

Strengthening Access to Adolescent Holistic Health Rights (SYAHAAR)

Project in Nepal

Name:

Strengthening Access to Adolescent Holistic Health Rights (SYAHAAR)

Location:

Dhading, Lamjung, Parsa, and Surkhet districts, Nepal

Funded by:

FCDO, UK government

Dates:

2018 - 2022

Key partner:



Background

In Nepal, adolescents constitute 24% of the population (Census 2011). **Early marriage and childbearing** are common in the country. Among girls aged 15–19 years, 29% are married and 17% are mothers or pregnant. There are ethnic and religious differences in female marriages, pregnancies, and motherhood among adolescents from disadvantaged ethnic and religious minority groups.¹ **Gender-based violence** manifests itself in different forms across Nepal and harmful socio-gender norms hinder their self-esteem. Young people have limited knowledge of where to access adolescent and youth sexual and reproductive

health (AYSRH) information and services. There are systematic and societal barriers to service utilization by adolescents and youth. AYSRH services are few and far between and when services are available, the quality is low and delivery is not youth-friendly. Low knowledge, limited access, utilization of ASRHR services, and harmful social norms create obstacles to young people's productivity potential. VSO (Voluntary Service Overseas) designed and implemented blended volunteering for development and peer mentorship approach with a goal to influence and facilitate transformative change through mobilization of Youth Champions, peer ASRH mentorship, life skill building, and child protection initiatives targeting marginalized adolescents and youth in Nepal. The project was implemented from 2017 to 2021 in four districts of Nepal (Dhading, Lamjung, Parsa, and Surkhet) and it targeted 10–19-year-old adolescents.

Objectives

The main project objective was to transform social norms and deliver change in terms of relationships, values, attitudes, skills, culture, society, human rights, as well as human development, sexual behaviour, and SRHR (Sexual and Reproductive Health Rights) through mentoring and the mobilization of Youth Champions.

¹ Nepal Adolescent and Youth Survey 2010–2011



Nitya, is a community volunteer at VSO's SYAHAAR project, facilitating health services, counselling patients and mentoring local youths.

Key approaches used

The intervention was hinged on **improved access to AYSRH services** among school-going girls and adolescents through (i) Training and mentorship and (ii) Integrating health and education components to promote age-appropriate sexual reproductive education for harmful norm transformation. **Big Sisters** (community volunteers) were trained in mentoring techniques, life skills, child protection and ASRH with support of national and international volunteers. They also provided **psychosocial support** and age-appropriate SRH education to the Little Sisters (marginalized girls in community) boosting their self-esteem and learning skills. Youth Champions and community volunteers-initiated community dialogues to influence positive behavioural changes among parents regarding girls' education and harmful social norms. The project created conducive learning environments with schools, teachers, parents and communities.

Key results

Increased capacity of the health workforce to deliver on inclusive health (SRMNC AHR) services

1. VSO Nepal has been involved in technical working groups which have seen success in lobbying government for the provision of free sanitary pads in schools. Working alongside other NGOs to lobby through working groups has been an effective mechanism to facilitate change at a national level.
2. Some of the teachers in the schools received five days of training on teaching SRHR in school. The training helped to target identified challenges for teachers in delivering sessions which include lack of information, lack of confidence and overcoming established taboos. It has only been possible to train a relatively small number of teachers on sexual reproductive health and rights and high turnover of

teachers has been a limitation but those teachers that had been trained said that it had increased their confidence in delivering sexual reproductive health and rights information.

Improved community attitudes, knowledge, practice, and behavior change

1. Many parents were engaged in community dialogue which raised awareness on sexual reproductive health and rights issues and parents reported that they are more aware of the negative impact of child marriage and a number of stakeholders reported that child marriage has decreased.
2. Little Sisters also reported **attitudinal change amongst parents** both in relation to child marriage but also in relation to the increased freedom that girls are now experiencing. More open intergenerational dialogue about sexual reproductive health and parental support to attend school during menstruation were reported and also a reduction in untouchability practice.

Adolescents and Youth able to demand their (SMNRC AHR) health rights

1. The SfS Education project reached a total of **16,257 students** (8,158 girls and 8,099 boys) with information on SRHR. Of the total beneficiaries, 8% were extremely marginalized girls, identified as Little Sisters.
2. **54.9 percent of the Little Sisters** reported increased knowledge about SRHR, increased confidence to talk about sexual reproductive health and rights, more general increased confidence, they are more likely to attend school during menstruation, increased commitment not to marry early and increased knowledge of menstrual hygiene management as significant changes brought about through mentoring.
3. **Big Sisters reported increased confidence** generally and more specifically to talk about sexual reproductive health and rights, behaviour change linked to their own menstrual hygiene management and being more empowered to make their own decisions on sexual reproductive health and rights as significant changes.
4. **Big Sisters acquired social connectedness** within marginalized communities as community members, parents, school, teachers and even the local government authorities treated them as change agents in the community.
5. Amongst the Big Sisters the mentoring approach acted as a **springboard for learning of new skills** as they transitioned from higher education; increased their employability and strengthening their self-confidence and self-esteem.