CARE Nepal's

Comprehensive Adolescent Programme Package (2020 -2025)

care

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Foreword

CARE has been working in Nepal since 1978 to bring the transformative changes in the lives of women and girls. We do this by supporting and empowering communities to address the underlying causes of poverty, including harmful social and gender norms. Adolescent girls in Nepal face high rates of child marriage (27%), early pregnancy (17%), adolescent fertility (88 /1000 adolescent girls of 15-19 years), illiteracy (12%), and unmet family planning needs (36%) among married adolescents. Adolescent girls also suffer the effects of harmful social practices like untouchability, or *Chhaupadi*, and continued preference for sons over daughters.

CARE aims for *transformative* change in gender norms. We enable transformation by addressing three inter-related domains of women and girls' empowerment, namely **agency, relations and structures**. This systemic and long-term approach empowers adolescent girls and their communities to achieve and sustain lasting changes in their lives. Specifically, CARE has focused on building the assets and agency of adolescent girls for their increased competencies and confidence. We advocate for changes in policy and social norms by working with policy makers, duty bearers, civil society groups and communities, donors, and researchers, to improve the participation of adolescents in decision making. And we facilitate the building of alliances and networks that accelerate transformative change.

As we plan our **next five years of impact in the post-COVID context, CARE Nepal has prioritized adolescent girls as a key population to serve**. CARE Nepal developed this Adolescent Comprehensive Package to address the issues of adolescent girls in line with the Government of Nepal's National Adolescent Health and Development Strategy 2018, other relevant national policy and strategy documents, and the ICPD-program of action, CEDAW, Beijing Platform of Action and CRC.

On behalf of the entire CARE Nepal team, I am pleased to share CARE's Adolescent Comprehensive Package with our stakeholders, local partners, and other practitioners committed to the health and wellbeing of adolescents. We look forward to learning with you in the days to come, to further enhance our joint impact for adolescent girls in Nepal.

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Acknowledgement

This package has been developed by CARE Nepal as a guiding document for its adolescent girls' development program, and is based on CARE Nepal's experiences, CARE's global mandate, international guiding document as well as national policy and strategy documents. Based on the package, CARE Nepal will work with diverse stakeholders and agencies to ensure integrated efforts to address the issues prevalent around adolescent girls to bring changes in their lives.

We own special thanks and gratitude to all the people and organizations that have supported us immensely in development of this document. First of all, I would like to extend my sincere gratitude to CARE US for its technical oversight and inspiration to develop this package. The contribution provided to align the activities as per the global adolescent empowerment framework was amazing!

I would also like to thank Dr. Rajendra Bhadra, Mr. Dirgharaj Shrestha and their team of HEAD Nepal for their immense contribution in providing a final shape to this package by consolidating information from different sources.

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Finally I would like to extend my sincere thanks to all who supported us, directly and indirectly in making this document a reality. Thank you all once again!

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Contents

List of Abbreviations

AFIC:	Adolescents Friendly Information Centers
AFHS:	Adolescent Friendly Health Service
AFS:	Adolescent Friendly Site
ASRH:	Adolescent Sexual and Reproductive Health
CLC:	Community Learning Centre
COPE	Client-Oriented Provider Efficient
CSE:	Comprehensive Sexuality Education
GBV:	Gender Based Violence
ICPD:	International Conference on Population and Development
NAHDS:	National Adolescent Health and Development Strategy
NAYS:	Nepal Adolescent and Youth Survey
NDHS:	Nepal Demographic Health Survey
NFEC:	Non-Formal Education Centre
NGO:	Non-government Organization
NNMS:	Nepal National Micronutrient Survey
OCMC:	One Stop Crisis Management Centers
SAS:	Safe Abortion Service
SDGs:	Sustainable Development Goals
SDI:	Social Dimension Index
SEM:	Socio Ecological Model
SSDP:	School Sector Development Plan
UALC:	Udaan Alternative Learning Centre (UALC)
UNESCO:	United Nations Educational, Scientific and Cultural Organization
UNFPA:	United Nation Population Fund
UNICEF:	United Nation Children Fund
WASH:	Water, Sanitation and Health
WHO:	World Health Organization

Executive Summary

CARE Nepal has identified adolescent girls from poor and marginalized communities as one of the impact populations for its new program strategy (2020-2025). Guided by the CARE International's global mandate, CARE Nepal has identified this population (adolescent girls) are vulnerable to negative impacts of harmful social norms, child marriage, school dropout, and gender-based violence. These underlying causes perpetuate poor participation of adolescent girls in the public sphere, poor access to basic services such as health and nutrition, education, legal services, denial of fundamental rights and entitlements. It also leads to weakening agencies to exercise their sexual and reproductive health and rights.

In this context, CARE Nepal has been working to address the underlying causes of poverty and marginalization to bring a transformative impact on the lives of women and adolescent girls. Currently, CARE Nepal has been implementing various adolescent initiatives in various programs and projects like Suaahara, Lead, SAMMAN, and Safe Justice. These initiatives focused on health/nutrition, school health, ASRH, education, social norms change, empowerment, WASH, and prevention of GBV for both schools and out of school adolescents.

Adapting to the changed context of development issues and shifting priorities, policies and programs of the government related to basic services (health, education, WASH and legal), CARE plans to address the issues of adolescent girls in a holistic way to ensure gender justice and their access to basic services to exercise their rights. Therefore, CARE Nepal develops a comprehensive adolescent package that guides the program of CARE Nepal in the aforesaid areas for the next five years (2020-2025). The package also provides support and technical back-stopping to the government to implement and inform its strategies and future programs on adolescents respectively. The overall goal of this program package is to improve the overall quality of life of adolescents (10-19 years) especially focusing on poor and marginalized adolescents by increasing knowledge, enhancing skills and ensuring capacity and opportunities and recommends measures for promoting gender justice, accessing and utilizing basic services through exercising their fundamental reproductive rights.

Background

The World Health Organization (WHO) defines adolescents as those between 10 and 19 years of age. This is most rapid phase of life and a period of transition from childhood to adulthood during which they experience physical, hormonal, mental, sexual and social changes, and become capable of reproduction. It is a period of life with specific health and developmental needs and rights. It is the time to develop knowledge and skills, learn to manage emotions and relationships, and acquire attributes and abilities that will be important for enjoying the adolescent years and assuming adult roles. The adolescence was historically considered, to begin with, puberty, and to end with transitions into marriage and parenthood. However, in today's context, this demarcation around the age of adolescence is often blurring and is more commonly based around various local cultural and social roles and responsibilities, including transition to employment, financial independence, as well as formation of life partnerships, which vary greatly in different parts of the world (Patton et al., 2016). Hence adolescent health profiles differ greatly between countries and within nation states. The adolescent contribute 16%[1] to global population whereas almost one fourth (24.2 %)[2] Nepalese population is adolescent.

Early marriage, early pregnancy, poor nutrition, gender based violence are identified as the major issues among the adolescent population in Nepal. Nepal is one of the top 10 countries with the highest child marriage though the legal age at marriage is 20 (UNICEF, 2014). The median age of marriage is 17.9 year for girls and 21.7 years for boys. More than one fourth (27.1%) adolescent girls got married before the age of 19 years and 17% become already mother or pregnant. Age specific fertility rate for 15-19 years is quite high in the country which 88 children among 1000 adolescent girls of the same age (NDHS, 2016). Deaths of adolescent mothers significantly contribute (14%) to the total maternal mortality of Nepal (Nepal Maternal Mortality and Morbidity Study, 2008/9). Almost one third (32%) of boys and girls are stunted and 23.3% of boys and 14% of girls are wasted. One in 5 adolescent girls have the problems of anemia, though it is preventable (NNMNS 2015). The literacy rate was 93% for adolescent boys and 88.4% for adolescent girls in 2011[3]. Gender inequality has remained a major cause of high school drop-out rate among adolescent girls which also provoke the child marriage (Sekine & Hodgkin, 2017). The climate change and disaster also puts the adolescent and young people in the risk of health and development. Over the period, Nepal has made remarkable progress in adolescent development with improved access to information, services, and their participation in different public forums, however, disparities can be observed between privileged and underprivileged groups of adolescents to enjoy their rights to fulfill their basic needs and development. The class repetition rate is higher among the students from 'disadvantaged groups.

[1] https://data.unicef.org/topic/adolescents/overview/
[2] Central Bureau of Statistic 2011
[3] Population monograph, Volume II

Furthermore, the performance of female students is weaker and they are more likely to drop out of school compared to their male counterparts across all grades. Dalit, and Muslim communities are far behind in each social development index compared to other privileged group. Prevalence of physical, sexual or emotional violence is also quite high in this group of people. Utilization of basic services including health is better among the adolescents who belong to privileged group including males, educated, economically advanced, higher castes or geographically more accessible groups (NIRT, 2016). On the other hand, adolescent girls who are from poor and marginalized groups are more vulnerable in terms of getting access to these basic services.

To empower the adolescent girls and improve their access to basic services and ensure their rights it is essential to capacitate their agency and social relations as well as change the social structures. It is also essential to address issues of prevalent unjust and discrimination by the policies and programs of the country. In line with the girls empowerment, CARE has been collaborating with government, UN agencies, INGOs and Civil Society Organizations for localizing and effective implementation of SDGs and other key conventions; CEDAW, ICPD POA, Beyond Bejing+25 and CRC for improving gender justice and better access to services. Through its different initiatives, CARE Nepal has contributed for empowerment of girls. It has worked for mainstreaming of out of school girls to the formal education, development of alliances of adolescent girls to amplify their voices, increased participation in different public and private sphere, increased participation of men and boys for sexual and reproductive health, improved availability of services and improved quality of services for adolescent girls. Care also works towards ensuring gender equality by taking measures to eliminate the toxic masculinity.

Covid-19 and Adolescents

Covid-19 pandemic is relatively new, how it would affect the human societies is still unclear and this is likely to affect the adolescent populations as well, which should be taken into account. In order to prevent its transmission, many countries including Nepal imposed travel restrictions, closure of educational institutions, and restrictions in any social, religious events and public gatherings.

As there are relatively fewer cases affected by Covid-19 among adolescents, many may think they would be affected minimally. But the Policy Brief of United Nations highlights children risk being among the biggest victims(United Nations, 2020). This brief describes various ways children could be affected by this crisis; infection with the virus itself, immediate socioeconomic impacts of measures to stop transmission of the virus and end the pandemic, and the potential longer-term effects. Some of the important impacts could be falling into poverty, sexual exploitation and abuse, overloaded by domestic work, especially for adolescent girls of the poor and marginalized communities. Exacerbation of the learning crisis, threat to child survival, increasing trend of rape cases, health and safely are the other examples of impacts. It also points out that the harmful effects of this pandemic have been expected to be most damaging for children in the poorest countries and neighborhoods as well as those in already disadvantaged or vulnerable situation.

Another important aspect is that adolescence represents age groups for whom peers are very important. The current social distancing and limited interaction with friends may cause them to miss them a lot, leading to distress(Hohnen & Gilmour, 2020). Now they are forced to spend more time on online and social media, for interaction with friends, entertainment as well as education. However it is important to take into account the digital divide in a country like Nepal. An article published recently (8 May 2020) in Nepali Times describes that schools across Nepal are looking for viable options to continue the new academic year amid many uncertainties about the future (due to Covid-19) and online classes require at least 3G broadband access, which majority of rural Nepal does not have. It also points out being very expensive costing students NPR 300 every hour (Dahal, 2020).

Chapter I: Findings from Desk Review and Consultative Process

1. Policy and Enabling Environment

General Context

The constitution of Nepal has guaranteed basic health care services, basic education, food, social justice and social security etc as the as fundamental human rights of people. It recognizes the rights of various social groups including marginalized as well as sexual minorities (Lesbian, Gay, Bisexual and Transgender (LGBT) as fundamental rights. Based on the constitution, **National Health Policy** has been endorsed in 2019 which intends to provide services including adolescent health to various groups of people ensuring universal coverage through accountable health system. **Nepal Health Sector Strategy - Implementation Plan (2016-21)** aimed at expanding of Adolescent Friendly services (AFS) in the half of health facilities across the country by 2021. **National Adolescent Health and Development Strategy (2018-2025)** aimed at ensuring the health and development of adolescents by optimum utilization of available means and resources and strategic collaboration with stakeholders. The national education policy envision the free and compulsory education to all children. **National Strategy to End Child Marriage, 2016 which aims to end the child marriage by 2030.**

Different acts, regulations and guidelines, either endorsed or in the process of endorsement, which guide the implementation of those rights provisioned in the constitution and policy document. The formation of provincial and local governments has provided unprecedented opportunities to create a conducive policy environment. All levels of government have authority to draft policy and allocate resource for their priorities in addition to what they receive as conditional grants. International development partners in partnership with local NGOs have been instrumental in mainstreaming the adolescents SRH, education and equality agenda through various projects. The government had planned to expand the Adolescent Friendly Sites (AFS) in all public health facilities across all districts in long run.

Nepal Government expressed it commitment for sustainable development goals (SDG). The Nepal Government ratified the Convention on the Rights of the Child (CRC), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the International Covenant on Civil and Political Rights (ICCPR), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of Persons with Disabilities (CRPD), and the International Conference on Population and Development (ICPD) Programme of Action.

Gaps:

- **Delay in the endorsement of guidelines:** It has created problems in delivering services as a result of lack of formal structure and clarity on roles and responsibilities of each ministries at the federal level. This has led to absence of clear policies and implementation guidelines at provincial and local levels, making adolescents more vulnerable to suffer. They would transition to adulthood without getting benefits from constitutional rights.

- **Expansion of AFS:** The expansion of the adolescent friendly service (AFS) site is ineffective to achieve its target as per the plan. Even in implemented sites, its quality and functioning aspects remain a major challenge for strengthening.
- **Government funding:** Government funding remains a major barrier to the effective implementation of National Adolescent Health and Development Strategy (NAHDS). There are limited resources from the Government, hence leveraging resources from partners remain a challenge which will also raise sustainability issues (Thapa & Nazneen, 2018).
- **Lack of separate CSE curriculum:** There is no separate Comprehensive Sexuality Education (CSE) curriculum, which is also integrated with Health, Population, and Environment (HPE) subjects. The content of CSE given through HPE is adequate to meet its standard. Recently, HPE has made CSE as an optional subject in the curriculum of Grade 9 & 10. Non-Formal Education for out of school adolescent does not contain CSE component.

Recommendations:

- Engage with the government and non-government stakeholders for early endorsement of the regulations related to acts, guidelines and standards for implementation of NAHDS and other relevant programs.
- Expansion of secondary schools or access to secondary education, provision of hostels for girls/adolescents for secondary education.
- Provision of micro-finance or scholarship provisions in the higher education for adolescents.
- Engaging and building capacity of local government officials for setting priorities in adolescent program development.
- Revive Health, Population, and Environment (HPE) in the curriculum of classes 9 & 10 as a compulsory subject. Integrate CSE in the curriculum of non-formal education of out of school adolescents.
- Adequate budgeting to CSE program to build digital component, strengthening pedagogic and learner-centered approach(Bonjour, M & van der Flugt, 2018).
- Prevention of harmful social practice such as Child Early and Forced Marriage (CEFM), discriminations and lack of safe space to raise their voices against lack of access to education, reproductive health and other legal rights guaranteed by the constitution.

2. Institutional/Organizational

General context

Throughout the country, there are 35,601 general school units with high number in urban areas including private schools. Out of that, adolescent friendly corners have been established only in 297 schools to link schools and AFS. The AFS is also available only in limited health facilities. By Fiscal Year 2016-17, AFS was introduced only in 1,134 health facilities out of 4,131 public health facilities (hospital, PHC, HPs). Limited number of health workers have been trained on behavioral and skill-focused competency-based ASRH services who can deliver AFS services. Likewise, very limited number of trainers on CSE have been developed (87 trainers of 29 educational training center) to train fellow teachers from the schools (DoHS, 2017). Likewise, 43.6% health facility provide the 5 methods of family planning service across the country.

There are disparities in accessing education in terms of gender, caste, ethnicity, language and disability (NIRT, 2016). Though the Government has provided scholarship to children of Dalit, marginalized, ethnic minority and geographically hard to reach community, vocational education is not equally available to all adolescents. School dropout is another major challenge (MoEST, 2018). Long distance, poor physical infrastructure of schools, lack of proper transportation facilities, poor performance in schools, opportunity cost, seasonal migration, children with disabilities and special education needs as well as early marriage are identified as the causes of school dropout among adolescent boys and girls (MOE, UNICEF & UNESCO, 2016).

The Government has a multi-sectoral Action Plan for the Prevention and Control of Non-Communicable Disease (2014-2020), for adolescents among other age groups. Menstrual Hygiene Management (MHM) Program has been initiated particularly after 2015 in earthquake-affected districts and MoHP and MoEST are working together at present to train teachers as well as distribute sanitary pads in FY 2019/20. **Nepal WASH Sector Development Plan (2016-2030) aims to improve access to safe water at all schools and health care facilities.** This is important for improved hygiene behavior including menstrual hygiene management practices.

From the non-government sector various institutional arrangements have been made in the country. The world education supported to launch Girls' Access to Education (GATE) program for those who are out of school (WEN, n.d.). Curricula of Formal education (Grade 1-10), Non-formal education and Teacher's Training were reviewed in line with CSE against the International Technical Guidelines on Sexuality Education (ITGSE 2009) of UNESCO in 2014 with the support of UNFPA. Rupantaran Social and Financial Skills Package has been developed and implemented for empowering adolescent girls through weekly sessions that are conducted by social mobilizers and facilitators over nine months. UNFPA is supporting this life skills training, locally called "Rupantaran" (transformation) in collaboration with the Department of Women and Children.

Strengths:

- Education network is expanded in every district and every local government (municipality) of the country.
- Gender parity has been achieved at both primary and secondary levels of education. Girls' net primary enrolment rate was 94% (versus 95% for boys) and girls' net secondary enrolment rate was 62% (versus 58% for boys). AFS is gradually expanding to cover a large number of health facilities.
- ASRH clinical training sites have been developed in all the provinces of Nepal, except for province 2.
- Contents of ASRH including reproductive biology, STD and HIV are included the school curriculum starting from Grade 6.
- The government declared and allocated budget to distribute sanitary pads to girls above 13 years of age in the community schools.
- This expects to improve Menstrual Health Management practices among girl students.
- School Health Nurse program has been initiated by the Government.

Gaps:

- **Quality of education:** Children/adolescents are going to school but not able to achieve expected learning outcomes of the respective grade.
- **Retention of students:** The report shows that only 38% of children admitted in class one continue to grade 10. This challenge is more among children living with low income and disadvantaged communities (Presler-Marshall, 2017).
- **Supply side constraints:** There are many reported supply side constraints in utilizing the services by the adolescents such as the far distance of AFS, unsatisfactory treatment, lack of privacy, absence and unavailability of service providers in AFHS (UNFPA, CREPHA, 2015).
- **Privacy constraints**: There are issues regarding quality and adolescent friendliness including maintaining privacy and confidentiality as well the availability of trained human resources on ASRH in health facilities.
- **Inadequate content:** Students are found unsatisfied with the SRH content along with reproductive biology, STDs covered in Grade 6-10 and they demand more content on this. Likewise, the content of STDs including HIV in the textbook Grade 9 and 10 are inadequate.
- **Inadequate information sharing**: In UALC, there is an inadequate focus on information sharing on various forms of violence, perpetrators, and protection mechanisms.

Recommendations:

- Health facility strengthening including capacity building of service providers to provide quality adolescent sexual and reproductive health services in adolescent-friendly manner.
- Enhancing the skills of teachers in certain subjects like English, Mathematics and Science where students are more likely to fail and discontinue study.
- Partnership with organizations to fulfill the gap of qualified teachers.
- Improving WASH condition of schools with separate toilet for girls and availability of sanitary materials.
- Develop and establish linkages with the School Health Nurse (program) for ASRH and other adolescent health issues.
- Build the capacity of female teachers to improve Menstrual Hygiene Management of girls though promoting the use of reusable or disposable sanitary pads.
- Establish an effective implementation of UALC to generate transformative information and improve collaboration with Community Learning Centre (CLC).
- As recommended for LEAD, include access to and use of sexual and reproductive health services and GBV for interventions related to adolescents.
- As the federal structure offers greater opportunity, it should develop its linkages with the municipalities so that efforts could be institutionalized and sustained.
- Target scholarship program for education of adolescent girls from poor and marginalized groups.

3. Community

General Context

Social beliefs related to girls' education, sexuality education, utilization of sexual and reproductive health services as well as son preference are deep-rooted in the community. Many adolescents cannot utilize ASRH services or exercise their rights due to these gender norms. Evidence shows that women feel pressurized from husbands and mother-in-law to have at least one son child, for which they are forced to detect the sex of the fetus and abort in case of female.

Adolescent girls are deprived of sexuality education right from the school as teachers tend to avoid the lessons. Child marriage is the result of different harmful social norms such as parents' desire to control girls' sexuality, economic consideration of shifting the burden of families, decreasing economic burden due to dowry, and most importantly family honor. These factors intersect with others and perpetuate the prevalence of child marriage in Nepal. School enrollment is higher in Nepal for both boys and girls, however majority of their parents, especially their fathers (45%), have never been to schools to understand about the education of their children. But the practice of sending children to schools has increased significantly, which could be due to shifting positive norms related to education in the community. However, continuity of girls' education is hampered due to the belief that women shouldn't touch others during their menstrual periods. Additionally, parents are not able to buy books and school uniforms for daughters and girls are required to help with household chores compulsorily (Amin S, Bajracharya A, Chau M, 2014).

CARE has learnt that boys also can advocate for girls rights in the communities if they are engaged properly (CARE, 2019).

Strength:

- Community norms at large have shifted in the positive direction as a result of life skills education and gender transformative efforts at individual, household and community levels. Promoting process of girls' empowerment, leadership, civic action and activism contribute to change harmful social norms in the communities.
- Increasing influences of women community leaders such as teachers, political leaders, elected representatives, FCHVs can be capitalized toward adolescent rights.
- Support for economic front helps daughter education.
- Girls' empowerment and initiation of positive discrimination policies are placed and prioritized by Rural Municipality/ Municipality (*Beti Padao, Beti Bachao;* Bank Deposit etc.).

Gaps:

- Preference for son is still deep-rooted and this has challenged women's and girls' reproductive autonomy.
- Child marriage practice and other common harmful social norms causes the school drop out of the adolescent girls.

- Communities are still not sensitive about the equitable allocation of opportunities and responsibilities between son and daughter.
- Communities have still not accepted menstruation as part of human physiology and follow various restrictions with the belief that menstruation leads to pollution.

Recommendation:

- Mobilization of the community influencers such as formal leaders - elected leaders as well as informal leaders – *priest and faith-based leaders.*
- Mobilization of adolescent community champions to call for sensitization of the decision-makers at community levels.
- Increasing the participation of males including the adolescent boys to shift harmful gender norms.
- Promote reduction of stigma and discrimination related to girls' participation in decision-making and service utilization.
- Link adolescent program with economic activity so that parents/mothers of girls from poor and marginalized support them for continuing schools.

4. Interpersonal Relations

General context

One of the important aspects of interpersonal relations is communication between parent-children, peer-peer, and adolescent-community influencers/ leaders. Only one in ten parents discuss sexuality with their children in Nepal. They perceive that sex education spoils their daughters' innocence and may prevent her from finding a good husband (D. R. Acharya et al., 2009). Studies indicate that the majority of adolescent girls i.e. 82% in rural and 63% in urban areas got married according to their parents' wish and many were unaware of sexuality at the time of marriage (Choe et al., 2005)). However some evidences show that there has been a shift in attitude. In one study conducted in Makwanpur, parents want initiation of sex education from class seven, that is when adolescent girls start to have an interest in sexual content and it is necessary to stop them from any unsafe sexual practice. Likewise, they agreed that sex education started at school is an effective measure. Given the socio-cultural context, parents –children's communication about sex and sexuality may not be effective (D.R Acharya et al., 2019).

Peer communication is one of the information sources in Nepal. For instance, nearly two-thirds of adolescents (64%) seeks information about abortion from friend/neighbors. Teacher-children communication is another important aspect. Previously, teachers were reluctant to discuss about sexuality in class and left it for students to understand by themselves. Likewise, adolescents in some schools get benefitted from some NGO activities working in SRH but most often, contents are not comprehensive and does not focus on their issue[10].

Strength:

- Shifting attitudes among parents that their children should learn about sexuality and adolescent's health contents.
- Parents acknowledge that discussion on topics such as sex and sex contents should be started from the early stage of adolescence.
- The realization that the school can be an effective medium for talking about sex and sexual contents.
- Well-oriented adolescents at school can be more authentic source of information to their contemporaries who do not attend schools.
- Initiation on strengthening of capacity of health workers and teachers on sexuality education.

Gaps

- Delivery of sexuality education in school is limited (affected by health as not being a compulsory subject at school and lack of teachers' ability to teach the subject).
- Socio-cultural context doesn't make parent-children conversation about sexuality comfortable and acceptable.
- Adolescents resort to unauthentic sites and media for seeking information to fulfill their curiosity related to sexuality.
- No long-term engagement of schools with SRH related NGOs.
- Episode based activities on health, and education ongoing; NGOs working with GESI approach can partly cover some contents but cannot cover whole issues related to sexuality and adolescent health in a more nuanced manner.
- Many community leaders are still hesitant to talk about SRH issues.

Suggestions

- Start providing age-specific CSE in school or out-of-school as recommended by ITGSE (UNESCO, 2018).
- Shifting from traditional methods of teaching and learning with the adoption of different technologies such as case stories, documentary, apps, etc.
- Involve local community including adolescents in design/delivery of sex education programs.
- Mothers (parents) should be encouraged and provided with proper knowledge about SRH to pass onto their children.
- Getting support from external health professionals and NGOs.

5. Individual

General context

All young people need access to comprehensive sexual and reproductive health information. Where participation in formal education is nearly universal, especially at upper primary and secondary school levels, and school systems are strong, school-based CSE can serve as a useful platform for providing accurate information, dispelling myths, imparting life skills, and linking and referring adolescents to services (HIP, 2015).

The knowledge of adolescents regarding reproductive health services is at a different level. A survey conducted in 2014 shows that 86% of adolescents (aged 15-19 years) had heard of at least one modern method of contraceptives, 42.1 % think abortion is legal in Nepal and 41% are aware about safe abortion sites. Friends/neighbors were the major sources of abortion-related information (63.7%) followed by family/members (36%). Regarding HIV and AIDS, among the adolescents, aged 15-19 years, 83.3% had heard of AIDS, 18.3% had comprehensive knowledge about HIV and 3.7% had sexual intercourse before age 15.

Nepal Adolescent and Youth Survey, 2011, respondents were asked if they discussed issues of sexuality, marriage, and family planning with anyone. Adolescents discussed on menstruation, pregnancy, marriage and family planning. Similarly, when the respondents were asked about their experience of menstruation for the first time, more than one-fifth had stayed in separate room (31.7% for 15-19 years and 26.7% for 10-14 years). This practice differs significantly between different ethnic groups (45% among so-called upper caste compared to 6% among religious minorities). The practice of using sanitary pads was less as large proportion of adolescents (83%) used cloth during their period. The practice of using sanitary pad varies largely between different ethnic groups (upper case groups: 18% vs religious minorities: 3% and Dalit alone: 6%). The experience of substance abuse was comparatively less among female youth than males. About 10% of females had the experience of consuming liquor.

Regarding gender-based violence, 10% of adolescents, age 15-19 years have experienced physical violence in the last one year and 3% had ever experienced sexual violence. Among the women who have ever been pregnant, about 10% of women had experienced violence during pregnancy. Among the same group who had sexual intercourse, 29% said that their first experience was against their will. Likewise, among the adolescent girls, only 28% know the legal age at marriage for girls, 20% know the legal age at marriage for boys, 49% know women have the right to divorce, 9% know about the punishment for marriage before age 20, 32% know it is illegal to demand dowry and 9% know about the punishment for dowry in Nepal.

Education, particularly secondary education, is associated with better SRH outcomes such as contraceptive use, shifting marriage age, fertility, and use of health services. Evidence shows that adolescents currently in school are less likely to ever have had sex compared with those who leave school early. Similarly, the year of schooling is associated with the use of modern contraceptives.

Strength:

- Knowledge of family planning is nearly universal.
- Adolescents depend on multiple sources of information for the abortion-related information such as friends, family members, mass media and textbooks among others.
- Adolescent are curious to know about different issues of sexuality such as menstruation, pregnancy, marriage and family planning.

- Various IEC/BCC activities (FM radio, mHealth/mobile app, ASRH booklets) have been developed and is in use.
- Various adolescent (girls) focused programs, such Peer Education program on ASRH, Rupantaran, LEAD and Tipping Point, have been implemented and these programs seem to have promising results to bring positive changes in adolescent girls.

Gaps:

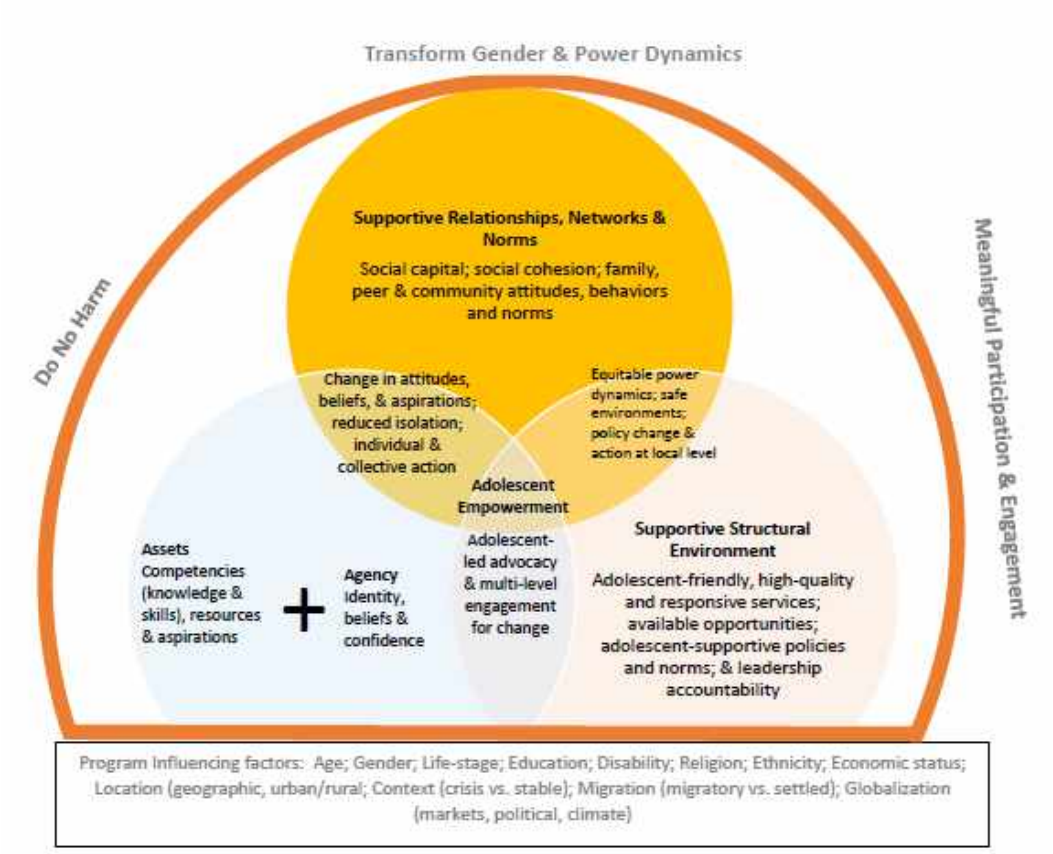
- Having knowledge of the available service does not translates in use, as the unmet need for family planning is very high. This has been reflected by an increase in the adolescent fertility rate from 81 to 88 between the years 2011-2016.
- Abortion related knowledge among adolescents is less and they are most vulnerable to unintended pregnancy due to high unmet need of contraceptives.
- Adolescents are relying on friends/family/friends for abortion related information so the challenge is to ensure whether these persons have accurate/updated knowledge or not.
- Adolescents are not aware of the legal age of marriage and the legal repercussion due to early marriage and other marriage related conditions.

Recommendations:

- Publicizing existing mobile apps (*khulduli, naripaila*) and developing interactive social media platforms for adolescents consisting of all related messages.
- Increase availability of IEC/BCC materials for education to the adolescents on different SRH issues including types of violence and harmful social norms and traditional discriminatory practices as well as a coping mechanisms.
- Impart life-skills education to improve skills in areas of communication, decision making as well as stress management skills.
- Establishing the voucher/financial system or non-monetary incentive to improve attendance and retention.
- Linking adolescents to adolescent economic empowerment or “financial safety”.

Empowerment Framework of Adolescent

CARE has developed adolescent development frameworks which closely follows a social-ecological model, emphasizing adolescents’ assets and agency, supportive relationships, networks, norms, and a supportive structural environment. “Do no harm”, “meaningful participation and engagement of adolescents and youth”, and “transforming gender and power dynamics” have been included as the cross cutting issues.



The framework emphasize programming that works to promote supportive relationships, networks, and norms. These include support by family, peers, and community, supportive behavior and norms, social capital, and social cohesion. Along with supportive relationships, norms and networks, assets, competencies and agency are integral to Adolescent Empowerment. Assets and Competencies incorporate knowledge and skills along with resources and aspirations that enable adolescents' empowerment. Finally, it is important to establish a supportive structural environment where adolescents have access to adolescent-friendly, high-quality and responsive services, opportunities and supportive policies, along with leadership and accountability mechanisms, including accountable and inclusive governance. Only when there is an integration and inter-linkage among these fours factors; 1. Supportive relationships, norms and networks, 2. Agency, 3. Assets and 4. Supportive structural environment; change in attitudes, beliefs and aspirations, individual and collective action, equitable power dynamics, safe environment, policy change and action as well as adolescent led advocacy and multi-level engagement for change will be ensured. Moreover, the framework also highlights some of the factors influencing adolescent empowerment programming; such as age, religion, education, ethnicity, geography, economy and globalization among others.

Chapter II: Suggested Adolescent Program Package (2020-2025)

As mentioned earlier, CARE Nepal has identified adolescent girls from poor and marginalized communities as one of the impact populations for its new program strategy (2020-2025).

Target Group:

The primary target group is adolescent girls from poor and marginalized communities**.** Besides, this package would be useful to adolescent boys and key stakeholders such as parents, teachers, service providers, managers, social workers and decision-makers.

CARE's Vision

Young (including adolescents) people have the knowledge, skills, capacity and opportunities they need to transition into a healthy and productive adulthood.

Overall Goal:

The overall goal of this program package is to improve the overall quality of life of adolescents (10-19 years) especially focusing on poor and marginalized adolescents by increasing knowledge, enhancing skills and ensuring capacity and opportunities by promoting gender justice, as well as accessing and utilizing basic services through exercising their fundamental reproductive rights.

Strategic Objectives:

1. Create enabling environment to increase access to adolescent responsive, age-appropriate information and services, as well as opportunities for participation that can ensure their fundamental human rights; health, education, legal services and equality.
2. Increase access to quality of services and utilization of basic services including reproductive health, life-saving and economic skills.
3. Build capacity for developing agency and assets to create a safe, supportive and protective environment for poor and marginalized adolescents especially focusing on GBV, sexual abuse, trafficking, child marriage and child labor.
4. Ensure gender equality by transforming social norms and creating equal opportunities in education, health, economic development and other basic services.
5. Foster partnership and collaboration among different sectors and stakeholders working for adolescents' empowerment and ensure that these governance structures and institutions are more responsive and accountable to adolescents' needs and priorities.

Output Wise Recommendations

Output 1: Enabling Environment

Enabling environment supports poor and marginalized girls' access to basic services including reproductive health, education, livelihood, leadership and life skills for their career development and transformation of social norms towards adolescents. Adolescents, especially poor and marginalized girls often face social and cultural norms that actively discourage access to sexual and reproductive health services and information. CARE Nepal will create enabling environments by working with various stakeholders that include government, external development partners, national and local non-governmental organizations working in the area of SRHR, education, and skill development of adolescent girls in Nepal to:

- Ensure that laws and policies protect fundamental rights in all three tiers of government (federal, provincial and local).
- Work with stakeholders for early endorsement of the regulations, guidelines and standards related to Acts and rights ensured by the Constitution.
- Ensure that they receive basic services with dignity and respect, and include these points in the regulations, guidelines and standards at ground level.
- Make duty bearer more accountable in the areas of health, education, administrative, legal, law enforcement, financial sectors; and elected officials accountable to provide basic services to them.
- Sensitize local government, civil society organizations, media, parents, teachers and local non-governmental organizations on their rights and importance of improving quality of life of these people to contribute towards fulfilling SDG goals especially focusing on Goal 1: End Poverty, Goal 3: Healthy lives and promote well-being, Goal 4: Inclusive and equitable quality education and Goal 5: Gender equality and empower all women and girls.
- Ensure that all three levels of government allocate budget needed to implement various activities at different levels to enhance the quality of life of adolescents.

Major recommended activities

Develop advocacy tools about the importance of improving the quality of life of poor and marginalized adolescent girls in the context of achieving SDG 1, 3, 4, and 5 and fulfilling fundamental rights of adolescent girls provided by the constitution of Nepal, Acts and NAHDS.

- Conduct a sensitization workshop for the journalist, representative of I/NGOs, and CSOs to make them more responsive to addressing the issues related to adolescents.
- Conduct regular meetings with provincial and local government representatives for addressing pressing issues related to adolescents and encourage them to allocate budget for the same.
- Conduct orientation for service providers, health facility in-charges, school headmasters, teachers and management committee members to make them accountable for providing basic services with respect and dignity, and create space for adolescents to address their issues with government at all levels.

- Work with the provincial and local level government so that their fundamental rights are included while developing local and provincial level policies on health, education and women development.
- Work with community leaders, schools and families to reduce stigma around adolescent sexuality and to engage and promote supportive attitudes towards informed decisions on sexual and reproductive healthcare-seeking behavior among both married and unmarried adolescents.

Output 2: Quality Services

High quality reproductive health, education, vocational skills are available, accessible and affordable to adolescent girls.

CARE will put effort to ensure that quality reproductive health, education and vocational skills services are available, accessible and affordable to adolescent girls in order to improve their quality of lives. In general, this group of population face various barriers including lack of knowledge, economic independence and support from family/community along with restrictions caused by rigid social norms. Although some gains have been made in these areas due to concentrated efforts from the government, non-government agencies and civil societies, progress is uneven. Mostly, adolescent girls from Dalit and certain ethnic groups, poor, rural communities and parents with less education are not able to grasp the opportunities as compared to their other peers. So, they are falling into vicious cycle of poverty, illiteracy, ill health, gender and sexual and violence. Hence, CARE will:

- Ensure that they can receive quality education for their overall development.
- Ensure that they get age specific reproductive health education and services including CSE, contraceptives and maternal, neonatal and child health services.
- Provide vocational skills so that they can get job and improve career to enhance their financial capacity.
- Provide leadership skills so that they can transfer their power for better future and lead the group and community especially in the area of economic development, disaster management and ecological justice.

Major recommended activities

Health and nutrition:

- Work with local government to strengthen/upgrade health facility as adolescent and disable friendly services. Train service providers and fulfill the basic infrastructure in the health facility so that they can get service with respect, privacy and confidentiality.
- Implement Community COPE or Adolescent Partner COPE or other appropriate Quality Improvement Approach so that the management committee and service providers engage and listen to the voices of adolescents and improve services as per their need.
- Develop and establish linkages with School Health Nurse (program) for ASRH and other adolescent health related issues.

- Support local government to implement Multi-Sector Nutrition Plan (2018-2022) to improve nutrition status of adolescents.
- Support local government and health facilities nutrition specific program designed in life cycle approach as initiated by Suaahara II programs.
- Make provision to incorporate presence of adolescent representative in management committee of health facility.
- Include access to and use of sexual and reproductive health services and GBV for interventions related to adolescents. Improve linkages with existing One Stop Crisis Management Centers (OCMC) for services.
- Prioritize awareness raising activities targeted at, in order to impart information about AFS (as many adolescents did not seem to be aware of the availability of confidential counselling services in the facilities).
- Coordinate with local clubs and other organizations working in SRH to encourage adolescents to use SRH services.
- Distribute and encourage adolescents to use 8 IEC booklets or 15 books of Rupantaran on ARSH through health facilities in greater quantities, as well as through school (AFIC) and clubs.
- Orient new NADHS 2075 to local government authority persons and other stakeholders.
- Implement social behavior change communication approaches to increase knowledge and improve healthy behavior for use of contraceptive methods to delay pregnancy, birth spacing and maintain desired number of children.

Investing in health:

Fulfilling all unmet need for modern family planning would prevent 7.4 million adolescent unintended pregnancies, in turn greatly reducing unsafe abortions, maternal deaths and newborn deaths.

Health Services and Interventions Addressed in WHO Guidelines for Adolescents
source: (WHO, 2014)

HIV	Violence and injury prevention	SRH/Maternal care	Mental health
Substance abuse	Nutrition	Physical activity	Tobacco control
	Immunization	Integrated management of common conditions	

Education: Education is a powerful agent of change, and improves health and livelihoods, contributes to social stability and drives long-term economic growth. A vital human right, education plays key role in human, social and economic development. Lack of access to education is one of the most certain ways of transmitting poverty from generation to generation. Education can contribute as follow(GPE, 2016):

This package highly emphasizes on the need to educate girls. Following are the suggested activities for enhancing education of adolescent girls:

Support an enabling environment for education at school and community:

- Discuss with local government authorities and support to develop policies to educate girls who are left out of opportunities and work with local governments to connect the drop out and never been school girls with formal education for their continuation of education, based on the experiences of UDAAN model.
- Work with local government to develop the territory as a place of "100 percent literacy area" or "No one left behind in education" or "All girls are educated" or "*Beti Padhao* Movement (Educate Girl Child Movement)". This will help them to develop plan, mobilize resources and bring changes in the community.

Improve the learning environment:

- Improving WASH condition of schools with separate toilet for girl and availability of sanitary materials.
- Respect social and cultural norms in terms of dress, teaching technique and opening hour of schools.
- Ensure that there is no gender and sexual violence at schools and communities. (Girls and boys often face different types of violence, which can be sexual, physical or psychological, including sexual harassment and assault, bullying, corporal punishment, gang activity, and verbal and emotional abuse.)
- Orient students on combating the gender and sexual violence in order to break the silence on this issue.

Improve the quality of teaching

- Work with school management committee and develop Quality Assurance System in Education where stakeholders regularly assess the quality of education and develop action plan to improve the quality of teaching.
- Enhance the skills of teachers in certain subjects like English and Mathematics where students are more likely to fail and discontinue study.
- Partnership with organizations working in capacity building of teachers.
- Build capacity of female teachers to improve Menstrual Hygiene Management of girls though promoting use of reusable or disposable sanitary pads.
- Develop after-school tutoring and mentoring programs in both primary and secondary schools for female students. These programs should support girls' education and development, and enhance their chances of progressing to or succeeding in secondary school.

Encourage girls to come to school:

- Conduct awareness campaigns on importance of educating girls.
- The gender of teachers can have a significant impact on whether girls go to school and how well they are able to learn. The presence of female teachers often makes parents more willing to send their daughters to school and these teachers also serve as role models for girls. So encourage to recruit female teachers as per the need.
- If required, develop system of boarding for girls especially for those who come from far off communities.
- Though government schools do not charge tuition fees, parents complain that the cost of uniforms, transport, lunch and the opportunity costs of losing their daughters' labor are hardly worth the poor learning outcomes they see. So encourage different incentive schemes like: providing cycle to girls, monthly incentive fees, stationary, dress and sanitary pads as well as awarding and appreciating the parents.

Ending child marriage will help break the intergenerational cycle of poverty by allowing girls and women to participate more fully in society. Empowered and educated girls are better able to nourish and care for their children, leading to healthier, smaller families. When girls are allowed to be girls,

- Initiate delay marriage of girls: Child marriage is a major contributor to school drop-out rates among girls, especially for poorer girls living in rural areas. Marriage in adolescence not only marks the end of a girl's education, but also brings increased health risks, including greater risk of injury and death in pregnancy and childbirth, as well as exposure to sexually transmitted infections. So implement various activities to delay marriage.
- The non-formal education system such GATE program (World Education) (WEN, n.d.) must be well-linked with the formal system and be designed to help adolescent girls to achieve their educational and developmental needs.

- Provision for never enrolling in school or enrolling too late: Some families never enroll girls in school, perhaps because parents had no educational opportunities themselves. In some cases, teachers may refuse to enroll children that are considered too old to start primary school. So special activities like non-formal education system should be initiated for them. Once they have basic education skill, they should be encouraged to enroll in regular school classes.
- Adolescent girls also need to acquire remunerative and marketable skills which are not taught at home, such as facility with computers, fluency in an internationally spoken language, financial skills, knowledge of social systems, and provision of appropriate vocational skills.
- Offer post-secondary vocational programs: Due to current competitive market, it is difficult to get jobs for girls although they pass from regular school system. The majority of girls who complete secondary school do not continue on to university. So, it will be useful to provide vocational skills based on their interest. This will help them use their skills for their career development. Such programs must be based on market assessments and provide relevant, flexible skills for employment and professional growth.
- Implement vocational trainings to the spouse of married girls and boys so that they can stay at community and engage in economic and social development activities. This will also help to minimize migration (inside and outside the country).

Educational Pathways for Adolescents

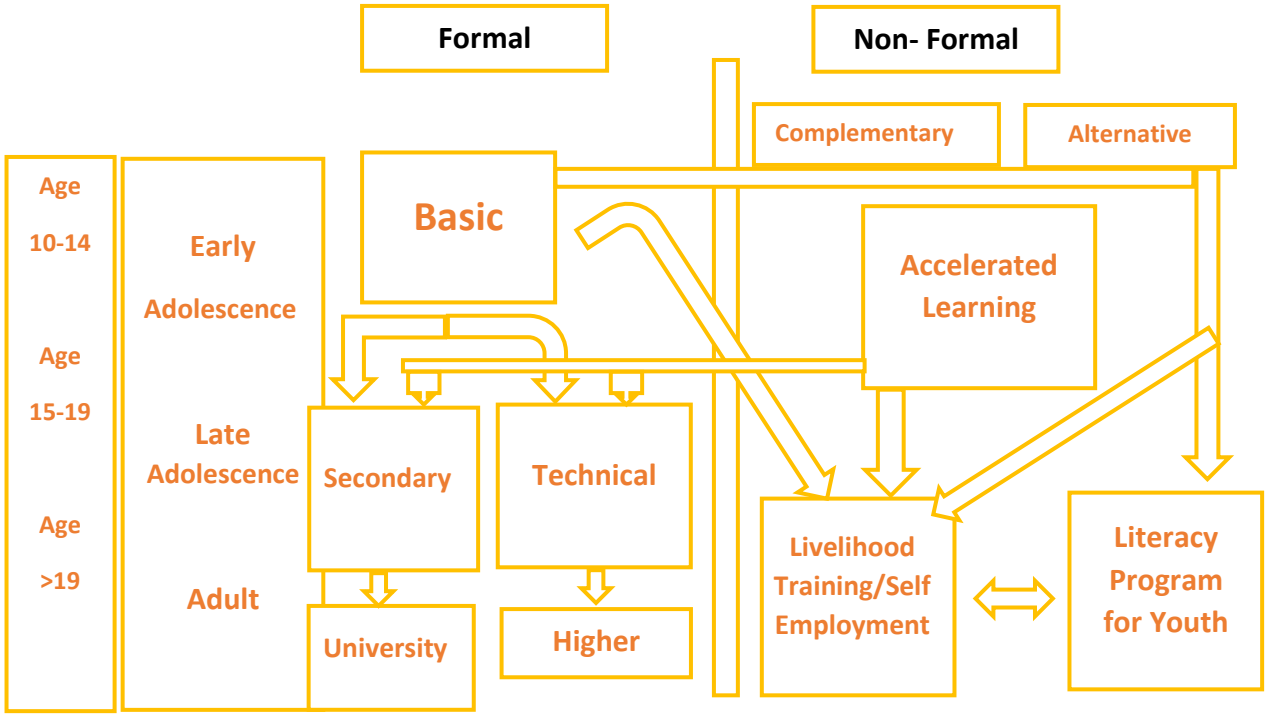


Figure 1: Education pathways for adolescent adopted from (Lloyd CB, 2009)

Basic education: means the school education from grade one to grade eight.
Secondary education: means education from grade nine to grade twelve or equivalent.
Technical education: means those who complete basic level shall have right to acquire secondary or technical education equivalent to it.
Compulsory and free education act 2018 envisions children with special condition such as visual impairment, are deaf, have autism, intellectual disability, hard of hearing or extreme physical disability etc.

Output 3: Capacity Development

Capacity development of poor and marginalized adolescent girls with age appropriate information and training opportunities to enhance their knowledge and competencies on health, development and basic services is vital to adolescent empowerment.

Correct and complete information is one of the prerequisites for using the basic health services; health, education and legal services available in their community. Strengthening knowledge can make informed choices, live healthy and productive lives, and pursue opportunities to realize their aspirations. However, in reality, knowledge of the adolescents regarding the reproductive health services is relatively low. When they do not get adequate, correct and comprehensive knowledge, they depend on the social media like Facebook/Instagram and their friends. These sources of information are not always correct. So, due to lack of adequate correct/ appropriate knowledge, they sometimes practice unhealthy behavior and are not able to utilize the services which are intended to be provided for them. Therefore, our adolescent programs should ensure adolescent girls have correct, comprehensive knowledge and competencies about basic services and ensure that reliable and correct information is accessible to them.

Major recommended activities:

- Use Information and Communication Technology to educate adolescents. For example, develop new apps or upgrade existing apps, which consist of complete and correct information related to basic services of adolescents and share with the adolescents. Use of electronic mass media (TV, FM/Radio) should also be good alternatives.
- Develop Adolescent/Youth/ Information Center, or *Saathi* (Friend) Corner in both schools and communities where youth and adolescent can visit and read, learn and discuss about the correct information regarding basic services. Make available reliable reading materials and some edutainment materials in the library of schools.
- Organize and expand the Adolescent Learning Group (such as Udaan Alternative Learning Centre Group) at community for those adolescents who are not able to read. Adolescents who are able to read can visit in-group and share the information regularly.
- Organize Peer-to-Peer education, where trained peers can share correct information to other peers.
- Coordinate with School Nurse Program and mobilize nurses to educate adolescents on reproductive health and sexuality education.

- Conduct different campaigns at school level (such as Adolescent Day in every first Sunday of every month).
- Mobilize community networks and allies; health mothers' group, child club etc. to enable adolescents to make informed decision making.
- Review the current CSE curriculum and adopt it at local level based on the culture, age-specific and appropriate education approaches to fulfill the need of both married and unmarried adolescents.

Output 4: Gender Equality

Gender equality is a human right. Women and girls are entitled to live in dignity, free from violence and fear. They also have a fundamental right to the highest attainable standard of health and physical, mental and social well-being. Despite significant gains in recent years, education outcomes for girls continues to lag behind than those for boys. On an average girls are still disadvantaged in accessing and completing both primary and lower secondary education. For the poorest rural girls, the challenge is even greater. In Nepalese society, girls face numerous problems and there are many restrictions for adolescent girls. They are not allowed to go outside alone, parents do not give priority to adolescent girls for education because they think that they are going to get married off, therefore, are of no benefit to parents. Even if they do not marry early, there is more likelihood of them getting married outside caste and creed which supposedly can damage the family honor. The adolescent girls are more prone to gender based violence including sexual violence. They have difficulty to go to school during menstruation period due to social norms, taboos, stigma and lack of adolescent friendly infrastructure. The girls are not given opportunities to make their own decisions regarding selection of partners. Mostly parents make decisions regarding their marriage and girls are made to work at home more than a male child which leaves them very less time to read and complete their school home work (KII View).

The obstacles girls continue to face are numerous and daunting, with multiple intersecting barriers preventing them from being educated, healthy and safe. The negative consequences affect not only girls, but also their families, communities and society. Achieving all the sustainable development goals depends on gender equality, which in turn hinges on realization of rights to, within and through education (GPE, 2019).

Therefore, our program should ensure that:

- Girls will receive equal opportunity in education, health, economic development and other basic services.
- The girls from marginalized communities will receive high priority in all types of development activities.
- There is no gender disparity in schools as well as community level forums.
- Adolescent boys are engaged to support and play transformative roles inside the family, school and community as change agents.

Major recommended activities:

- Implement various activities (see above in education section) to make quality education, health services and other facilities accessible and responsive to the needs of adolescents and ensure such activities are free of discrimination and/or shame that prohibit adolescents' **utilization** of those services.
- Implement activities to engage parents and boys/men as support and change agents to play gender transformative roles in the family, school and community rather than hindering agents. Encourage them to delay marriage, marry without dowry, and become role models to support girls.
- Implement activities to educate parents about importance of girls for their future rather than giving preference to sons only.
- Implement activities to minimize dowry system in the community.
- Recognize and appreciate boys or parents who marry in the community without dowry.
- Implement various social behavior change communication activities on importance of gender equality, girls' education and elimination of dowry system.
- Provide equal opportunity to girls in different sport activities like football, volleyball, table tennis, cricket, etc.
- Implement orientation activities for girls, related to positive thinking and share examples from different successful persons so that they have power and motivation to do better in their lives and can develop capacity to fight against socio-cultural and economic problems.
- Strengthen partnership with youth led movements such as **"The Generation Equality Campaign"** launched by UN Women, which demands equal pay; equal sharing of unpaid care and domestic work; an end to sexual harassment and all forms of violence against women and girls; health-care services that respond to their needs; and their equal participation in political life and decision-making.

Output 5: Inclusive Governance

There is lesson from the different projects that simply providing young people with a few skills and expecting them to conquer underlying socioeconomic, cultural and political barriers is not effective and does not lead to their empowerment. By creating an enabling and equitable environment where there is space for adolescents to participate meaningfully to build and exercise their skills, knowledge, and leadership, they are empowered to step into new roles and lead change themselves. It will ensure that structures and institutions are more responsive and accountable to their needs and priorities.

Considering this, The National Adolescent Health and Development (NAHD) Strategy has identified **"Adolescent Participation and Leadership"** as one of the key guiding principles. The strategy has emphasized on facilitating for their active participation and effective leadership at all levels of decision making, planning, implementing and evaluating the programs. The existing community level structures such as health facility management committees, school management committees, and structures developed by other line ministries will ensure the presence of adolescents as regular members or as invitees within such committees.

Similarly, the participation of adolescents will also be ensured in decision making within adolescent related CBOs, clubs and other local structures wherever possible (FWD, 2018).

> Adolescents are actors for social change, not simply beneficiaries of social programs. Therefore, adolescent girls should be meaningfully involved in developing the policies that will affect their future.

Major recommended activities:

- Advocate with local and provincial government to ensure engagement of adolescents in different local level development committees, especially adolescent related program and activities and in local planning processes.
- Encourage adolescents to engage in health facility management committee, school development management committee, adolescent or youth council, adolescent development fund etc.
- Continue using CARE's Community Score Card, a citizen driven accountability approach, to sustainably improve the performance and responsiveness of service delivery (health, education, financial, etc.). The approach brings together community members (including adolescents, marginalized groups, traditional and religious leaders), service providers and local government to identify barriers, including policy barriers to effective, high quality service delivery in order to develop a shared plan for their improvement.
- Organize an event to appreciate and recognize those adolescents who have become role models in leading different development activities. This will encourage other adolescents to engage in leadership roles.

Output 6: Enhanced Partnership with Stakeholders

Determinants of health and development are diverse, and many actors and sectors must respond to adolescent health and development related activities. Hence, it is important to foster and invest in collaboration between different sectors and partners. Many sectors, such as education, health facility, local government, non-government organization working on the adolescent/youth, youth clubs, sport clubs, micro-finance, youth learning centers, traffic police etc. are some of the examples. The program should identify and recognize these agencies and their contributions to strengthen and expand them.

Major recommended activities:

- Develop advocacy tools about the importance of adolescents and reasons for investment in adolescent health and development with focus on marginalized communities.
- Orient different stakeholders based on advocacy tools.
- Engage various stakeholders on adolescent development activities.

Key possible stakeholders include:

- Government officials at various levels (national, provincial, local), both within the Ministry of Health and Population, along with other concerned ministries such as Education, Youth, Sports, Social Development and Employment, Finance as well as Women, Children and Senior Citizen.
- Civil society representing diverse range of interests among adolescents (education, health, livelihoods and employment, social protection, etc.) as well as professional associations.
- H6 technical organizations (UNFPA, UNICEF, UNAIDS, UN Women, World Bank, WHO).
- Bilateral and donor organizations, as well as public and private health insurers that can help finance the delivery of health programs.
- Adolescents and youth, including youth-led networks, coalitions and organizations.
- Women right based organizations.
- Families, including parents and Parents' Associations.
- Community members that have direct contact with adolescents, including health care providers, teachers, mentors, sports coaches, etc.
- Nepal Inter Religious Network (which is advocating for reducing traditional harmful social norms).

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