



Evidence based case study

## Youth Volunteering contribution to sexual reproductive health development results in Baglung

VSO Nepal  
July 2015



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## Background note

|                       |   |
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| <b>Purpose</b>        | Understand and document the effects of the VSO ICS programme on sexual reproductive health in Baglung, Nepal between November 2013 and January 2015.  |
| <b>Project</b>        | ICS Evidence based Case Studies   |
| <b>Context</b>        | Efforts to document ICS achievements better and connect to rest of VSO's work; improve practice and guidance of how to do evidence based case studies   |
| <b>Scope</b>          | ICS, VSO Nepal  |
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| <b>Date</b>           | 28 January 2015   |
| <b>Photo</b>          | Nepalese women waiting outside antenatal clinic - ©Peter Caton/VSO  |

In 2014/15 VSO Youth Programmes Team commissioned four Evidence Based Case Studies (EBCS) in Kenya, Nigeria, Bangladesh and Nepal to further understand the development results from youth programmes, and how these results have been achieved through youth volunteering. Each case study had a lead researcher and was guided by a steering group of VSO staff from country offices and VSO International. Terms of reference, research questions and research tools were designed for each. Learning and recommendations from the case studies will inform future youth programme development.

# 1. Summary

This evidence-based case study analyses the sexual reproductive health (SRH) outcomes for communities in Baglung, Nepal, that have resulted from the ICS Youth in Development project.

The intervention has mobilised four teams of Nepalese and UK VSO ICS volunteers since November 2013. The ICS volunteers work with young adolescents in school settings and their families in community settings to improve SRH and livelihood outcomes through awareness raising, networking, advocacy and community action. A key aspect of the intervention has been the development of a system of Peer Education (PE). This involves training and developing six students in each of the six focus schools to deliver SRH messages to their students and the wider community.

This case study assesses whether youth and community members are better informed and express increased confidence on SRH issues, and whether youth and community members are adopting healthy practices for better SRH outcomes. The case study also explores how and why youth volunteers have contributed to the results and summarises learning and recommendations in an attempt to improve future programming and maximise the contribution of youth volunteering towards health development.

## 2. Context

Nepal is one of the least developed countries in the world, with a Human Development Index (HDI) of 0.463, which gives the country a rank of 157 out of 187 countries worldwide.<sup>1</sup> Ten years of insurgency between 1996 to 2006 had a serious impact on the health sector as many facilities were destroyed. The current political situation remains highly unstable which negatively affects various sectors, including health.<sup>2</sup>

Nepal has made progress in its health-related Millennium Development Goal (MDG) target. For example, the maternal mortality goal of 213 deaths per 100,000 live births was surpassed in 2010.<sup>3</sup> Despite such progress, there are still challenges, particularly in the area of sexual reproductive health.

Family planning needs remain unmet, with only 65% of the total need for family planning being met among the married women of rural Nepal.<sup>4</sup> Uterine prolapse is an unspoken and painful medical condition affecting up to one-in-ten of Nepalese women.<sup>5</sup> Undertaking manual labour, such as fetching daily water supplies or farming the land whilst pregnant or post partum, plus inadequate birth spaces, places women at high risk of developing uterine prolapse.<sup>6,7</sup>

Ninety-five percent of adolescent girls surveyed in the mid and western regions practice some kind of restrictions during their periods, from staying home from school or the temple to having to sleep outside.<sup>8</sup> Harmful traditional practices (HTP's) still frequently occur in mid and western Nepal. For example, 'Chhaupadi pratha' requires women to live in cattle sheds during menstruation and following the birth of a child. Studies have shown that spending time in such unhygienic and weather exposed conditions has contributed to maternal and neonatal mortality.<sup>9</sup>

Nepal's health system faces many challenges in addressing SRH needs, including a shortage of skilled health staff, particularly in rural areas. Semi-skilled and un-skilled support staff constitute nearly 70% of the workforce in Nepal.<sup>10</sup> In terms of strengthening health systems, there is an urgent need to support the development of the health workforce.<sup>11</sup>

Sexual and reproductive health education and awareness in an adolescent friendly environment is strongly needed in Nepal, particularly in rural districts. The key issues leading to SRH complications in these communities are cultural taboos surrounding SRH education such as early marriage, multiple pregnancies in preference for male child, uterine prolapse, sexual hygiene maintenance and management (e.g. menstrual hygiene management), sexually transmitted infections including HIV, safe delivery at health facilities, nutrition during pregnancies and hard labour immediately post delivery.

Baglung is one of the strategic priority districts for VSO Nepal in its country strategy (2012-15). Situated in the Western region of Nepal, 92% of its population reside in mountainous rural areas, Baglung's compounded development status based on HDI, socio economic situation and gender equality makes it the 35th least developed out of a total of 75 districts in the country. Adolescents and youth are vulnerable to multiple sexual and reproductive health problems, ranging from early and unwanted pregnancies (e.g. as a result of early marriage and a preference for male children), unhygienic menstruation management, poor nutrition, continuance of hard labour during pregnancy, and sexually transmitted infections including HIV. These problems are compounded by a lack of information on SRH issues which are prevalent in more than 45% of

youth and adolescents. Despite there being a marked improvement in several indicators related to these problems, the indicators vary substantially among youth according to their background and geographical region. A survey conducted by the Ministry of Health and Population found SRH understanding was only 55% among adolescents and youth.<sup>12</sup> Due to the rural nature of Baglung, limited understanding of SRH is a prominent issue.

### 3. Methodology

The work has been overseen by a multi-disciplinary steering group including representatives from the country office in Nepal, VSO youth programmes team, the Impact and Accountability team and VSO International’s Global Adviser for Health, HIV and AIDS. Terms of reference were developed and agreed and a series of research tools designed to collect evidence based on the research questions.

Background reading and desk research was undertaken prior to developing the research questions (see annex).

The table below shows the range of methods used to collect data and the number of stakeholders involved:

**Chart 1: Data collection methods**

| Method  | Number of participants |
|---|------------------------|
| One-to-one in depth semi structured interviews VSO Nepal staff  | 5                      |
| One-to-one in depth semi structured interview with partner organisation (Bhimpokhara Yuba Club - BYC)                                 | 1                      |
| Focus groups in four communities with Peer Educators (4 focus group discussions)  | 33                     |
| Focus groups in two communities with student beneficiaries (3 focus group discussions)  | 12                     |
| Focus groups in four communities with women’s group/mother’s groups (4 focus group discussions)                                       | 42                     |
| Focus groups/ one-to-one interviews in three communities with focus teacher/staff (2 focus group discussions, 1 one-to-one interview) | 14                     |
| ICS Volunteers (4th cycle) participatory workshop   | 20                     |
| <b>Total number of research participants</b>  | <b>127</b>             |

The lead researcher carried out all the interviews, focus groups, observations, participatory workshop and document review. During fieldwork, support was provided by the VSO Project Coordinator and local partner organisation, Bhimpokhara Yuba Club (BYC).

The research was conducted with stakeholders from four intervention schools and their surrounding communities. The schools and communities have been involved in the ICS Baglung project since November 2013. A participatory workshop was held with all ICS volunteers currently deployed in six intervention schools in the Pala VDC, Bhimpokhar VDC and Baglung Municipality. The workshop included a social network mapping exercise to explore how volunteers work and who they work with to improve SRH, a storytelling exercise to understand the enablers and barriers faced when working to improve SRH, and an activity looking at the ICS theory of change and the assumptions underlying its long and short-term outcomes.

The fieldwork was disrupted by political strikes and local events which affected transportation resulting in schools being closed and/or teachers being absent for three of the six fieldwork days. As a result, the number of students, teachers and host families available for interview was limited. Health facility staff were also unavailable. Furthermore, time spent with the local partner organisation, BYC, was restricted and as a result, discussion concerning the role of the partner organisation is limited in this report.



An ICS volunteer in Tituare, Baglung

## 4. Findings

### 4.1 What did the youth volunteers do to implement the project?

Four cycles of ICS volunteers totalling 39 UK and 38 Nepali volunteers between the age of 18 and 25 years-old were mobilised in six communities in the Pala VDC, Bhimpokhara VDC and Baglung Municipality, Baglung district, between November 2013 and January 2015. Individuals need to meet the age requirement but do not need any prior skills, experience or funds to be an ICS youth volunteer. As a result, each team can include volunteers of different ages, with a range of skills and formal education levels, and from diverse backgrounds. National volunteers need to be able to speak English fluently. This, however, narrows the diversity of backgrounds from which volunteers can be drawn. Volunteers were placed in rural villages where they work and live as counterpart pairs of UK and Nepali volunteers. Volunteers lived in the community in host homes for the duration of the project.

The ICS intervention aims to address an identified knowledge gap in SRH education through formal and informal education and awareness-raising. It aims to create an enabling environment for youth to become aware of SRH issues, make informed decisions on their SRH, and encourage access to available services in order to improve their SRH health and quality of living. The project aims to make youth and community members better informed on sustainable livelihoods practices. This case study focuses on the SRH element of the programme.

In the first phase of the project, action research was conducted to understand the specific SRH and livelihood needs of young people and community members in six focus communities. While ICS volunteers work towards a set project plan with specific livelihood and SRH outcomes, the emphasis and approach of the project varies in different villages in response to the issues raised in the action research phase.

A key aspect of the ICS project is the recruitment of between six and ten sexual reproductive health Peer Educators (PE) in each of the six intervention schools. These peer educators are oriented on effective peer education on sensitive SRH issues by the ICS volunteers. At the start of their placement, ICS volunteers receive training on facilitation skills, how to talk about SRH with young people, the Peer Education system and SRH issues. This phase includes sessions provided by locally based NGOs working in the SRH field, who give basic information on SRH issues and importantly, discuss how they are viewed in the communities in which the volunteers will be based. In addition to improving substantive knowledge of SRH issues, an important part of this training phase is to develop an understanding amongst ICS volunteers of how to discuss issues around SRH in a sensitive, confidential and non-judgemental way.

Thirty-nine PEs, of which 65% of whom are female, were recruited in the six focus schools and received training sessions on SRH (i.e. sexually transmitted infections (STIs), puberty, family planning, HIV, menstruation, reproduction) and leadership skills. They also received intensive mentoring and workshop sessions from ICS volunteers on an ongoing basis to help them develop the communication skills and confidence needed to be able to share SRH messages more widely. In addition, they are supported to look at socio-cultural norms and

values that affect SRH decisions (e.g. gender and caste norms). Once trained by the ICS volunteers, the PEs go on to deliver awareness raising sessions in each school and catchment community.

As well as conducting weekly workshops and PE meetings, ICS volunteers coordinate with external facilitators to deliver trainings for PEs. Twelve externally facilitated trainings were delivered on SRH in the area covering Pala VDC, Bhimpokhar VDC and Baglung Municipality. Facilitators including specialist NGO staff and long-term VSO and Peace Corps volunteers have conducted trainings on topics including HIV/AIDs and STIs, uterine prolapsed and menstruation practices alongside broader health issues such as breast cancer, first aid and oral hygiene. A range of different awareness raising campaigns, community action days, events and sessions on SRH and climate change were also led by ICS volunteers together with resource partners and PEs.

ICS volunteers undertook activities to build rapport and respond to local needs. This was felt to be important in a rural village environment in order for the community to be engaged with the overall focus of work. Additional activities included gender equality promotion, social issues awareness (e.g. alcoholism, cleanliness, and caste/ethnicity discrimination) and the development of school libraries. This research also highlights examples where these activities have contributed to the project's impact on improving awareness and confidence on SRH issues. For example, improving school libraries provided spaces for PEs to organise, store resources and share messages on SRH.

## 4.2 Are youth better informed and more confident on SRH issues?

A key short-term outcome of the ICS Baglung project was for youth and community members to be better informed and express increased confidence on SRH issues. Both the Peer Educators (PE) and the students who had received sessions led by the PEs and ICS volunteers displayed good understanding of a number of SRH topic areas (e.g. changes during adolescence, personal hygiene, family planning, healthy menstruation practices and STIs). Peer educators and students said that the majority of information shared was new and had not been known before the ICS project began. Some felt that they knew some of the topics before but in less detail. Others felt that while they were aware of some of the topics, they previously paid less attention because the teacher only gave information from the textbook, whereas the PEs gave information in a more practical way that was relevant to their concerns. The topics cited as most useful by students and PEs were usually those which currently affect them (e.g. menstruation and the socio-cultural practices/rituals surrounding this, changes during adolescence and personal hygiene). However, some PEs and students did discuss issues which may affect them in the future such as family planning and STIs.

There were many examples where PEs and students had been concerned about SRH issues prior to the ICS training, and due to increased knowledge, were now less worried or more accepting of the issues they faced. PEs and students often talked about physiological and medical issues which they were now less concerned about. They also expressed an increased understanding of emotional and awareness of socio-cultural issues, and how these were affecting them:

*“We faced problems but we didn’t know the reason of the problems before. We had little knowledge from our textbooks but now we have a better understanding... Before, I was scared when I started to have hair around pubic areas and felt like it was only me. Now I know everyone goes through this. I can openly talk, there is no need to be shy, we all go through this process.”* - Peer Educator

*“In the adolescent phase I felt frustrated with my parents and irritated and got angry, but now I realise from ICS, it is all symptoms of adolescence and it’s ok.”* - Peer Educator

In addition to increased knowledge on a range of SRH issues, PEs and students described how they felt more able to discuss these issues with their friends:

*“Adolescent age is a very sensitive time, we feel mental and physical pressure. There have been changes within me that it was difficult to share with friends but since the SRH sessions I have started to talk with my friends about these things.”* - Peer Educator

There were many examples where PEs and students had talked to family members including parents, especially their mother, about issues such as menstruation and changes during adolescence. However, many described how this could be difficult when new learning challenged long-established beliefs. In a few cases, members of the local Women’s Group described how their children had discussed SRH issues with them. There were only a few

examples of this because the participants’ children were either not of the relevant age to participate in the ICS/PE sessions, did not attend the school, or in a small number of cases, their children had not discussed such issues with them despite receiving the training.

The teachers from one school in particular felt that the students were now more open to discuss SRH issues in class as a result of the ICS project:

*“Before the ICS project male and female students didn’t speak to each other on SRH topics but now they talk freely. They also realise what sort of things they have to consider regarding SRH. Before students were passive when we had health class, but now they interact and get more involved in the sessions.”* - Head teacher

In focus groups with PEs, the majority of participants were willing to speak openly about a range of SRH topics including more sensitive subjects such as menstruation, changes during adolescence, sexual activity and personal hygiene. While some PEs and students were still shy, a general lack of embarrassment and openness was observed in talking about these issues with individuals from outside the school.



Peer Educators in Dhimi speak confidently about SRH issues

### 4.3 Are youth adopting healthy practices for better SRH outcomes?

The personal nature of the topic and the fact that some issues may not currently affect certain individuals' experience or behaviour (e.g. those who are not sexually active have to talk hypothetically about the types of contraceptive practices they may adopt in future) makes it challenging to assess the extent that young people are adopting healthy practices for improved SRH. While this is a long-term objective, there were examples of students adopting, wanting to adopt or planning to adopt healthy practices in terms of SRH.

Changes most frequently described as a result of the ICS sessions were those which involved a personal choice or decision, and could be made without consulting others or challenging socio-cultural norms. For example, a number of students and peer educators described improving their personal hygiene, others described the washing techniques adopted to improve personal hygiene and changing pads more regularly during menstruation.

When the participants talked about adopting practices that involved confronting socio-cultural norms or religious values, and in particular those which challenged traditional menstruation rituals, the outcomes were more mixed. PEs and students described how adopting such practices involved discussion, negotiation and even conflict with their relatives and wider community. There was some evidence of PEs and students adopting healthier practices even when this required negotiation with their parents. A respondent described how she talked with her mother about the need to avoid carrying heavy loads while menstruating and is now relieved from such work

at these times. Another youth described that following ICS training she felt able to persuade her family members to allow her to sleep inside during menstruation periods:

*"Some people don't listen to us but even they might slightly change. My parents started to keep the girls inside during period times, we convinced them that they might get sick if they sleep outside."* - Student

The ability to discuss issues with parents that potentially lead to the adoption of healthy SRH practices were described as a result of the increased knowledge and confidence gained from involvement in the ICS project. However, in many cases where young people described changing practices that overcame socio-cultural or religious norms, other contributing factors were also mentioned. In some cases, students described how their parents were educated so were more open to different ideas, or that such practices had been slowly changing in their communities because of the influence of radio and TV. Overall, respondents continued to face difficulties where changed behaviours confronted long-established norms despite feeling more informed and confident to discuss these issues with their parents:

*"I want to go to the kitchen during periods when its winter. Because of the traditions, parents don't let us inside and we can't go... Even when we talk to them (about the things learnt during training) they scold us, 'why are you trying to break our traditions?'"* - Peer Educator

*"I shared with my mum that we don't have to follow the period rule. I said, even VSO volunteers don't follow the rules and they are not cursed from sin. My mum told me, 'let them collect their own sin for themselves, you must follow our traditions'."* - Peer Educator

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Even if parents agreed or sympathised with their children's point of view, PEs and students felt that societal pressure prevented them from adopting healthier practices. Both students and community members described how they feared making changes because they may be criticised or talked about by other community members:

*"I haven't had my first period yet. I want to change the tradition not to hide away during period times so I don't miss my class. Even though my parents agree with me, the community people may not [so it would be difficult to change]."* - Peer Educator

For some, despite feeling able to discuss these issues in an informed way, challenging long established traditions was too difficult and they felt that training was needed more widely in the community to change these norms. There was frustration felt by some young people because of this, particularly those who were 'scolded' by parents or grandparents, and described as 'over-smart' or insensitive to their own culture.

PEs and students consistently described how they felt more informed and confident about SRH issues. They talked about starting to adopt healthy practices and often described how they would do things differently to how they were currently being done in the long-term (e.g. changing practices around menstruation). As described, adopting healthy practices for improved SRH may involve confronting widely-held customs and beliefs that prevent different practices being adopted in the short-term. These can be a significant barrier to improving certain SRH issues. However, for reasons of security and maintaining community cohesion, the project was not designed to challenge long-established traditions and norms directly. Given the impact of socio-cultural norms on SRH this could be an area of greater focus. The complexity of working with a range of community members on these sensitive issues suggests the need for a broader intervention, of which the ICS youth project and youth volunteering is one component.

## 4.4 Are community members better informed and more confident on SRH issues?

Women members of local community groups also expressed increased knowledge on a range of topics as a result of participating in ICS SRH sessions. However, this varied amongst women members (e.g. half the participants had not attended a training on SRH in one village) and in another village, women had received other trainings (e.g. smokeless stove construction) but not on SRH issues. This varied because of the action research element of the project design meant that ICS youth volunteers worked with community members to identify needs and deliver appropriate trainings in response. As a result, if community members expressed a greater interest in other ICS project areas (e.g. climate smart practices or livelihoods), more time and resources would be directed towards meeting these objectives while keeping SRH as a focus.

Where SRH training had been received, young women considered the most useful topics to be on menstruation and menstruation practices, HIV awareness and other STIs, contraception and nutrition, issues around uterine prolapse, and pre and post-natal health.

Young women who had attended SRH training spoke in detail about what they had learnt. They felt more confident about what symptoms to look out for, and most women felt able to consult a health practitioner if they experienced poor SRH. A Women's Group member describes changes since receiving STI training as part of the ICS project:

*“Now if we have any problem we go to visit the doctor. For example, if we have a vaginal problem and smelling problem we can visit the doctor. We didn't feel easy to talk about STI but now we can go to the doctor, like if we have a blister around the vagina or aching now we can go and share.”* - Women's Group member

In some focus groups, young women who had not attended the trainings were curious and had many questions, particularly around menstruation, and wanted to ask other participants who had taken part. Those who did not attend the trainings said that they had been unaware of the training or had been too busy to attend (i.e. usually due to farm work).

## 4.5 Are community members adopting healthy practices for better SRH outcomes?

Similar to the experience of PEs and students, young women felt that it was difficult to change certain practices for fear of how they would be perceived by others in the community. Despite being fully aware of the dangers of certain practices and would warn others of these dangers, participants often described how they found it difficult to change their own behaviour. For example, a young woman described how she had been carrying heavy loads after the delivery of her child but since the training felt she could tell people that heavy lifting shouldn't be undertaken because it is dangerous and leads to uterine prolapse. She then went on to describe how she found it difficult to stop lifting loads herself because she would be called 'lazy' and 'overly sensitive' by other members of the community.

Unlike the PEs and students who described how they wanted to change certain practices (e.g. around menstruation) but were unable to because of the views of family or community members, many women described how their personal beliefs prevented them from adopting healthier practices:

*“We expect that the coming generation will change these habits because even though we know it isn't good I can't convince myself, so I can't change. Even if nobody talks about me, I still can't convince my heart. It all depends on whether you can convince yourself.”*

- Women's Group Member

As a result there was a recognition amongst some women it would take a long time to change practices on some issues and that this might not happen until the following generation:

*“Young people can change easily, they know many things, and we mothers will support them to make these changes.”*

- Women's Group Member

Although firm conclusions cannot be drawn given the small sample size and short timeframe of the research, the receptiveness to changing menstruation practices did seem to vary in terms of village and ethnic-group. In one village, women appeared much more open to change and described how they now cooked during menstruation time; allowing themselves nutritious food and to sleep inside. In this village, over thirty women were enrolled in a part-time education project at the local school. They described how the ICS project had accelerated their learning, but was part of a wider change process that was taking place in the village influenced by higher education levels, in addition to radio and TV campaigns about SRH issues.

One area where there was significant change in terms of adopting healthy practices was in the area of smokeless stoves. In most groups, the majority of women described how they had made a smokeless stove because of the ICS training received. A range of benefits were described that are likely to contribute to general improvements to health in the long-term. In focus group discussions, women described how only a few people in the village previously had smokeless stoves. Since participating in an ICS training with an external facilitator, six of the eight women had now built a smokeless stove. One participant describes the benefits:

*“It is working very well, less smoke, easy to clean dishes, less firewood, less tearful, food remains warm longer. We can even boil water at the same time (as cooking) and use that water to wash with and clean ourselves. We don't have to paint the house so much. The children were affected by smoke but now there is no smoke so it is easier for them, and easier for them to study.”*

- Women's Group Member

## 4.6 What factors contribute to and limit success of the project?

Peer Educators, students, and to an extent, women community members, were well informed on a range of SRH topics. A high level of confidence was observed and action was taken on some SRH issues. Key factors that lead to increased awareness and confidence in SRH are outlined below. Issues that affected the project's success and areas for improvement are also discussed.

Engaging young people and community members  
For more than one year, ICS volunteers have been able to engage young people on sensitive issues in the community. Volunteers described the PEs as “enthusiastic, engaged, receptive and forthcoming”. During the research PEs were overwhelmingly positive about being involved in the project. They expressed enthusiasm and dedication to their role, and were very positive about working with ICS volunteers.

Peer Educators described how they enjoy their role because it has enabled them to gain knowledge and increase their confidence. Aspects of youth volunteers' identity and ways of working were also important in engaging and sustaining the involvement of the students.

The fact that the volunteers were outsiders helped to ensure students wanted to be engaged in the project. This 'novelty factor' was described as a reason for the students' initial curiosity about the project. In addition, ICS volunteers described how building relationships through involvement in extra-curricular activities or having a presence at the school were also important to ensure long-term engagement. For example, an ICS volunteer responded to requests from students and established a dance programme. This enthused the students and they reciprocated by giving any available time to the ICS project.

Although there were challenges in engaging the wider community in SRH sessions, there were many examples where ICS volunteers worked proactively to ensure SRH messages were spread into the community surrounding the focus schools. Community members described how volunteers would visit people's homes, local stores and tea shops on the day of a workshop to inform them of the event. This can be particularly effective in rural settings where formal invitations with specific dates and times are not the norm. Team leaders felt that this had improved after volunteers realised the need to be more proactive, rather than waiting for the community to 'come to them'. The ICS volunteers were described as 'active' frequently by teachers and community members. In a context where receiving payments are the norm for attending INGO/NGO awareness raising sessions, this was particularly important to ensure good attendance to SRH sessions given the lack of incentives available and sensitivity of the topic area. The combination of being active, good relationship builders embedded within the community allowed the volunteers to connect and engage people:

*"Being young is a benefit, they go here and they go there... they are so friendly to us. Even though they are in a new place, they don't stay in their room, they go and talk with different people. They visit homes to gather people (for SRH sessions)."*

- Women's Group Member

Youth volunteers also highlighted the importance of living in host homes. Often, their 'host parents' had a high standing in the community. They were important for connecting volunteers to other key individuals in the community, such as the chair person of the women's group, but also gave the volunteers legitimacy. For example, one volunteer described how the women's group was immediately interested in being involved in the project, extending their good faith in the host parents to the volunteers. Having a presence in informal spaces, such as the local tea shop was also seen as important by some volunteers because it provided a space to share messages and talk to community members about forthcoming activities.

#### **Sharing information that is responsive to young people and community members' needs**

Peer Educators frequently talked about establishing friendships with ICS volunteers. This was important because it enabled them to share openly with the volunteers and ask questions without hesitation:

*"If I find anything difficult to talk about, I go and ask the volunteers... The volunteers behave and talk with us like friends and if we are friends we are free to talk."* - Peer Educators

In contrast, this was often compared to the more hierarchical relationship students had with teachers, who were described as "hesitant to talk about SRH issues" or as having a teacher-led rather than interactive learning approach. ICS volunteers were described as being approachable and created safe spaces for interaction with PEs. VSO's Nepal ICS Project Coordinator explained that creating safe spaces allow for a more participatory and responsive approach where young people become used to asking questions about areas that concern and interest them while finding ways for these questions to be answered. One teacher describes the benefits of this approach:

*"Once they are friends they teach new things and the students follow them, like they follow their peers, like friends. If we'd have told them to do the same things they wouldn't have done that."*  
- Teacher

This is particularly important, for both volunteers and students, given the sensitive nature of some of the SRH topics covered. One particular ICS volunteer described how the rapport built with students meant that they felt able to conduct the sessions with confidence, and that it had eliminated any potential awkwardness on the topic. Good relationships can also lead to opportunities for informal learning as PEs who lived alongside the volunteers in the village were able to ask them questions outside of school.

Volunteers, teachers and PEs described a range of factors that led to them creating relationships that fostered a more participatory learning style:

- Involvement in extra-curricular activities was described as important for creating spaces to share information informally and build the trust between ICS volunteers, PEs and students.
- The relatively young age of ICS volunteers was frequently cited as important by PEs because this allowed them to empathise with the students:
- "Youth volunteers can think like us, so we can easily approach them to talk. They are going through the same kind of emotions and experiences as we do." - Peer Educator)
- Working on tasks together was described as important by some PEs (e.g. painting the library or fixing the school toilets) for creating a sense of shared ownership.

For teachers, volunteers, PEs and students, different learning methodologies were also important for raising awareness about SRH:

*"They do things differently - before we would ask them to wash their hands but they didn't listen. But the volunteers did activities (like drama) and they started to wash their hands."* - Teacher

Some PEs described how volunteers would come to school regularly and follow-up on training sessions, checking how much they had learned and what was unclear. The ability to retain and interpret information sufficiently in order to teach others was an important consideration for teachers as this promoted active learning and helped ensure that information was shared in the community.

Echoing the ICS Volunteer and PE relationship, students who received training from PEs felt that this learning mechanism was important in increasing their knowledge and understanding. They described talking with the PEs during their free time in informal exchanges about issues that concerned them. There was evidence that the presentation and training skills provided by ICS volunteers to PEs was effectively utilised:



A Women's Group member in Tituare, Baglung, with a newly built smokeless stove

*"The teacher takes the text book and gives knowledge. The PE teaches us about issues which are helpful and practically useful to us. The teachers are quite strict but PE teachers are very polite and encourage us to participate. They make us laugh, play games, jokes etc."* - Student

#### **Building the confidence and agency of young people**

Peer Educators frequently described how their confidence had grown as a result of the ICS project. Factors that enabled PEs to develop their confidence included:

- Leadership training
- Taking part and leading on extra-curricular activities such as debating tournaments and sporting activities
- Understanding child rights
- Being involved in and consulted as partners by ICS volunteers on projects such as school library renovation or refitting school toilets.

Adopting healthy SRH practices may require young people to challenge or confront existing socio-economic norms. This requires individuals to develop capacity to discuss and debate with others as well as retaining and transferring information. There was some evidence that PEs felt able to question existing practices and long-established ways of doing things:

*"At first, I was always scared to talk with my teacher. I didn't express or even ask any question. But now I share even if other people think it is right or wrong."* - Peer Educator

The ability to debate and discuss SRH issues depends greatly on the personal characteristics, skills and resources of the individual PE or student. Even so, an increased ability to question and challenge existing norms may be challenging for young people if they are not supported by the wider community or social structures. Peer Educators spoke positively about being more informed about SRH and felt more empowered as a result of the role and leadership training provided. At the same time, some felt frustrated that they could not easily change practices in the short-term, and had been met by criticism from family members.

#### **Aspects of the project design making the Peer Educator system effective**

Aspects of the ICS project design that were important to developing and sustaining an effective PE system are summarised below:

- Hands-on action research in the first phase of the project allowed for in-depth contextual information to be gathered quickly. Led by ICS volunteers, this phase included a survey and a variety of

participatory methods including focus groups, key informant interviews, community mapping, outlining daily timetables and creating seasonal calendars. It included intensive research with school children about their knowledge, attitudes and understanding of SRH issues, and sessions where children were facilitated to talk openly about their fears and worries on sensitive SRH topics. This process provided important insights that informed the approach and allowed the project to be tailored to specific community needs.

- Recruiting PEs based on their interest and motivation rather than academic performance or skill level helped to ensure continued engagement in the process (e.g. potential PEs were asked to write a letter outlining the reasons why they wanted to be part of the project). ICS volunteers selected PEs based on a combination of the school's recommendation and level of motivation expressed by PEs in their letters. Ensuring that a group of PEs were recruited from each year group and both genders meant that peer-to-peer learning could take place.
- Training PEs on how to be an effective peer educator provided them with the necessary soft skills to be able to transfer key SRH messages to students. This training was provided formally by an expert facilitator from the local partner organisation. Training included guidance on how to manage a class of students, how to present in an engaging way, how to use different methods to keep students engaged (e.g. quizzes), and the importance of body language when sharing messages. In addition, ICS volunteers mentored and trained PEs over three months (e.g. weekly/bi-weekly sessions and informal involvement in extra-curricular activities), in order to develop their confidence and facilitation skills. PEs and ICS volunteers initially worked together to deliver sessions until PEs gained the confidence to lead sessions independently. The ICS volunteers' approach emphasised fun, responsive and non-formal teaching and facilitation methods to promote student engagement.
- Local specialists (e.g. from local NGOs) provided PEs with training on specific SRH issues such as STIs and hygienic menstruation practices. Importantly, this was then followed up by ICS volunteers to find out what PEs had or had not understood or remembered, and what needed to be covered in more depth.
- Peer Educators are continually supported over a one year period by ICS volunteers to prepare sessions on key topics by making resources together and devising activities and exercises to make the sessions more interactive. Eventually PEs are able to plan and deliver sessions independently or in pairs/groups), reporting back to ICS volunteers for advice and evaluation. PEs have moved on to delivering trainings outside their own villages, and some have trained newly recruited students. Having a small group of PEs in each school (i.e. under ten) means that the ICS volunteers can provide intensive support over the course of a year. National ICS volunteers especially act as role models in talking about SRH issues openly.
- ICS volunteers' ways of working are important in ensuring SRH messages are discussed openly and heard widely. Confidentiality is also promoted where PEs are instructed to respect the confidentiality of those they work with (e.g. volunteers work with PEs in private spaces such as school libraries or community halls to facilitate an open learning environment) and methods such as question boxes in schools are used to help PEs gather questions and concerns from other children. Creative and visual methods are used such as drama, to engage students and community members and place SRH in its social, and not purely medical context.

- Strong handovers between cycles of ICS volunteers helps each team strengthen the work of the previous team. Each team is required to make weekly reports of activities, file notes from any meetings in their village file and produce a comprehensive handover report with research, activities, recommendations and a contact list. Working materials are made available to the next group and new teams are given time during their training to review these resources.
- ICS Volunteer Orientation and Management provides ICS volunteers with training in facilitation skills, the peer education approach and basic SRH issues.

### Engaging schools in sexual reproductive health education

All teachers consulted were positive about the ICS volunteers and PE mechanism. However, volunteers, project coordinators, partner organisation and team leaders felt that there were issues around the level of engagement in the project from certain focal teachers, and in some schools, from the staff more generally. During the social network mapping exercise, volunteers from two villages reported weak linkages with the focal teachers and described them as 'uninterested' or 'not really helpful' and 'not bothered' about the project. The affects of this seemed to be mitigated in part by good relations with other staff members (e.g. an enthusiastic head teacher) and PEs.

The focal teacher role does require a significant additional workload. Factors such as a school's internal politics and wider issues around teacher motivation in government schools may affect who is selected as a focal teacher and the degree to which they are willing to engage. A lack of engagement could have longer-term implications for the sustainability of the project. ICS project staff reported that even between cycles which can be up to a two month period, a lack of engagement by staff could be problematic. In some schools, PEs were not active once the ICS volunteers were no longer present, in part due to a lack of support from teachers (e.g. preventing PEs from organising or delivering sessions).

Most teachers consulted had limited understanding of what SRH messages were being transferred and whether students had increased their knowledge on such issues or had adopted healthy practices for improved SRH. This is understandable given the personal nature of the issues discussed and the fact that distance from the teachers may be beneficial to creating safe and friendly environments for learning on sensitive issues. ICS project staff also felt that the project and its expected outcomes had been explained repeatedly in detail, but some teachers and schools had limited interest in SRH. There were examples of some teachers requesting school-based English teaching programmes to be implemented as this was deemed to be of a higher priority for students and communities in the area. None of the teachers consulted had specific plans for continuing the PE mechanism following the ICS project. Although this is not part of the project design, strengthening the school's ownership of the PE mechanism could greatly improve the sustainability of the intervention.

### Sharing information between PEs and students

Students who received training were generally positive about learning from PEs and felt that they had learnt more than with the teacher. Although concerns were raised however about maintaining discipline during school-based SRH sessions, some PEs felt that they were able to control the class sufficiently to transfer information and coordinate the class effectively. Many PEs reported using strategies such as games, icebreakers and asking disruptive children questions in order to maintain control. Such strategies had been developed through the formal leadership training provided as part of the ICS project. Project Coordinators also felt that PEs had learnt skills indirectly, through interacting with ICS volunteers (e.g. taking part in

weekly extra-curricular activities) and from observing the trainings delivered by external facilitators and ICS volunteers. This had given many PEs the necessary tools to be able to maintain discipline. However, some PEs found this more difficult, particularly with the younger children, who would make noise and leave the classroom frequently:

*"If they make noise and are not listening it is difficult. Otherwise, it is easy. Sometimes, I felt like skipping the class and leaving."*

- Peer Educator

The effectiveness of the PE model depends on the individual capacity and skills of the ICS Volunteer and PE. It is also important to put this in context, given that discipline can often be problematic for trained teachers in government schools, given the large class sizes and poor infrastructure. A lack of active teaching practice is a real issue for government schools in Nepal, and students often commented on the interesting methods used and range of strategies implemented by PEs when dealing with poor discipline.

### Ensuring access to specialist information when needed

There were many positive reports of the ICS volunteers being able to transfer new and useful information in ways that enabled PEs to retain and share key messages. VSO Nepal programme staff and ICS volunteers did highlight that an area of improvement for the project would be to improve access to more specialist information that covers a broader range of topics. Volunteers play an important role as intermediary between specialists in SRH and the community. A Project Coordinator explained that the ICS volunteers provide access to information from specialists, whilst ensuring that this can be understood by the local community (e.g. by providing follow-ups to check what was learnt and what questions remain). This can be particularly important when specialists' facilitation and training skills are limited.

### Improving health services

Women's Group members particularly felt that their ability to improve their SRH is limited by a lack of quality health care available locally. Despite greater awareness about SRH issues and willingness to visit health practitioners to discuss such issues, women felt frustrated because their concerns were unlikely to be met unless they travelled to the district head quarters:

*"We learnt things from the trainings (about what to look out for) but the Health Post doesn't give medicines. We need more suggestions from the health post, but there's no labour facilities, no ambulance, no stretchers."* - Women's Group Member

VSO Nepal and the partner organisation recognise that the ICS project could be more effective as one component of a broader intervention that addresses the supply side (i.e. quality of services available) in addition to the demand side (i.e. increasing awareness and access to health services) of SRH. There are short-term measures being undertaken by the partner organisation BYC, such as a fund for transportation costs for emergency medical cases. However, long-term improvements are needed to improve the quality and availability of health care in the area.

Although absenteeism was reported to be less of a problem in the focus communities compared to more rural parts of Baglung, the low-skill level of local health staff and a lack of facilities were key issues that are currently not being addressed.

### Impacting on long-established social norms

Tackling harmful traditional practices and changing long-established norms is a complex process and depends on changing personal and societal beliefs. In some instances, community members felt that personal beliefs were so strong that different practices could not be adopted until the next generation. However, some young people and community members felt that with more training in the community, the societal barriers that prevented increased awareness leading to behaviour change could be overcome.

Some women felt that men should also be included in trainings, and there should be a greater focus on including all women in the village. This presents a challenge for the ICS project. Firstly, the responsive design of the project means that in some communities ICS volunteers focused on non-SRH project objectives outside of school. The cross-sector aims (e.g. health and livelihoods) of the project also mean that SRH is only one of three areas of focus as set out in the project plan. There are many positive aspects of the project's responsive design but this can result in a lack of momentum in raising awareness and changing SRH practices. Furthermore, volunteers and VSO Nepal programme staff described the challenges to achieving high attendance for ICS training sessions such as the work patterns of farming communities, lack of clarity on communities' geographical boundaries and a lack of incentives provided to attend trainings.

In addition, women talked about wider issues that affected their decision making power. Some women felt that even though they learn lots of new information from the ICS project, they remain dominated by men and so are unable to take action. In recognition of the impact of unequal gender norms on SRH, the ICS project has undertaken a series of events in the schools and community to raise awareness of women's rights. These include screenings of the gender equality awareness raising film *Girl Rising* and weekly clubs in schools where girls engage in discussions and extra-curricular activities to build confidence. A more targeted programme addressing issues affecting women's position in society could see long-term improvements to women's health and general wellbeing. For example, some women felt that economic empowerment played an important role in improving SRH:

*"Women don't have an income so have to ask for money for everything. We are so dependent on men so we can't bring about some of the changes we want to. We can't make our own decisions until we have more independence. We need to have livelihood training."* - Women's Group member

This is a complex area that deserves more in-depth research. There is academic literature that assesses the relationship between the empowerment of women and the overall health and wellness of a community. Introducing successful livelihood programmes is a challenge for ICS given the relatively short volunteer cycle of three months and the need for specialist knowledge of local markets and livelihood opportunities. While aware of the need for an intervention focused on livelihoods, the ICS project team also recognise the need for such a project to be based on in-depth research of local assets, land use, natural resources and produce chains in order for a positive impact to be felt by these rural communities. Again, there is a need for the ICS project to be part of a broader intervention that combines specialist long-term volunteers who are able to tackle the structural issues that affect decision making and individuals' ability to adopt healthier practices in the long term.



Peer Educators in Dhimi, Baglung and the refurbished school library in Kalimati, Baglung

## 5. Conclusion

This case study highlights the positive impact of youth volunteering and peer education to improve the knowledge and confidence of young people and community members on SRH issues in Baglung district, Nepal. Peer Educators, students and extent, community members, were well informed on a range of SRH topics and generally a high level of confidence was observed and described in terms of discussing SRH issues. It shows many examples where young people and community members are beginning to adopt healthy practices as a result of this increased confidence and knowledge.

At the same time, the study reveals the complexity of improving SRH practices in an environment where long-established social norms and structures continue to have a significant impact on the choices that young people and community members make. For example, many young people described how criticism from family members and neighbours could prevent them from changing harmful menstruation practices, such as sleeping outside during menstruation periods. Some women described how their lack of decision-making power and economic dependence made it difficult for them to question certain practices. The study also shows that community members could be frustrated by the lack of health services available locally, which limited their ability to improve their SRH despite becoming aware of the symptoms that need medical attention.

Despite limitations to what ICS youth volunteers can achieve in isolation, the ICS project demonstrated real strengths in terms of raising awareness and improving the agency of young people to talk about and improve their SRH. Tackling issues such as unequal gender norms in the community, empowering women economically, working with parents and decision makers on SRH issues whilst improving services available for community members may need various interventions that mobilise different types of volunteers and partners. As such, the ICS project should be considered as one component in a broader package of interventions that tackle SRH issues holistically. This could allow gains made in increasing the knowledge and agency of young people and community members to translate into improved SRH in a shorter timeframe.

This case study also identifies a number of good practices that could strengthen SRH interventions and projects that mobilise youth volunteers as peer educators. Firstly, because of the sensitive nature of SRH and the lack of priority often afforded to SRH issues by some community members, the study shows that having a degree of flexibility in the project design can be highly beneficial. Other activities responsive to the needs of the community such as work on smokeless stoves, general health or climate smart agricultural practices can be important for building rapport with community members.

These interventions can allow for SRH messages to be more effectively shared once a connection has been established. This flexibility does need to be balanced by a focus on SRH, particularly because sharing SRH messages broadly can be important in developing a momentum that allows for harmful traditional practices to be widely questioned and changed.

Decision making on SRH rarely resides solely with the individual, ensuring that a wide range of stakeholders (e.g. male members of the community) are aware of the risks associated with certain practices could provide the necessary support needed for individuals wanting to change practices that confront long-established norms. Evidence suggests that in addition to providing technical information on SRH, developing young people's soft skills (e.g. facilitation,

communication skills) and confidence is essential to ensuring that an effective PE system is established.

This involves building trust through extra-curricular activities and providing regular mentoring sessions over an extended time period (e.g. providing formal trainings on good facilitation and communication, creating safe spaces for sharing). This enables the programme to be more responsive to young people's issues and gives PEs the tools needed to share SRH messages more widely. The relatively young age of ICS youth volunteers and their experience of living within the community made them approachable and empathetic to young people's concerns. This put them in a strong position to build meaningful relationships which facilitated PEs personal development.

The study highlights the importance of embedded learning by using creative and interesting teaching methodologies to engage students and community members. It shows the potential challenges of accessing specialist information and the need for careful consideration of how volunteers and PEs can be supported to access relevant information in rural environments.

Finally, the study outlines the challenges around securing engagement with and ownership of the PE system by schools and teachers. Strengthening school ownership of the PE mechanism has the potential to greatly improve the sustainability of the intervention but broader issues around teacher motivation and internal school politics prevail.

In order to ensure that a PE system works effectively in the long-term, the ICS project could be more effective if seen as part of a wider project that aims to improve the overall quality of education, teaching capacity and management of focus schools.

## 6. Recommendations

### Designing multi-level interventions to achieve SRH behaviour change

- Project design to consider the barriers and enablers to change and identify which type of intervention is required to tackle each of the barriers.
- The ICS project should be thought of as one component in a broader package of interventions that tackle the issues holistically and at different levels (e.g. long-term health specialist volunteers could strengthen local health services in the ICS focal areas).

### Using a responsive project design to engage communities

- Use action research to identify community needs and ensure a degree of flexibility in the project design to address these. This can allow for greater long-term engagement by community members, particularly in areas which are initially seen as a lesser priority or are considered sensitive or taboo.
- Use action research to ensure the approach to SRH is tailored to community needs and fits the local context, whilst working towards project objectives.
- Ensure that flexibility is balanced by a focus on SRH so that there is a breadth of coverage that creates momentum for challenging harmful traditional practices possible (e.g. include men in SRH messages given that their potential to influence on women's SRH decision-making).

### Ensuring access to specialist and government aligned information

- Careful consideration given at the project inception stage to the type of specialist skill and knowledge that may be required during the implementation phase.
- Involve making available VSO contacts within the organisation and more widely across the (health) development sector in-country.
- Ensure that access to specialists is supported by VSO and VSO partners.
- Ensure consideration is given to government SRH priorities, policies and available resources and that the ICS project team are made aware of these at the project design stage.

### Developing an effective PE system

- Engage youth specialists as project coordinators so that the programme is well managed, and volunteers are provided with strong leadership.
- Provide ICS volunteers with training in effective facilitation skills and provide a good understanding of basic SRH messages.
- Recruit PEs who are motivated and enthusiastic and ensure mechanisms are in place to select engaged students (i.e. rather than relying solely on schools' recommendations).
- Work with a small group of PEs over an extended period (e.g. one year) to create meaningful individual change making it more likely for PEs to continue to work as youth advocates in the future.
- Design the PE system to evolve over an extended period (e.g. one year) so that PEs are able to build confidence, gain ownership and eventually independently implement trainings and activities.
- Use fun and creative methods and follow-ups to keep PEs and students engaged to embed learning.
- Ensure sufficient time is provided for relationship building between ICS and PEs (e.g. investing time in extra-curricular

activities and regular mentoring sessions) in order to create open and trusting environments to share issues and respond to their needs.

- Develop the soft skills of PEs that are essential for them to be able to pass on information to their peers through formal training in facilitation and leadership skills, and informal activities and learning that develop confidence (e.g. sports activities and drama).
- Ensure safe spaces for sharing through relationship building, instilling the importance of confidentiality in PEs and ICS volunteers, and using or developing private spaces such as school libraries and community halls.
- Help to foster continued engagement by recognising the importance of PEs (e.g. t-shirts, certificates) to instil a sense of pride in their role.
- Include mechanisms that provide additional support for PEs who are less confident or have weaker leadership skills. Consider a mentor/buddy system where better established PEs support those facing challenges (e.g. poor discipline in the classroom).

### Ensuring the long-term sustainability of PE in schools

- As part of a multi-level intervention include a project to build the capacity of schools to improve teaching methods and embed the PE system in the long-term.
- Improve engagement with the ICS project by aligning with schools' priorities for school-based interventions that build capacity in terms of teaching methods (i.e. SRH PE mechanism becomes part of a wider project aiming to improve the overall quality of education in focus schools).
- Ensure continuity between cycles of ICS volunteers with Action at Home projects implemented by PEs. This would involve PEs designing small projects with ICS volunteers at the end of each cycle (e.g. a community campaign or school action day). These can be implemented by the PEs independently after the cessation of the ICS volunteers' placements with the support of partner organisations and teachers. This could also be supported remotely by in-country former ICS volunteers.
- Ensure sufficient recognition/accreditation of PEs so that they have a long-term identity and status that can be sustained even when the ICS volunteers are not working in the schools.
- Include school engagement as a more formal part of the ICS project design, ensuring that all relevant school stakeholders (e.g. School Management Committee, Parent Teacher Association and staff) are fully oriented in the objectives of the project and long-term plan in place. Ensure sufficient recognition of focal teachers but ensure that they are seen as a point of contact staff to be involved.

# Annex

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