

# MY RIGHTS MY VOICE

## COMPLETION REPORT Nepal Project



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# EXECUTIVE SUMMARY

My Rights, My Voice (MRMV) was a four-year programme to enable marginalised children and youth to claim their rights to health and education services. It was implemented through Oxfam's local partners in eight counties, including Nepal, and was primarily funded by the Swedish International Development Cooperation (SIDA).

In Nepal, MRMV was implemented from 2012 to 2015 through the national implementing partner Association of Youth Organizations Nepal (AYON), and four district-based partners: Social Awareness Concerned Forum (SAC) in Banke; Women Association for Marginalized Women (WAM) in Surkhet; Women Empowerment Action Forum (WEAF) in Dailekh; and Social Development and Research Centre (SDRC) in Nawalparasi. Ujyaalo 90 Network – a leading satellite channel in Nepal – was the project's consultant media agency.

In 2012-2014, MRMV reached 225,083 direct beneficiaries. Originally conceived as a three-year programme, funding was extended to a fourth year. In 2015, the MRMV in Nepal reached 51,612 direct beneficiaries, of whom 72 percent (37,318) were youth.



## KEY ACHIEVEMENTS

- Almost 2,000 youth and young mothers have the information, skills and confidence to call for their rights to health, including sexual and reproductive health, thanks to intensive engagement in Community Discussion Centres (CDCs), Child Health Committees (CHCs) and Youth Health Committees (YHCs). They can independently lead information campaigns to influence their peers, community members and duty-bearers.
- Work to make duty-bearers accountable has led to a 65 percent increase in the use of health services over the project's four years; and as a result of campaigning by MRMV and others, the Government of Nepal has increased the list of free medicines distributed by government health facilities from 40 to 70.
- Advocacy work resulted in over 1,600 women from the CDCs being elected to roles in community decision-making bodies (such as School Management Committees, Health Facility Organisation Committees and Community Forest Users Committees), where they have successfully influenced male counterparts to ensure gender-responsive planning and implementation.
- Awareness-raising campaigns have succeeded in creating mass public support for sexual and reproductive health rights, free quality health services and the elimination of child marriage. These have used a wide range of media including radio, forum theatre, participatory video and wall magazines (see 'Innovation' section, below).
- Child marriage cases have decreased by 61 percent in the project areas as a result of campaigning by children and young people from CDCs and CHCs, who have worked with parents, teachers, children and local stakeholders – including priests and other religious leaders – to turn public opinion against this harmful practice.
- Continuous lobbying and mass awareness campaigns by MRMV and other civil society organisations led the Government of Nepal to announce a new policy on preventing child marriage.
- Girls and young women have been recognised as change agents in the community due to their new leadership roles and their coordination of initiatives on child marriage, gender-based violence, and sexual and reproductive health rights.

Political disturbances and the mega-earthquake in April 2015 interrupted project implementation; however, the project team coped with these challenges through some changes to the plan of activities, in consultation with and supported by partners, beneficiaries and stakeholders.

A key lesson from MRMV in Nepal is that working with children and youth as change agents can have a major impact and bring about concrete results, as young people gain skills and confidence to speak out and influence others in the community. The MRMV project in Nepal has had many positive experiences of working with children, youth and women using a rights-based approach. Learning is well documented, and will be replicated and scaled up in future interventions in Nepal and in other countries.



# 1. INTRODUCTION

When the MRMV project was being designed, health service delivery in Nepal was in a poor condition. Although policies and guidelines were in place to make free health services available to all, many young mothers, youth and children in rural areas were not able to benefit from these policies due to insufficient information, poor literacy levels and lack of confidence to demand their rights. Another issue which urgently needed to be addressed was the absence of proper monitoring of health service delivery at community level.

The MRMV project was designed to help fill these gaps, building on Oxfam's previous work on essential services in Nepal, which focused on improving the access of poor and marginalised women to maternal healthcare. In its first three years, MRMV aimed to: enable children, youth and young mothers to understand and claim their rights to free basic healthcare and to influence decisions in its delivery; to enable YHCs to advocate for and monitor the delivery of family health services; and to build popular opinion in favour of children, youth and young mothers' right to healthcare.

Initially conceived as a three-year programme ending in 2014, MRMV was extended to December 2015. This provided an opportunity to adapt the objectives in response to the priorities of young people and other stakeholders. It had become increasingly apparent that child marriage is one of the major causes of sexual and reproductive health problems in Nepal, and our partners and allies – including youth organisations such as Restless Development – strongly recommended that MRMV should address this issue. As a result, the project strategy was revised for 2015 with a specific focus on raising awareness of child marriage and its negative consequences, and enabling youth to advocate for its elimination and to build strong popular opinion against this harmful practice.

The total budget for MRMV in Nepal from January 2012 to March 2016 was \$1,403,037 – funded by SIDA with 10 ten percent co-funding from Oxfam.



## PARTNERS

In Nepal, Oxfam worked with a number of partners to implement MRMV at community level in the four target districts. Partners were selected on the basis of their experience in community development, advocacy and capacity building, child and youth rights, and women's empowerment.

### **Association of Youth Organisations Nepal (AYON), Kathmandu**

AYON is a national umbrella organisation of non-government, non-religious, not-for-profit youth organisations in Nepal. It calls for coordination, networking, support and cooperation from the government, non-government and business institutions, civil society and young people for collaborative action on youth programmes and policies. AYON was Oxfam's national partner throughout the MRMV project.

### **Social Awareness Concerned Forum (SAC), Banke**

SAC's core working areas are community development, women's and children's development, capacity building of NGOs and community-based organisations, peacebuilding and human rights. SAC is the leading NGO of Mid-west Nepal working on sexual and reproductive health rights and youth issues. Oxfam worked with SAC as its district partner in Banke throughout the MRMV project.

### **Women Association for Marginalized Women (WAM), Surkhet**

WAM is a non-profit NGO which works to reduce the gap between men and women in social, economic and cultural life to promote an equitable society. It helps to empower women by conducting awareness-raising activities to address violence against women and girls, unequal gender relations, and gender discrimination and social exclusion. Oxfam worked with WAM as its district partner in Surkhet throughout the MRMV project.

### **Women Empowerment Action Forum (WEAF), Dailekh**

WEAF is an NGO working on women's empowerment, leadership building and human rights. Oxfam worked with WEAF as its district partner in Dailekh for the first two and half years of MRMV.

### **Social Development and Research Centre (SDRC), Nawalparasi**

SDRC is a social research organisation. It has knowledge and experience in community empowerment, mobilisation, advocacy and capacity building. Its experience in working with local government both at Village Development Committee and district levels is an added advantage. Oxfam worked with SDRC as its district partner in Nawalparasi in the fourth year of the MRMV project.

### **Ujyaalo 90 Network (radio partner)**

Ujyaalo 90 Network is a leading satellite channel in Nepal which broadcasts radio productions via local radio stations in more than 60 districts. It was the consulting media agency for MRMV, and engaged three local radio stations to air MRMV radio programmes in the project districts.

## 2. ACHIEVEMENTS AND SUCCESSES

Engaging a network of CDCs, YHCs and CHCs – using methodology\* which had been used successfully by Oxfam in previous projects – was central to the effectiveness of MRMV in Nepal. This, combined with a range of innovative approaches, ensured the active involvement of large numbers of women and young people – enabling them to raise their voices and claim their rights, and leading to significant shifts in attitudes among families, decision makers and the wider communities.

### 2012-2014 ACHIEVEMENTS

**Outcome 1: Children, youth and young mothers identify their health needs and have increased understanding of their and their families' right to basic free healthcare, and confidence to claim this right.**

- Children, youth and young mothers in 84 CDCs and 18 CHCs have been made aware of their right to health and their right to participation and decision making, and have gained the skills and confidence to claim these rights.
- Members of CDCs and CHCs now have the skills to lead advocacy initiatives such as door-to-door and information campaigns. Young people have gained significant levels of confidence in convincing their peers, parents and community members of the importance of sexual and reproductive health rights and quality free health services, and of the negative impacts of child marriage.

**Outcome 2: Members of YHCs and health rights networks at local and national levels advocate for and monitor the implementation of family health services and maternity healthcare policies and programmes through government-run health facilities.**

- 1,601 young women from CDCs have been elected to community decision-making bodies such as School Management Committees, Health Facility Organisation Committees and Community Forest Users Committees; there are 77 percent more young women in decision-making positions compared to the baseline data.
- Children, youth and women have successfully organised a series of door-to-door campaigns to raise community awareness of sexual and reproductive health rights and the harmful impacts of child marriage.

**Outcome 3: Children, youth and young mothers influence decisions for practical improvement in delivery of family health services and maternal healthcare (as well as any additional healthcare needs identified) to young mothers, children and wider communities in the project Village Development Committees and districts.**

- The Government of Nepal has increased the list of free medicines to be distributed by government health facilities from 40 to 70. Many civil society organisations including MRMV helped achieve this change in policy through mass campaigning, and the project districts have seen real improvements in health services as a result.

\* The project adapted the REFLECT method of social change, which is based on the teachings of Paulo Freire combined with participatory development approaches. REFLECT was developed in the 1990s and is now used by over 500 organisations in 70 countries. It was used successfully previous Oxfam projects in Nepal, including 'Raising Her Voice'.

- More young people are using health services (a 65 percent increase compared to the baseline data). Young people have gained the confidence to discuss sexual and reproductive health rights and the negative consequences of child marriage with school students, community members and victims of child marriage.
- Children, youth and women have influenced decisions from local to national level regarding health behaviour, practices and policies. For example, their advocacy resulted in the establishment of 13 new health outreach clinics in project communities. They also released a 'Citizen's Health Manifesto' seeking commitments from all major political parties in their election manifestos.

#### **Outcome 4: Strong popular opinion built in favour of children, youth and young mothers' right to healthcare.**

- A total of 130 episodes of MRMV radio programmes were broadcast, reaching a mass audience of children and young people with messages about sexual and reproductive health, child marriage and the right to quality free health services. Young people directly recorded news from their local area as citizen journalists, gaining new skills and confidence in the process.
- Information, Education and Campaigning (IEC) materials have been produced and widely distributed to spread messages on health rights; these included five video documentaries and several information booklets and success stories.

## **YEAR 2015 ACHIEVEMENTS**

The extension of the MRMV programme to a fourth year meant the objectives could be adapted to reflect the priorities of the young people. In 2015, there was therefore a particular focus on shifting public opinion against the practice of child marriage.

#### **Objective 1: Young people have an adequate understanding of their right to health, sexual and reproductive health in particular, and of the negative consequences of child marriage.**

- At least 12,737 households in nine project districts have been reached with information about health rights, including sexual and reproductive health, and child marriage, thanks to campaigning activities designed and implemented by YHC and CHC members.
- At least 270 members of 18 CHCs in nine project districts have been empowered to design and implement advocacy events at their school, working independently.
- Women's and children's networks formed under the MRMV project have organised advocacy campaigns from local to national level and have successfully lobbied policy makers. As a result of the Citizen's Health Manifesto launched before the Constitution Assembly election, all major political parties included MRMV issues in their election manifestos.
- The number of cases of child marriage dropped by 61 percent in the project areas as a result of campaigning by children and young people, who have worked with parents, teachers, children and local stakeholders, including priests and other religious leaders, to turn public opinion against this harmful practice.



## Outcome 2: Young people organised in CDCs, CHCs/YHCs and health rights networks advocate for implementation of health and youth policies and programmes.

- Thanks to lobbying and advocacy from civil society, including MRMV, the Government of Nepal announced a new policy to prevent child marriage.
- Children and young people in the project districts are now participating in the village-level budget planning process and have successfully lobbied for a 'children's budget' to be allocated through Village Development Committees. This will primarily be used for children's leadership training and to encourage school drop-outs back to classes.
- The young women who are taking part in decision-making bodies have increased their understanding of the roles and responsibilities within these bodies; and have the confidence to lead and manage these structures.
- The gap between right-holders and duty-bearers has narrowed and they are supporting each other. For example, duty-bearers have supported youth and women's initiatives by helping to set up the health outreach clinics in 13 communities and providing new equipment.

### CASE STUDY: MINA'S STORY

"Before MRMV, I thought I was too young to do anything. But after joining the Child Health Committee, I started believing that we can also do many things. We have organised many campaigns from the local to the national level. We have met ministers, parliamentarians and political parties to form and revise policies related to children and youth. We have intervened to make sure the Village Development Committee budget meets the different needs of young people. We have raised awareness about child marriage and violence against women through advocacy, door-to-door campaigns and community interaction. Now, duty-bearers are more accountable towards the public and they support us in different activities and campaigns. We have better relationships with all community members. We have been able to win their trust.

"Young people are the pillars of nation-building. We can be key actors in bringing about social change; that's why it is important to give us space. MRMV has given us skills and confidence. Now my plan is to work for my community to make it a better place."

*Mina, aged 15, Child Health Committee*



**Outcome 3: Young people gain the ability and agency to realise their sexual and reproductive health rights along with free, quality basic healthcare; and oppose gender-based inequalities, particularly child marriage.**

- At least 2,250 girls and young women involved in MRMV reported accessing sexual and reproductive health/other specific health information and services.
- Government authorities at local level have recognised the role of MRMV initiatives in reducing the number of child marriages in project communities, and have started joint awareness-raising campaigns against child marriage.
- Teachers and parents of project communities have started working together against child marriage. Teachers have supported CHCs in raising awareness, including in schools, and parents are supporting students with their door-to-door campaigns and petitions on the issue.
- MRMV has successfully challenged gender stereotypes: men and boys are starting to share housework; some are also working on the prevention of child marriage and as advocates for women's rights. Girls are being encouraged to get involved in different activities at school and in the community. Communities have started to realise the potential of women in various decision-making structures.

**Outcome 4: Strong popular opinion built in favour of young people's right to health and against gender-based inequalities, with a focus on child marriage and sexual and reproductive health rights.**

- Thanks to the mass awareness-raising campaigns, communities have realised that child marriage is an underlying cause of many social, economic, educational and physical problems.
- Children, youth and women from the CDCs and CHCs have collaborated with other students, teachers and parents to implement interventions to reduce child marriage in their communities. They have also successfully engaged men and boys in discussions and contributed to wider community action on sexual and reproductive health rights and child marriage.
- MRMV campaigning has reached a critical mass of more than 51, 600 people through interactive forum theatre, wall magazines and other IEC materials (see 'Innovation' section, below), raising awareness of sexual and reproductive health rights, the government's safe motherhood programme, free health services and the need to end child marriage.
- With the support of local police and family members, women and children from the CDCs and CHCs have prevented eight cases of child marriage in the project districts.
- Radio programmes have created strong public support for sexual and reproductive health rights and the elimination of child marriage. Success stories, information booklets, policy briefing papers and video documentaries have showcased MRMV's achievements to date.

# 3. INNOVATION

The MRMV programme has experimented with alternative ways for children and young people to express their experiences, needs and aspirations in relation to their health and education rights. In Nepal, the following innovative approaches have proved particularly successful in engaging youth and promoting campaign messages to large numbers of people.

## **CDC approach**

The CDC approach is at the heart of the success of MRMV in Nepal. CDCs met daily for two hours in 57 communities, with young women devoting significant time and energy to the meetings and to follow-up activities. A facilitator worked with each group to help the women explore issues of concern, identify the individuals or bodies with the power to make change in these areas, and agree how to influence these actors to achieve solutions.

## **Forum theatre\***

Forum theatre has also been a very effective way of sparking discussion in communities and encouraging audiences to suggest solutions to social problems, such as gender-based violence and child marriage. By confidently expressing their own opinions and actively involving the audience, young people are successfully changing attitudes towards such practices. They are also encouraging new respect for the leadership skills of young people, particularly young women and girls, and their role in public life. Forum theatre provides 'food-for-thought' on issues that communities may not have previously considered to be problems, and provokes discussions that continue long after the performances.

## **Working with schoolchildren**

MRMV has been able to create a ripple effect of change by working with children in schools. Students directly involved in the project have shared their knowledge and skills on sexual and reproductive health rights and child marriage with other students and teachers in their schools, as well as with their families and wider communities. The CHCs have also proved effective in promoting independence in running campaigns; the children now organise events themselves, consulting with rather than being led by the school management as before.

## **Participatory video**

Participatory video involves training a group or community to create their own film to bring about change on issues which they have identified. The MRMV participatory video project equipped young people with the knowledge and skills to produce high quality videos on problems facing communities, and introduced video as a powerful tool for advocacy and campaigning. Three films were made, showing the effects on health caused by the lack of medical laboratories and inadequate medicines, and the risks of giving birth at night in health posts with no lights. Each video makes a clear demand and invites stakeholders to work together with the community to achieve the necessary change. As a result, youth campaigners secured solar panels for five maternity clinics and achieved funding for a new medical laboratory.

\* Forum theatre was created by the practitioner Augusto Boal as a method for teaching people how to change their world, as part of his 'Theatre of the Oppressed'.

### Radio programme

The MRMV radio programme also proved extremely effective in bringing community issues into the national-level programme and policy discourse, and engaging concerned stakeholders in initiatives. It contributed to ‘nationalising’ the health agenda of the target population, and made stakeholders in the project area positive about MRMV and its objectives.

### Wall magazines

Youth groups also created public displays or ‘wall magazines’ as a highly visual way of publicising campaign issues, and to invite community members to get involved in activity planning and development. Wall magazines were also an effective way of sharing learning, gathering feedback and raising awareness of and support for MRMV initiatives.





## 4. GENDER JUSTICE

Before MRMV, women and young people in the project communities were not acknowledged as agents of change. Women were barely allowed to leave their houses let alone participate in meetings, so their potential for bringing about change was never tested. Following the implementation of MRMV, women and young people in the project districts are now actively participating in meetings, being elected to decision-making bodies, and are able to influence decisions. Children and youth have become more confident in discussing and calling for their health rights, including sexual and reproductive health rights, and on the need to prevent child marriage. They are also able to work independently to organise campaigns on these issues.

Changes in day-to-day behaviours as a result of youth initiatives are widely evident in the project communities. Young women have been able to convince community members to initiate social activities on sexual and reproductive health rights, child marriage and any other issues they are facing. The delivery of health services in the project areas has improved, as has people's trust in government health provision. There have been positive changes in gender relationships at household and community levels; men are increasingly willing to share in housework and are supporting women's involvement in decision-making bodies. Improved relations can also be observed between teachers and students, parents and children, and between rights-holders and duty-bearers.

As a result of the project, more than 1,600 females have been elected to various community decision-making bodies, where they are successfully influencing their male counterparts to ensure more gender-responsive planning and implementation.



# 5. CHALLENGES AND RISK MANAGEMENT

Youth and women elected to local-level structures could not stand in local elections, as had been hoped, due to delays to the promulgation of the constitution. Strikes and protests relating to this process, as well as resulting fuel shortages, disrupted project activities in 2015 and required high levels of flexibility from project staff. Despite these difficult circumstances the project activities were completed on time, thanks to sensitive handling of the situation and rapid adjustments to the plan by project staff.

Nepal was hit by a mega-earthquake and more than 10,000 aftershocks in 2015. Though the MRMV project districts were not among the worst-affected areas, the entire country's focus turned to the rescue, response and rebuilding efforts, delaying project implementation. Some national-partner project activities were diverted to support school students in affected areas with trauma counselling and extra-curricular activities.





## 6. KEY LEARNING

MRMV in Nepal was implemented in communities where young people, children and women had poor access to services, and low capacity and confidence to claim their rights and influence decisions. To bring about change, the project ensured the active and meaningful involvement of women and young people by building their knowledge, skills and confidence, thereby enabling them to raise their voices and claim their rights. From a total of 51,612 direct beneficiaries reached in 2015, 72 percent (37,318) were youth. Activities were carefully chosen to engage young people, such as forum theatre, school health campaigns, and speech-making, essay-writing and debating competitions.

Key lessons from the MRMV in Nepal are as follows:

- If we implement projects to bring about change for young people, we have to involve them from the very beginning of the process to gain a full understanding of their interests and needs. This also ensures their maximum support for and ownership of project activities.
- Similarly, involvement of stakeholders in every stage of the project enhances their ownership of it, as well as building their trust and amplifying the results.
- Working with and for youth has great potential for creating synergy and widespread impact, as young people are quick to learn and to share their experience and learning with others in their communities.
- Forum theatre, wall magazines and participatory video are all effective tools in raising public awareness and generating debate on social issues.
- Working with school-age adolescents and youth is very effective in bringing about change at school, family and community levels.
- It is important to listen to the feedback and suggestions of the target groups and stakeholders, and to adjust and/or (re)design the project accordingly. Doing so gives a strong message to these groups about the importance of their views and needs.
- Any project should be able to adapt to unexpected changes in the country context. Teams should be able to link the ongoing project activities to an emergency or natural disaster to help those affected, using the organisation, mobilisation and leadership skills gained during the project.
- The effective replication of successful approaches can produce synergies and achieve positive results in a short space of time. MRMV was able to put this into effect through project implementation in a new district in 2015, following the termination of a partnership in another district.
- Significant results can be obtained by working with children and youth as change agents on sexual health and reproductive rights and child marriage issues.

# 7. SUSTAINABILITY AND LOOKING FORWARD

Young people and women in MRMV project districts are already working on sustainability strategies. Many of the CDCs have started monthly savings to keep their groups going; for example, one group has been allocated part of the Village Development Committee budget to fund its activities, and the women have started a small-scale enterprise, weaving *Dhaka* (Nepali textiles). Many of the CDCs are now linked with cooperatives which are providing them with training on seed preservation, modern farming, bamboo-chair making, etc.

CDC members have realised that one of the most essential factors for sustainability is having a common space where they can meet regularly and carry out their activities. Some have therefore started the process of building a CDC hall, and some groups have already done so with support from other allies and stakeholders. Likewise, schools are also planning to continue their support to CHCs.

Oxfam is now incorporating learning from MRMV into the design of a new project on child marriage.





# TABLE – MRMV TIMELINE

ACTIVITY TIMELINE			
Year 1	Year 2	Year 3	Year 4
Baseline survey	Production and broadcast of radio magazines (130 in total)	Health rights and nutrition fair	Interaction workshop with male members of CDC participants
Training for CHC members on planning, management and leadership skills	Training for YHC members on forum/interactive theatre methods	National assembly	Experience-sharing by victims of child marriage
Advocacy strategy development	Performance of forum/interactive theatres	Election campaign and assembly	Training on gender equality and social inclusion for MRMV partners
Training on advocacy and monitoring skills	Workshop on developing monitoring format and tools	Participatory video training and production	Door-to-door campaign focusing on sexual and reproductive health rights and child marriage
Training on participatory planning and social auditing skills	Door-to-door campaign	Lobbying and advocacy with local and national stakeholders/law-makers	Knowledge festival

Note: Only the five main activities from each year have been included in the table.

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# MY RIGHTS MY VOICE

My Rights, My Voice is a four-year programme which engages marginalised children and youth in their rights to health and education services. The programme has been implemented through our local partners in eight countries - Afghanistan, Georgia, Mali, Nepal, Niger, Pakistan, Tanzania and Vietnam - primarily funded by the Swedish International Development Cooperation Agency (Sida).

[www.oxfam.org.uk/myrightsmymyvoice](http://www.oxfam.org.uk/myrightsmymyvoice)  
[mrmv@oxfam.org.uk](mailto:mrmv@oxfam.org.uk)



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