promotion of Early Pregnancy Prevention and Re-entry policy** in order to increase awareness around early marriages and pregnancies among the adolescent girls, YFD will hold live discussions within the schools using the adolescent girls themselves to raise awareness among their fellow peers on the effect of early pregnancies and marriage. YFD will organise debates and use motions that carry within themselves information as regards to effects of early marriages, pregnancies and re-entry policy. Key community correspondents will be trained to document local stories using recorders, photo and video. **Strategy 4 - Advocacy for Life skills education in Schools.** YFD recognizes the importance of Parents and Teachers Association can play in adolescent sexuality and their influence in shaping the running of schools. In order to promote Teacher to pupil and Parent to child dialogue on critical issues of sexuality and Life skills, YFD through this cooperation proposes to organize advocacy meetings for parents and teachers associations and the district education boards to chat the way forward on modalities that could enhance increased Life Skills Education within the schools so as to increase psychosocial skills among adolescents to copy with their sexuality challenges as they grow into adulthood.

TIMEFRAME AND BUDGET

The project is estimated to cost **US\$50, 000** for a period of **12months**.