



**Global Knowledge Sharing Fund
Application format**

Name of KS initiative:	Mobilization of Peer Educator for sexual and reproductive health	Contact person:	Rajkumar Mahato Karuna Onta Lalu Kadel
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What knowledge do you want to share?

What knowledge do you want to generate, share, and/or use? Share the main learning objective of this Knowledge Sharing (KS) initiative.

CARE-Nepal wants to share the learning on mobilization of peer groups for Sexual and Reproductive (SRH) Health. CARE-Nepal has been implementing Reproductive Health Program for Married Adolescence Couples with an objective to create Youth Friendly Services (YFS) at health facilities and make the youth/adolescents aware on their basic RH issues in two terai district - Dhanusha and Parsa. The program covers total 69 VDCs of two terai districts (42 VDCs in Dhanusha and 27 VDCs in Parsa) The project is mobilizing Peer Educators (PEs) groups in each working VDC. Total no. of 1242 PEs including 621 male and 621 female,(9 couples in each VDC) work through out the project implementation and evaluation stages.

These PEs facilitates the peer discussion in peer groups consisting of 3-5 participants thrice every month at community level, thereby creating a environment to express the participant/peers ideas, practices and family support experiences so that, learning of one peer can be shared and adopted by others at local level. Furthermore, s/he also provides information on SRH, counselling services and guidance to take informed decision.. The group of PEs in coordination with other groups also conducts rallies and street theaters to address SRH issues as their own initiatives that are supported by the project.

The peer groups are also addressing the issues that have adverse effect on RH of adolescents. The major issues they had identified are early marriage and early pregnancy. The groups are now organizing rallies and advocating against early marriage in the community that are supported by the project. In 4 VDCs of Dhanusha a group of PEs and adolescents school children had united with 9-11 members and had formed a Child Marriage Eradication Committee. The committee members had committed to marry only after the age of 20 years as well as take step in stopping any child marriage in their community. The Committee members had succeed in stopping few child marriages in the community by talking with the family and taking support of health workers of the respective VDCs. The committee had initiated the process of change that needs to be institutionalized for further scaling up its work. The project had been supporting the committee for its community mobilization process but as the committee and its need for institutionalization was not in project planning the project is facing budget constrain. It shows that youth if united and fight for social issues with negative consequences can bring into change gradually and create health society.

By the end of this six-months of this initiative CARE-Nepal will be able to:

- Strengthen the Child Marriage Eradication Committees so as to make them capable to lead the social campaign against early marriage.
- Share the contribution of Peer Educator mobilization in Sexual and Reproductive health specially in the issues of early marriages and early pregnancies at community level, district level and national/international level.

Community level - peer educators, community people of other VDCs
District level - district stakeholders through Face to Face on early marriage
National/International level - through printing materials and internet /emails

Why is this knowledge relevant to CARE?

Why do you consider this knowledge relevant to CARE's mission/vision? How is the main objective of the KS initiative related with other objectives and goals of your area, unit, CO? CARE-Nepal believes in

empowerment of poor, vulnerable and socially excluded people to fulfill their basic needs and achieve social justice. We want to be a partner of choice and be recognized for the commitment to social justice. Thus we are working with community for addressing social and cultural malpractices among which discrimination to women and children are one of the priority. Contributing against social issues like child marriage and its experiences is relevant to our mission.

How do you intend to share the knowledge?

What are the main activities of the learning process? Which knowledge sharing method(s) will you use?

The main activities of the learning process are:

1. Conduct Face to Face program on early marriage at district level
2. Develop capacity of members of Child Marriage Eradication Committee (CMEC) on rights and advocacy, campaign and institutional development and leadership
3. Share learning of the project using different methods including printed materials and internet and email at national and international level I.
4. Documentation and dissemination of PE initiatives at VDC and district level.

The main knowledge sharing methods will be

1. Sharing workshop
 2. Peer Evaluation
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Who will benefit from this knowledge?

Who are the people involved in the KS initiative and how will this knowledge be useful for them? Who (outside the group) will find this knowledge useful and why?

The PEs and their groups will be the main beneficiary of the program as they are the first people involved in the KS process. The organization will be involved in the program in its implementation and learn about the initiative. As well as donor will be benefited from the program, as they will be able to get knowledge in new initiative. The program will also benefit the agencies working in PE approach, as they will be able to know about different processes PEs can adopt in social transformation. The program can be shared by various methods with other CARE countries, who can replicate the program.

How will you measure success?

How will you know if you achieve your main learning objective? What are the indicators of success?

A qualitative assessment will be carried out to assess the achievement under which following indicators will be considered

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- Learning shared through printing materials and internet
- Documentary on PE mobilization on SRH especially against early marriage and early pregnancy
- Numbers of participants involved Face to Face program
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- Publication materials on the learning and success stories
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- Numbers of person participated in Anti child marriage campaign
- Numbers of PEs and CMEC members trained in RBA, advocacy, and their capacity development to lead this campaign

What are the associated costs of your KS initiative?

Please develop a brief budget and include it with your proposal. If you have a match (money or in-kind) include it as part of the total budget.

Name of the activity	Unit	Quantity	Rate	Days	Estimated Cost
1. Capacity building of CMEC members of 4 VDCs	Event	2	1282	4	2464
as this activities has been already covered in project AIP					
Face to Face on early marriage at district level	Events	1	845	1	845
5. Documentation	LS				1500
6. Dissemination through various methods					191
Total					5000
Contributions	Persons	1	300	6 months	1800
	Communication				500
	Publications				500

Do you require any assistance?

Will you need any support? If so, from whom and for what?

CARE-Nepal will seek support from Family Health division in implementation and evaluation of the program so that FHD gains ownership and feel accountable for the program and step for sustainability. FHD and CARE-Nepal will monitor the program jointly.