Summary: Adolescent and Youth Family Planning and Reproductive Health: Landscape Analysis in Nepal

Background

Improving health and development outcomes for Nepal's growing adolescent population is a top priority for the Government of Nepal. However, despite a strong multisectoral policy framework to guide implementation of the country's National Adolescent Sexual and Reproductive Health Program and commitment from government, donors, Nepali and international implementing partners, and the private sector, adolescent reproductive health (RH) outcomes in Nepal have stagnated. A common understanding of the challenges limiting progress and opportunities to strengthen future programs is needed as Nepal continues efforts to improve adolescent family planning (FP)/RH outcomes.

> **Box 1: Five evidence-based approaches**
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> **Approach #1**: Socio-ecological model
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> **Approach #2**: Positive youth development
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> **Approach #3**: Attention to equity, including people who are often marginalized or excluded
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> **Approach #4**: Gender transformative approaches
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> **Approach #5**: Multisectoral efforts

Rationale

To contribute to this understanding, the United States Agency for International Development (USAID)-supported Research for Scalable Solutions (R4S) project conducted an **Adolescent and Youth Family Planning and Reproductive Health Landscape Analysis in Nepal.** We assessed recent adolescent sexual and reproductive health (ASRH) programs implemented in Nepal to understand their application of five evidence-based approaches that have shown promise in contributing to positive adolescent health outcomes across diverse settings (see box 1), a formulate lessons learned, and inform future ASRH efforts. The landscape analysis summarizes the assessment methodology, findings, and recommendations.

Methodology

The study was conducted using desk review and key informant interviews (KII). To be included in the desk review, qualifying programs were implemented in Nepal between 2015–2020 with at least one FP/RH objective targeting adolescents. The desk review comprised of two parts. Part 1 included the identification of health projects and Part 2 sought identification of non-health projects. Additionally, the annual report from each line ministry was consulted to identify programs related to adolescents and youth. Ultimately, 23 programs met the criteria that included both health and non-health sector reports. Qualifying programs

> **Box 2: Desk review: 23 programs**
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> FP/RH – 13
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> Education and child marriage – 4
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> Menstrual health and hygiene – 3
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> Gender equality – 2
>
> HIV and AIDS - 1

project reports and documents were reviewed to assess their inclusion of the five evidence-based approaches. It is important to note that this landscape analysis focuses only on whether the included programs applied evidence-based approaches. It was not intended to assess program effectiveness. Additionally, program documents did not always describe how the approaches were applied, making it difficult to determine if it was truly implemented in line with evidence-based guidelines.

To conduct KIIs, a list of the key informants was shared, and sixteen key informants were finalized with the Ministry of Health and Population (MOHP)/Family Welfare Division (FWD) ASRH subcommittee meetings. Interviews explored the opportunities, gaps, and challenges facing FP/RH programs for young people, high impact practices (HIPs) in FP, equity in the national adolescent and youth FP/RH program, use of evidence in designing the FP/RH programs, and self-care in family planning. Interviews were conducted via Zoom or telephone, recognizing challenges brought forth by the Coronavirus Disease 2019 (COVID-19) pandemic. All interviews were conducted in Nepali and records transcribed and translated into English. Thematic analysis was used for analysis purpose. Desk review information were triangulated with KIIs conducted among a wide range of stakeholders.

> **Box 3: Key informant interviews: 16 participants**
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> Government representatives – 5
> ASRH experts – 5
> Project managers – 3
> Youth activists – 2

Findings

Encouraging results emerged from the document review and KIIs, suggesting that the five evidence-based approaches are in use across ASRH programs in Nepal. Use of a **socio-ecological approach** in programs for young people in Nepal was strong. Every project in our review worked at two levels or more. Despite this, most respondents in KIIs did not highlight the importance of a multilevel approach. This may reflect an instinct to use the approach that may not connect to being evidence-based. Across 23 projects reviewed, none reached only one level (0%), 26 percent reached two levels, 39 percent three levels, and 35 percent addressed all levels of the model in some way (see figure 1). All programs reached the individual level (100%) followed by family and community levels (91%), organizational (83%), and policy (35%).

Figure 1. Use of a socio-ecological approach: Number of levels reached by the project

- Reaches 1 level
- Reaches 2 levels
- Reaches 3 levels
- Reaches 4 levels

26%
39%
35%
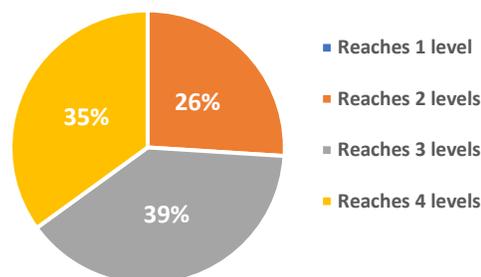
Comprehensive interventions and knowledge of all four **positive youth development** (PYD) domains were lacking in Nepal, which may have been driven by a lack of familiarity with the full PYD concept. One third of the programs applied a few elements of PYD with a primary focus on skill building, improving knowledge through curricula, and empowering young people. Consistent with desk review findings, key informants interviewed were unfamiliar with PYD as a whole concept, however they reflected elements of a PYD approach in their responses emphasizing opportunities to build skills, assets, and agency, as well as the development of leadership skills and confidence to ultimately empower adolescents to make healthy decisions. Key informants highlighted opportunities to collaborate with vocational training centers and approaches to strengthen capabilities through life-skills trainings as well as investing in leadership.

Seven out of twenty-three programs included an intentional **focus on equity** (beyond age), and one included an intervention to reach adolescents with physical disabilities. Key informants had highlighted that adolescents and youth-related government policy and strategy is strong in documentation, while implementation lags. Two major equity issues highlighted by the key informants included 1) limited involvement of men and boys in FP/RH programs and 2) a lack of standard indicators to monitor and measure equity nor do mechanisms for reporting exist.

Ten out of 23 programs applied a **gender transformative approach** and of those, 80 percent used a gender-synchronized approach. Reflections from key informants' interviews had highlighted the importance of engaging girls and being gender sensitive, however, they do not reflect a nuanced understanding of the concept of gender-transformative programming. Instead, they placed emphasis on projects engaging girls and being girl friendly.

Because adolescents' health and well-being are influenced by social, environmental, and economic factors, numerous experts highlight the need for programming that works across sectors to achieve broader adolescent health outcomes. **Multisectoral efforts** are often key to PYD approaches (Approach #2 above) as a critical element of strengthening youth skills and assets. KII participants showed a strong understanding of the importance of a multisectoral efforts to achieve ASRH outcomes, which aligns with the emphasis of Nepal's National Adolescent Health and Development Strategy (2018) on multisectoral engagement.

Several ministries offer platforms or entry points that could integrate evidence-based approaches and interventions including the i) Ministry of Women, Children and Social Welfare, ii) Ministry of Youth and Sports, iii) Ministry of Labor, Employment and Social Security, iv) Ministry of Home Affairs, v) Ministry of Water Supply, and vi) Ministry of Education. For example, the Ministry of Youth and Sports works with platforms including a model youth parliament for leadership development, Nepal Scouts, youth clubs and youth incubation/ innovation centers which could integrated certain HIPs, such as interpersonal communication.

Recommendations

- Increase alignment with evidence-based approaches. The landscape review shows that, while certain adolescent FP/RH programs in Nepal apply some evidence-based approaches (e.g., programming at multiple levels of the socio-ecological model), there are key gaps to address, including:
  - Increase intentional design and implementation of socio-ecological approaches
  - Systematically design, implement, and evaluate adolescent health efforts using PYD domains and strengthen meaningful youth engagement and partnership efforts to support youth to take a leadership role in their communities.
  - Explore outreach services or other strategies to address equity for geographically marginalized populations, with attention to early adolescents- and disabled-friendly interventions. Explore the feasibility of disaggregating routine data at the local level to allow for further equity analysis.
  - Strengthen capacity for gender-transformative programming and increase efforts to engage men and boys in program design, implementation, and monitoring.
- Avoid investments in interventions that are not aligned with global evidence.
- Recognize the limitations of peer education for behavior change and promote evidence-informed approaches to increase knowledge and foster supportive gender and social norms among adolescents.

- Advocate to Provincial level authorities for the inclusion of the comprehensive sexuality education (CSE) components in the local curriculum
- Shift to an adolescent-responsive systems approach to strengthen sustainability and scalability and away from a separate space model.
- Conduct formative research to explore adolescents' interest in and feasibility of using FP/RH self-care approaches for adolescents and youth, including those marginalized and disadvantaged.
- Assess the role of the private sector in reaching adolescents including equity and reach of services.
- Disseminate the evidence base to improve alignment with global best practices.
- Build a research and learning agenda to contribute to filling evidence gaps and oversee and guide knowledge sharing.

Conclusion

This landscape analysis sought to review how the global evidence base about proven and promising approaches and interventions had been applied in Nepal. In many municipalities, indicators such as the adolescent fertility rate have stalled at high rates or are increasing. As a result, the importance of using proven approaches and interventions is increasingly important.

This analysis reveals high use of some approaches, including the socio-ecological model and attention to equity. While a complete use of PYD has not been implemented in Nepal, elements of the approach were commonly utilized. In many cases, KIIs revealed a lack of familiarity with the global evidence base, highlighting the importance of disseminating evidence to improve alignment with global best practices, as noted in the recommendations. Capacity strengthening to improve understanding of some concepts, such as PYD or gender-transformative programming, should complement these efforts.

In Nepal, national policies and strategies call for the implementation of *adolescent-friendly health services* and youth-friendly information corners and many programs align with this approach. As evidence emerges reinforcing challenges with scalability and sustainability of some aspects of adolescent-friendly health services, Nepal has an opportunity to be an early adopter of the evidence-based *adolescent-responsive systems* approach.

As strong evaluations of FP/RH programs for adolescents and youth were not available at the time the desk review was conducted, this analysis could not individually assess effectiveness of programs reviewed, reinforcing the importance of evaluation in addition to dissemination and discussion of what a project or organization is learning. Building a robust culture of evidence and learning, supported by a national research and learning agenda, will strengthen application of evidence-based practices.