

2019

Advocacy, Family Planning and FP 2020

Three days' facilitation manual



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Preface and Acknowledgement

The Government of Nepal is committed to enabling individual and couples to attain the desired number of families, healthy spacing of childbirths by improving access to rights based family planning services. Family Health Division under the Ministry of Health and Population (MoHP) has revised national family program to develop strategies and interventions to increase access and availability of quality family planning for all people including women, vulnerable and marginalized populations.

The Government of Nepal is one of the commitment making countries. In 2017, Nepal has revitalized its commitment for FP 2020 to maintain and sustain the efforts started through implementing 2015 commitment to FP 2020. Nepal commits to raise financial resources, promoting the local level budgetary allocation for FP, continue raising annual government allocation for family planning by 7% each year until 2020, identify and address barriers to access FP service to special groups including adolescent and youth through the formulation of policies and strategies to address such a barrier. Similarly, Nepal also commits to strengthen the enabling environment for family planning, strengthen capacity of health institutions and service provider, increase health seeking behavior among populations with high unmet need, strengthen evidence based learning for effective program implementation through research and innovation, to approve the reproductive health bill and commits to reduce stock outs of the drug and commodities with effective implementation of e- Logistic Management Information system (eLMIS).

One billion of young people across the world have limited access to quality and affordable family planning service. Thus, FP 2020 focuses on youth and intends to meet the specific need of youth and empower them to determine matters related to their own life. Not only this, FP 2020 also makes government accountable to ensure meaningful participation of women and young people at all levels. According to Nepal Demographic Health Survey, only 15% of married women aged 15-19 use modern contraceptive methods. Similarly, unmet need for spacing is highest (32%) among married women of the age 15-19. The data also show low contraceptive use 6.3% (15-19), 24% (20-24) and 42.1% (25-29) among all women.

This three days' training manual intends to capacitate youth of province number one and people living with disabilities of province three under 30 years and develop them as advocate to increase accountability and to achieve FP 2020 commitment made by Nepal by 2020. Visible Impact is pleased to be part of this important mission to localize the FP 2020 commitment at federal, provincial and local level. Visible Impact would like to thank PAI for this unique collaboration and partnership. Similarly, we would also like to thank internal team of Visible Impact, expert and external consultant for their effort and time to develop this manual. We are hopeful to create youth workforce to advocate for FP 2020 and to ensure affordable, accessible, stigma free and quality family planning policy and service for all.

Medha Sharma

Introduction to manual:

This three days' training manual on *Advocacy, Family Planning and FP 2020* is to strengthen the capacity of young people on topics of basic anatomy and physiology of reproductive organs, family planning, STIs and HIV and AIDS, FP 2020, advocacy and advocacy processes through discussion, interaction, simulation and effective planning. Three days' training manual on *Advocacy, Family Planning and FP 2020* aims to develop young people as a leader and advocate to localize the commitment of FP 2020 at federal, provincial and local level.

Three days' training manual on *Advocacy, Family Planning and FP 2020* is a unique collaboration between Visible Impact and PAI to advocate for FP 2020 commitments of Nepal. This manual will be an important document for all trainers with an aim to localize FP 2020 commitments. The manual is also designed in disability friendly approach and mainstreams the participation of the participant with disabilities.

About the training manual

This training manual is designed on a day basis to ensure smooth and step-by-step process as suggested by the training schedule. The training manual also covers highlights on the short term and long term goal of the training. The training manual covers the aim of each session, detailed time for a session, materials required, specific and step-by-step instructions, note to help the facilitator, and handsout with a detailed explanation, session template and formats to facilitate the session effectively to meet the aim of the training. Furthermore, participants will also develop an action plan to advocate on issues of FP 2020. The Handsout will help the facilitator to acquire related information related to a topic within the scope of training. For in depth and detailed information on the topic, study of the citation reference is suggested.

For the facilitator, basic information regarding sexual and reproductive health and right, advocacy and FP 2020 is expected. The manual is in a very simple language for everyone to understand and implement. The facilitator is advised to understand the overall aim of the training and each session. The facilitator should understand the background of the participants and prepare session material and session plan for training. This facilitation manual is inclusive for participants with disabilities in terms of its approach and facilitation method and therefore the facilitator should note this while preparing and conducting a session with people with disability. The facilitator should ensure and promote **active and equal participation, active listening, active speaking** throughout the session.

The facilitator must ensure participants prepare an action plan which is specific, measurable, achievable, realistic and time bound. At the end of training, participants are expected to gain information, knowledge, skill and attitude to implement an action plan to advocate for FP 2020.

Three days' facilitator's Training schedule

Time	Session	Methodology	Objective
Day 1			
9:30 am to 10 am	Introduction <ul style="list-style-type: none"> • Introduction of program • Introduction of organizer • Introduction of participants 	<ul style="list-style-type: none"> • Icebreaker Music, chit and pair 	To introduce participant to each other and briefly about the program and organization.
10 am to 10:15 am	<ul style="list-style-type: none"> • Expectation Mapping 	<ul style="list-style-type: none"> • Check in the game 	To map expectation of participant from three day program and to discuss expectations that will and will not be achieved
10:15 am to 10:25 am	<ul style="list-style-type: none"> • Ground Rules • Parking lot 	<ul style="list-style-type: none"> • Presentation 	To set uniform and agreed upon rules to be followed by participant through the training program Note: Ethical consideration such as respect to other's opinion and thought, reminding that all participants come from diverse experience and background, training space to be confidential and inclusive will also be explained and included.
10:25 am to 10:30 am	<ul style="list-style-type: none"> • Pre Evaluation 	<ul style="list-style-type: none"> • Pre Evaluation form 	To assess existing knowledge of participant regarding advocacy, FP and FP 2020

10:30 am to 11:00 am	<ul style="list-style-type: none"> • Briefing of agenda • Briefing objective of program • Overview of training deliverables methodologies 	<ul style="list-style-type: none"> • Presentation on agenda 	<p>To have common understanding regarding topics that training will cover</p> <p>Note: Methodologies including presentation modality and process to be used during session will be included here.</p>
11:00 am to 11:15 am	Break		
11:15 am to 1:00 pm	<p>Introduction to Sexual and Reproductive Health and Rights</p> <ul style="list-style-type: none"> • Understanding Rights • Understanding Health • Sexual Right and Reproductive Rights • Sexual Health and Reproductive Health (Life Cycle Approach) 	<ul style="list-style-type: none"> • Story narrative • Presentation • Case scenarios • Blue sky activity 	<p>To understand health and right component of sexuality and reproduction.</p> <p>Note: This will be a basic session to make the participant understand about human right and basic information about SRHR to build up session on advocacy and Family Planning.</p>
1:00 pm to 2:00 pm	Lunch Break		
2:00 pm to 2:15 pm	Energizer	Ha. chi.ba game	To energize participant after lunch break
2:15 pm to 3:45 pm	<p>Advocacy and its tool</p> <ul style="list-style-type: none"> • Who is the advocate? • Why do we advocate? • How do we advocate? 	<ul style="list-style-type: none"> • Case scenario • Presentation • Group work • Gallery walk/Power walk • Examples of successful 	<p>To learn about advocacy, importance of advocacy and various tools used in advocacy processes. Participants will also understand right based and evidence based approach in advocacy.</p>

		advocacy campaigns <ul style="list-style-type: none"> • River-baby activity 	Note: Tool of advocacy includes a media campaign, basics of advocacy briefs, meetings, consultations, delegation, Issue sensitization, IEC materials, and formation of a coalition.
3:45 pm to 4:00 pm	Tea Break		
4:00 pm to 5:15 pm	Anatomy and physiology of reproductive organ <ul style="list-style-type: none"> • Male Reproductive organ • Female Reproductive organ • Understanding safe sex • Understanding pregnancy 	<ul style="list-style-type: none"> • Group work • Quiz 	To understand anatomy and physiological of reproductive organ Note: This session is to build up session for session on Family Planning
5:15 pm to 5:30 pm	Closing of the Day One	<ul style="list-style-type: none"> • Logbook • Check out the game 	To review learning of day one
Day 2			
9:30 am to 9:45 am	Review of Day One	Check in the game	To refresh learning of day one
9:45 am to 11:00 am	Family Planning <ul style="list-style-type: none"> • Family Planning methods • Responsible Parenthood • Concept of Safe abortion 	<ul style="list-style-type: none"> • Lecture • Demonstration • Value clarification 	To understand the concept of Family Planning, methods of family planning, concept of responsible parenthood, concurrent issues around Family Planning

11:00 am to 1:00 pm	<p>Building advocacy strategy</p> <ul style="list-style-type: none"> • Why is it important to advocate on issues of Family Planning? • Developing advocacy strategies/ Process to plan and implement advocacy strategies 	<ul style="list-style-type: none"> • Case Narratives • Problem Tree analysis • Stakeholder mapping for advocacy • Power-Influential Axis 	
1:05 pm to 2:00 pm	Lunch		
2:00 pm to 2:15 pm	Energizer		
2:15 pm to 3:45 pm	<p>Overview of FP 2020</p> <ul style="list-style-type: none"> • Introduction • Commitment • Working areas 	<ul style="list-style-type: none"> • Gallery Walk • Role play • Opinion continuum • Case stories 	To make participant aware about FP 2020 and its commitment as one of prominent International advocacy space of
3:45 pm to 4:00 pm	Tea Break		
4:00 pm to 5:00 pm	<p>Adolescent, youth and FP</p> <ul style="list-style-type: none"> • FP 2020 Rights and empowerment Principles • Youth engagement in FP 2020 	<ul style="list-style-type: none"> • Presentation • Puzzle solving • Pictorial presentation • Brainstorming • Group work 	To discuss youth engagement space in FP 2020 and integration of its commitment to local level work
5:00 pm to 5:15 pm	Closing of day 2	<ul style="list-style-type: none"> • Logbook • Check out the game 	

Day 3

9:30 am to 9:45 am	Review of Day two	<ul style="list-style-type: none"> • Check in the game 	To refresh information related to day one
9:45 am to 10:45 am	FP 2020, STIs and HIV and AIDS	<ul style="list-style-type: none"> • Quiz 	To learn about the linkage of Family planning with STIs and HIV and AIDS. Note: This session is one of the important agenda of FP 2020
10:45 am to 11:00 am	Break and energizer		
11:00 am to 1:00 pm	Skills for effective advocacy <ul style="list-style-type: none"> • Public Speaking • Leadership • Communication • Networking • Negotiation and lobby 	<ul style="list-style-type: none"> • Speed Dating • Role play (through mock sessions on case scenario provided Plan) • Presentation • Spider Web 	To equip participant with skills related to effective advocacy.
1:15 pm to 2:00 pm	Lunch		
2:00 pm to 2:15 pm	Energizer		
2:00 pm to 3:00 pm	Advocacy process and space at different level <ul style="list-style-type: none"> • Local, provincial and federal advocacy space 	<ul style="list-style-type: none"> • Quiz • Galley Walk/ Story Narrative • Lecturette 	To orient participant about existing advocacy spaces. Note: Assumption for this session is those participants are not well informed about advocacy at different tiers and structure for them to map. Thus, focus is to make them aware about federal and local level space. In

			previous session they have mapped stakeholders and in the next session they will find relevant space and stakeholders required for their advocacy work.
3:00 pm to 4:30 pm	Developing an advocacy plan <ul style="list-style-type: none"> • Selection of issue • Development of advocacy strategies • Implementation plan • M&E plan 	<ul style="list-style-type: none"> • Group work • Brainstorming • Setting action plan 	To develop an advocacy plan by participant to implement at their place.
4:30 pm to 5:00 pm	Presentation of advocacy Plan	<ul style="list-style-type: none"> • Plenary Presentation 	To discuss and share advocacy plan at plenary and discussion over plan prepared by participants
5:00 pm to 5:15 pm	Parking lot	<ul style="list-style-type: none"> • Discussion 	To address queries of participant related to training objective
5:15 pm to 5:20 pm	Post Evaluation	<ul style="list-style-type: none"> • Post Evaluation questionnaire 	To assess learning of participants after training
5:20 pm to 5:30 pm	Closing of Training <ul style="list-style-type: none"> • Reflection from participant • Reflection from organizer • Photo 	<ul style="list-style-type: none"> • Checkout • Log book 	

Day One

Session 1: Introduction of program

Objective of session:

To introduce participant with each other and briefly about the program and organization

Time for session:

Session	Allocated Time
Total time for session	30 minutes
Welcome, Introduction of organizer and overall objective of the program	5 minutes
Introduction of participants	25 minutes

Materials required:

Marker, Newsprint paper, speaker, music, paper chit

Instructions:

1. The facilitator will greet and welcome participant of the training program. The Facilitator will introduce themselves.
2. The facilitator in brief will explain about the organization, its goal and share overall objective of three -day training session.
3. Two chits with same name should be prepared and distribute each chit to participants. As the music starts, participants will pass on the chit randomly until the music stops. When the music stops, participants will read the chit, find a partner with the same name and sit down. The last pair who fails to sit down quickly will introduce themselves. The game continues until everyone introduces themselves.
Suggested chit name: Condom, pills, IUD,
4. For people living with a disability, they will sit in a round and chit with various sizes will be prepared. The participant will either go or match the chit or participant can call out the shape of chit and pair with each other. The size of chit can be round, rectangle, square, pentagon, hexagon, diamond, heart, cross, crescent, an arrow and a star.
5. They will be given time to discuss the introductory question. After that, they will introduce their pair.
6. While introducing, each pair will introduce their/peer name, where they come from, academic background and one good quality of theirs. This will allow the participant to remember the name of each other.
7. The facilitator will ask for photo consent for photos taken during training sessions to be shared through social media and reports. The consent form will be distributed (**Handsout:**

- 1) and participant will be requested to sign on will or not. Those not providing consent should be marked and their decision should be respected.
8. For people living with a disability who cannot read and write, the facilitator should read out a consent form and record individual consent of the participant on record itself.

Session 2: Expectation Mapping

Objective of session:

To map expectation of the participant from three days' program and to discuss expectations that will and will not be achieved.

Time for session:

Session	Allocated time
Total allocated time	15 min
Expectation mapping	15 min

Materials required:

Marker, Newsprint paper, cricket ball

Instructions:

1. The facilitator will assemble all participants to stand round or to sit in round at the floor.
2. Participants will stand round and a cricket ball will be given to one participant to start with. The participant will express the expectation from three days' training, pass the ball to next person randomly and the process continues until everyone says their expectation for the session.
3. For the participant with a disability, participants will sit in a round and roll the ball. The person with the ball will answer suggested question.

Suggested questions:

- What do you expect to learn from three -day training session?
 - What is your learning expectation?
 - What are the things you expect to learn and share from the training?
4. One of the facilitators will note down expectation expressed by participants during the session and read them loud to participants.
 5. The facilitator will group similar kind of expectations into different groups.
 6. The facilitator will summarize an expectation of participants and discuss what can be achieved and what not (if any) from three day training session.
 7. The facilitator should note that participant might have expected out of scope of this three day training session. The participant should be explained about it and also remind the objective of training if required.

Session 3: Tone Setting

Objective of Session:

- To set uniform and agreed- upon rules to be followed by participant through the training program
- To have common understanding regarding topics and methodologies that training will cover
- To prepare participant for active listening, active speaking and active and equal participation throughout the sessions.

Time for session:

Session	Allocated time
Total allocated time	40 min
Session schedule of training	15 minutes
Methodologies used in the program	10 minutes
Description about active participation,	5 minutes
Ground rules	5 min
Parking lot	5 min

Materials Required:

Marker, sticky notes, newsprint paper, paper tape

Instructions:

1. The facilitator will run down through the session schedule of three days' training and explain the methodologies used in a specific session in brief and objective of each session.
2. The facilitator will seek consensus for approval of session schedule and address queries if any.
3. The facilitator will explain about the methodologies used in the session. It includes the basic idea about information and process of various methodologies used such as brainstorming, story narrative, presentation, case scenarios, gallery walk, power walk, quiz, demonstration, value clarification. Details provided in **Handout: 2**.
4. The facilitator will explain what ground rules mean and ask the participant for common ground rules to agree on which should be followed by participants throughout the sessions for three days'

Suggested ground rules:

- Mobile will be kept in silent mode
- Participants who want to use mobile in an emergency case should go outside of the training hall to call
- The opinion of other participants must be respected
- One needs to raise a hand to ask questions or to keep their opinion
- Participants should speak, one at a time

- No side talk will be entertained
 - The space will be nonjudgmental, free from sexism, homophobia, transphobia, misogyny and ableism.
 - The discussion should be based on session topics and should not go outside the scope of training
 - The participant and facilitator needs to respect allocated time for the session. Sessions can extend upon agreement.
5. Facilitator will also explain the importance of **active listening, active and equal participation and active speaking**. Active listening is the technique through which listener fully concentrates, understands, responds and remember what was said. Similalry, active and equal participation means equal and contributing involvement of all participant to ensue no one is left behind. Also, active speaking for this training means to speak within scope of session objective without any fear or stigma. The facilitator will encourage participant to speak about things they know, informations that are important to session and queries they want to ask without any hesitation.
 6. In agreement, for fun, the participant can also set a list of punishments for participants who breach the ground rules and keep it in a glass. The participant breaching the ground rules will pick one of the chits and perform accordingly.

Suggested punishments:

- Sing a song
 - Dance on a song
 - Act on a scenario
 - Tell jokes
 - Push up for ten times
 - Conduct one energizer
7. The facilitator will explain about Parking lot and its importance. The facilitator needs to explain that participants can stick question over newsprint paper which they do not want to share with larger participants. Also, the important questions which are related but out of the scope of training can also be kept in the parking lot. Similarly, for people living with a disability, the facilitator needs to ask the participants to come over to them at any time and ask questions separately which the facilitator will note down in the parking lot.
 8. A bowl will be kept where participants can write their queries in sticky note or a piece of paper and drop to respect privacy and anonymity.
 9. The facilitator will explain that all unaddressed questions of the parking lot will be answered at the last day.

Session 4: Pre evaluation

Objective: The objective of pre-evaluation is to measure the preliminary understanding and knowledge of participants on general Sexual and Reproductive Health (SRH), Family Planning, FP 2020 and advocacy processes.

Time for session: 15 minutes

Material: Questionnaire and pen

Instructions:

- 1) The facilitator will explain what pre evaluation means and procedure to conduct it. The facilitator will explain that participants will fill a pre evaluation form on the first day of training and Post evaluation at the end day of training
- 2) The facilitator will explain participant about the question and format of pre evaluation. For participant with disabilities, braille evaluation paper for both pre and post evaluation will be prepared. As an alternative, the facilitator will write all questions with alternatives on newsprint paper. Participants will be provided with three different shapes of bindi/sticker. The facilitator will explain what each shape of bindi/sticker means such as big round bindi means option a, small round bindi means option b, long bindi means option c and any other unique design of bindi means option d. No writing question will be asked to participant with disabilities.
- 3) Assure participant that it is not an exam and there will not be graded so that they will fill up answer with honesty.
- 4) The template for Pre-evaluation is provided in **Handsout 20**.
- 5) The facilitator will take note of the pre-evaluation outcome and analyze it in detail after the day one ends.

Session 5: An Introduction to Sexual and Reproductive Health and Rights

Objective of Session: To understand health and right component of human sexuality

Time for session:

Session	Allocated time
Total allocated time	1 hour 45 min
Introduction to health and rights	20 minutes
Introduction to sexual and reproductive right	40 min
Introduction to sexual and reproductive health	45 min

Materials required: Paper balls, sticky notes, newsprint paper

Instructions:

1. Ask participant to reflect upon what human rights mean to them. Participants will express individually what according to them is a human right and facilitators should note key words in newsprint paper for further discussion
2. The facilitator should discuss that rights are legal, social or ethical principles of freedom and entitlement.¹Rights are also considered as fundamental pillars of society and civilization where rights provide the foundation of freedom, justice and peace in the world. ²Details of the Universal Declaration of Rights provided in **Handsout: 3**.
3. The facilitator will explain the right to health as a fundamental right of the people. As explained by the World Health Organization, the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.³
4. The facilitator will provide another sticky note to participants where participant will express what health means to them. The facilitator will note down key important words and explain the definition of health given by the World Health Organization (WHO). *Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.*⁴
5. Participants will make two circles (Inside and outside facing each other). The facilitator will introduce about sexual rights and reproductive rights to the participant and its component from **Handsout: 4**. after a brief explanation, the facilitator will ask participants to discuss on each sexual rights for 2 min. At the end of every right, the facilitator will request to share their discussion voluntarily and facilitator will summarize the discussion.

6. The facilitator will summarize by explaining Sexual and Reproductive Rights as the rights for all, regardless of age, gender, sex, sexuality, providing these respect the rights of other to bodily integration. Reproductive Rights of people living with disability are protected under a number of widely ratified treaties of human rights. Through these treaties, states' have acknowledged to protect, promote and fulfill reproductive rights of people living with disability, including access to medical facilities and information, protect from violence and abuse, equal rights to privacy and eliminate discrimination against persons with disabilities including Family Planning, fertility and family spaces.

Note: Facilitator should also stress on the fact that these treaties are more focused on reproductive rights and talks very less on sexual right of people. Only the world congress on Sexuality talks explicitly about sexual rights.

7. Participants will be divided into groups of four and each group will be provided with marker and newsprint paper. The facilitator will ask participants to discuss on sexual health and reproductive health on each cycle of life from infancy and childhood to post reproductive period. The facilitator will provide 10 minutes for discussion.
8. After discussion, the facilitator will discuss about sexual and reproductive health issues on life cycle perspective, discussing each phase of life (**Handsout: 5**). Facilitator's will end the session by highlighting the importance to discuss on issues of Sexual and Reproductive Health and Rights as it can also contribute to quality of life across life cycle.
9. The sexual and Reproductive Health and Rights (SRHR) is an integral part of human being and thus it is important for us to know knowledge and information related to SRHR. SRHR helps us to have sound sexual and reproductive health and wellbeing across life through access to affordable and quality health service, adequate information, informed choice and decision making for a dignified life. Since, we are struggling to protect, promote and fulfill Sexual and reproductive health and rights of people; advocacy is must to make government and other stakeholder accountable and responsible to create an enabling environment for all people to enjoy their SRHR needs.
10. The session will end after Q&A session related to the session topic.

Session 6: Advocacy and its tool

Objective of Session:

- To learn about advocacy, importance of advocacy and various tools used in advocacy processes.
- To understand the concept of right based and evidence based approach in advocacy.

Time for session:

Session	Allocated time
Total allocated time	1 hour 30 min
Session on Advocacy and its importance	30 minutes
Session on tool of advocacy	60 minutes

Materials Required:

Instructions:

1. The facilitator will explain that advocacy came from Latin word *Advocare* which means to be called to stand beside. Advocacy means to get involved in another's life and advocacy at its core is an exercise of empathy. Note: Advocacy is speaking, acting, writing with minimal conflict of interest on behalf of the sincerely perceived interest of disadvantaged person or group to promote, protect, fulfill and defend welfare and justice of the people. Advocacy is also a disciplined effort to generate fundamental decisions and actions that guide and shape course for a specific issue.
2. The facilitator will start the session by asking participant a question, "Are you an advocate? Why or why not?" and conduct a discussion. Similarly, as follow up question facilitator will ask participants what advocacy means to them.
3. The facilitator will also differentiate between advocacy and lobby that all lobbying is advocacy, but all advocacies are not lobbying. Any attempt to influence specific legislation is lobby while Advocacy is finding an issue and raising voice.
4. **River-baby game:** Facilitator will ask the participant to stand opposite to each other with some gap in between. The facilitator will explain that the gap in between them is river and they are good people standing on the river bank. The facilitator will explain themselves as bad people who will throw the baby (paper balls) at the river and as good people they need to save as much baby as they can. The facilitator will throw the baby and participants will try to save as much as they can. The facilitator after throwing all balls will again ask collected ball saying "Give me the baby". Participants will give facilitator balls and the facilitator will again throw a baby into the river (as the

facilitator is bad people). The facilitator will ask where they went wrong. The facilitator will explain that the facilitator was bad people and as good people participant should have stopped facilitator from throwing babies rather than collecting thrown babies

5. For people living with disabilities, the facilitator will share a story. There was a river and one of good people like you was passing by. The good person heard someone screaming "help, help". He went and rescued that child and after sometimes he again heard someone screaming "help, help". He again rescued that child and the process continued.

Question:

What do you think was the problem?

What would you do in that situation? How can we solve that problem?

6. The facilitator will conclude like a game or story narrative by explaining to the participant about the importance of working on root cause or the prevalence of the problem. The facilitator will explain advocacy is also to act on where it matters and create an impacts by changing policy, system or awareness level. Advocacy done at policy making level is a national level advocacy and the advocacy done at local level is the grassroots level advocacy. The facilitator needs to stress on the fact that both (grass root and national level) advocacy are equally important for progressive change.
7. The facilitator will divide participant into a group with two members in each group and now participant will discuss about tools related to advocacy where case scenario (**Handsout 6**) will be provided to participants. Based on then case scenario, the participants will be asked questions related to advocacy, tool and changes brought by advocacy.

Suggested question:

What issue the case study advocates about? What tool was used? Why that tool was impactful on the issue? What were the outputs of those activities?

8. Facilitator at plenary will discuss various kinds of tools used during session and methods to develop tools. (**Handsout 7**)

Session 7: Anatomy and physiology of Reproductive Organs

Objective of Session: To understand the anatomy and physiology of male and female reproductive organ

Time for session:

Session	Allocated time
Total allocated time	1 hour 15 min
Anatomy of reproductive organ	20 minutes
Physiology of reproductive organ	40 minutes
Question and Answer	15 minutes

Materials required: modeling clay, newsprint paper with reproductive organ,

Instructions:

1. The facilitator will prepare one figure of male reproductive organ and female reproductive organ on newsprint paper or use flip chart to show participant internal and external organ of reproductive organ.
2. For participant with a disability or as an alternative to flip chart, modeling clay can be used to design internal and external reproductive organ of male and female. Similarly, model of male reproductive organ and female reproductive organ can also be used. This way, people living with disabilities and other participants can feel and imagine the structure of reproductive organ.
3. The facilitator will explain participant about the concept of reproduction as the act or process of producing babies (Oxford learner's dictionary). The facilitator will set the tone by explaining that our culture does not allow speaking freely regarding anatomy and physiology of reproductive organ. The facilitator should also explain context that often we are raised without being taught about sexual and reproductive organ and their physiological process which can perpetuate myths related to sexual and reproductive health and mislead people affecting an individual's mental, physical and emotional health.
4. However, accurate and proper information related to anatomy and reproductive organ can help an individual make better decisions about their and others' sexual and reproductive health. Each of the body parts has a specific role to perform, for example eye helps us to see things, ear to hear things, penis for reproduction and excreta and uterus to conceive fetus. Thus, to understand our own body is important for us as sexual beings.

5. The facilitator will now explain different parts of reproductive organ and their function as stated in **Handsout 8**. Facilitator will explain about pubertal development in brief to make participants understand the physiological development. The facilitator will also discuss basic physiology such as concept of sex, safe sex, ejaculation, menstruation and conception. The facilitator will also orient participants that all these topics are part of human sexuality and natural activity and process.
6. At the end of the session, participants will ask any question related to the session and facilitator will have to answer them and close session.

Session 8: Review of Day one and closing

Objective: To review what participant learned from the session during the day

Time: 15 minutes:

Materials required: One paper ball and music

Instructions:

1. The participant will circle around and the facilitator will pass the ball to one of the participants. The participants have to reflect on three key things that they learned from the session.
2. The process will continue until all participants have their say.
3. Similarly, as optional, participants can also review each day in logbook model. The logbook review model has been illustrated in **Handsout 19**. The participant will fill up log book each day and keep it with them and does not require plenary discussion. Logbook is for self-reflection about what they learned and how will they implement their learning in daily life.
4. At the end, the facilitator will thank participant for their active participation and brief about next days' starting time and major sessions.

Day two

Session 9: Reflection of Day one

Objective: To review what participant learned from the session the day before.

Time: 15 minutes:

Materials required: One paper ball and music

Instructions:

1. The participant will circle around and the facilitator will pass the ball to one of the participants. The participants have to reflect on three key things that they learned from the session previous day.
2. The process will continue until all participants have their say.
3. The Facilitator will sum up the key information about the previous day session to set the tone for day two.
4. The facilitator will also run down through session of day two.

Session 10: Family Planning

Objective of Session: To understand the concept of Family Planning, methods of family planning, concept of responsible parenthood and contemporary issues around Family Planning

Time for session:

Session	Allocated time
Total allocated time	1 hour 15 min
Introduction to Family Planning	35 minutes
Concept of safe abortion	20 min
Concept of responsible parenthood	10 minutes
Concept of fertility	10 min

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Materials Required: Family planning devices, Penis model or dildo,

Instructions:

1. The facilitator will brief about concept of Family Planning, Family Planning as a basic human right and explain types of family planning to start with.

Note:

- Family Planning is a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals and couples, in order to promote the health and responsible decision by individuals and couples, in order to promote the health and welfare of the family group and thus contribute effectively to the social development of the country. (WHO Expert Committee 1971)
- Family planning has a broader meaning than just as a means of contraception.
- Family Planning is key to achieve Sustainable Development Goals as it is regarded as a significant investment for future prosperity. Family planning is also regarded as the most cost effective health interventions and also has been instrumental in eliminating poverty, to achieve universal primary education, to create environmental stability.
- Family Planning was accepted as a basic human right in the United Nations Conference on Human Right in Teheran in 1968. The Bucharest conference on World Population held in August 1974 stated that "all couples and individuals have the basic human right to decide freely on the number and spacing of their children and to have the information, education and means to do so"

2. The facilitator will demonstrate a chart with Permanent and Temporary Family Planning devices and demonstrate family planning devices and allow participants, including participant with disabilities to view or touch it. The facilitator will explain about Modern Family Planning devices, Emergency Contraceptive device and Traditional method. The detailed explanation about it can be found in **Handsout 9**.
3. The Facilitator will explain that in Nepal, the information and services related to Family Planning are being provided through government, social marketing, non-governmental organizations and private sectors. In a government health system currently, short acting reversible contraceptive methods male condoms, oral pills and injections are provided on a regular basis through primary health care centers (PHCC), Health Posts (HP) and Primary Health Care Outreach Clinics (PHC/ORC). Female Community Health Volunteers (FCHVs) are mobilized to provide information and education to community people, and for distribution of condom and resupply of oral contraceptive pills. Long acting reversible contraceptive (LARC) services such as IUCD and implants are available only in a limited number of hospitals, PHCCs and HPs where trained health care providers are available. All Nepalese citizens, regardless of age and marital status are provided with service without any need of legal identity or proof. ⁵
4. The facilitator will also explain the cafeteria approach of Family Planning. The facilitator will ask participant to visualize café where we have a menu and as a consumer they choose what they want to eat. The concept of a cafeteria approach in Family Planning is similar where the participant chooses the contraceptive device what they prefer. The facilitator will explain the cafeteria approach as a strategy which aims to make use of all scientifically approved contraceptives for population control through informed choice of the user.
5. The facilitator will explain the concept of Abortion as the termination of an already established pregnancy, which may be induced or spontaneous. The facilitator will now define WHO definition of Unsafe Abortion as a procedure for terminating an unintended pregnancy carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards or both. The facilitator will also explain that in Nepal, unsafe abortion are practiced by using different herbs, bamboo shoot, hot iron rod or prickly materials. These often lead to death of women. Now, the facilitator will explain Safe Abortion as a procedure for terminating an unintended pregnancy carried out by a skilled health professional and in a safe environment with a minimal standard provided by the World Health Organization.
6. The facilitator will explain about two methods of Safe Abortion : Surgical Abortion and Medical Abortion. Detail explained in **Handsout 10**
7. The facilitator will ask participants to raise a hand if they knew that safe abortion in Nepal is a legal and free. The facilitator will voluntarily ask participant regarding service site they know to get free safe abortion service in Nepal. After that, the facilitator will explain the fact that according to Nepal Demographic Health Survey only % of women are aware about safe abortion in Nepal.

8. The facilitator will explain that According to Ministry of Health and Population, as part of Comprehensive Abortion Care, Nepal government has been successful to expand Manual Vacuum Aspiration (MVA) in all the 77 district hospitals of Nepal and to over 50% of Primary Health Care Centers (PHCCs). The facility for Second trimester abortion services are available in 22 hospitals where Comprehensive Emergency Obsteric and Neonatal Care (CEONC) services are also available. Medical abortion services have been expanded in the health post with additional training to Skilled Birth Attendant (SBA). By 2071/72, Medical abortion service has been expanded to 39 districts with the support from various partners.

9. The facilitator will explain verbally about the concept of Responsible Parenthood as the willingness and ability of parents to respond to the needs and aspirations of the family and children. Responsible Parenthood is the shared responsibility of the couple to determine and achieve the desired spacing, number, timing of children taking psychological preparedness, health status, socio-cultural concern and economic concern.⁶

10. As defined by WHO, infertility is the disease of reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of unprotected sexual intercourse.⁷Prevention and treatment of infertility is one of the components of reproductive health. Similarly, Infertility can lead to shame, stigma, anxiety, depression, low feelings of self-esteem and guilt. Even though there are many options to treat infertility, many still can't access these due to the cost of treatment and lack of services, which leaves them vulnerable to abuse and exploitation. The facilitator will explain that exact number of infertility is unknown, especially in men due to stigma and taboo related to it.⁸

11. The facilitator will end the session by asking participant the concept of family planning, infertility, responsible parenthood and cafeteria approach for participant to answer voluntarily.

Session 11: Building Advocacy Strategy

Objective of session: To make participant learn about the process and tools used to build advocacy strategy

Time for session: 2 hours

Session	Allocated time
Total allocated time	2 hours
Process to build advocacy strategy	15 minutes
Advocacy issues on Family Planning	20 minutes
Prioritization matrix	20 minutes
Problem Tree analysis	20 minutes
Stakeholder mapping	15 minutes
Power-Influential axis	15 minutes
Developing action plans and advocacy priorities	15 min

Materials Required: Newsprint paper, marker, scale, internet access

Instructions:

1. The facilitator will start the session by explaining the process of building advocacy, strategy step by step.

Note:

Step 1: Set your priorities

Step 2: Pick your target

Step 3: Map your network

Step 4: Choose your activities

Step 5: Build Action Plan

Step 6: Implement activities

Step 7: Monitor progress

Step 8: Evaluate the program

2. The facilitator will divide participant into groups (group remains same throughout this session) and ask participants to discuss on issues of Family Planning to advocate for. For participant with disabilities, each group will have one note taker throughout the session to collect and compile discussion on each topic.

3. The discussion can be centered or guided around youth focused Family Planning service seeking behavior in relation to quality of Adolescent Friendly Health Services, barriers to Service Utilization in Nepal, stagnation of Contraceptive Prevalence rate, Unmet need, service provider bias, inappropriate allocation of financial resources in

family planning service and informed decision making in the use of family planning in relation to power dynamics within the couple.

4. The facilitator will introduce various tools for prioritizing family planning issues as stated in **Handsout 11**. The facilitator will explain about prioritization matrix and facilitate participant to work on prioritization matrix based on the issue found through discussion. The template as in **Handsout 11**

5. The facilitator will now introduce participants to Problem Tree analysis as in **Handsout 11** and describe about Root cause (Root), Core Problem (Trunk) and Effect (Leaves and branches). For participant with disabilities, the facilitator will have to bring one small plant and allow participant to touch root, trunk and leaves and explain what the tree looks like and explain what root, trunk and leaves means for this activity. Note taker will have to make a big tree in newsprint paper and guide the discussion. The participant will be given time to work on it and present at plenary. At the end of plenary facilitator will add any of the problem, cause and effect as suggested in Handsout 10 and explain in brief the concept of unmet need, fertility rates and Global gag rule.

Note:

Unmet need:

The state where **married women** who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the next child for at least 2 years. There are two types of unmet need: Unmet need for spacing and Unmet need of limiting. Unmet need of spacing is the state where married women want to delay the next child or have spaces between the birth of two children. Similarly, Unmet need for limiting is the state where married women no longer want to have another child.⁹

Total Fertility Rate:

Total fertility rate (TFR) in simple terms refers to the total number of children born or likely to be born to a woman in her lifetime if she were subject to the prevailing rate of age-specific fertility in the population.¹⁰

Global Gag Rule:

The Global Gag Rule is an Executive Order, signed by the President of the United States of America. The latest iteration of the policy was brought into force on 23 January 2017 by President Donald Trump. It applies to all foreign NGOs receiving US funding and technical assistance and could potentially affect up to US\$7.7 billion in 2018 alone.¹¹

6. The facilitator will ask participants in groups to list various stakeholders to advocate on an issue that they have prioritized. After this, the facilitator will ask participants in group to map it in the format of Powerful-Influential Axis. Format provided in **Handsout 11**. For participant with disabilities, in cardboard (or colourful paper) with the help of thread a dummy Powerful-Influential Axis will be created and participant will be oriented about what each compartment and lines means for this

exercise in axis. Each compartment of axis can also have different colors and color code can be provided for participant to visualize better.

Note:

Powerful-Influential axis is a tool used to know which of our stakeholder are most influential-most powerful and least influential and less powerful to advocate for our issues.

7. Based on the above activities and process, participants in the group will now create set of activities and prepare a dummy action plan. For participants with disabilities, the note taker will help each group to brainstorm and discuss dummy action plans. The format for action plan is provided in **Handsout 11**

Session 12: Overview of FP 2020

Objective of session: To make participants aware about FP 2020 and its commitment as one of prominent International advocacy space and agenda of Family Planning

Time for session:

Session	Allocated time
Total allocated time	1 hour 30 min
Quiz related to Family Planning	30 minutes
Introduction to FP 2020	20 minutes
Commitment of Nepal on FP 2020	20 minutes
Timeline of FP 2020 for Nepal	20 minutes

Materials required: Newsprint paper, marker, puzzle, small gift

Instructions:

1. The facilitator will start with a quiz related to Family Planning. The quiz will be about data and facts that shows need to advocate for Family Planning. The quiz, answer and explanation are mentioned in **Handsout 12**.
2. The facilitator will link up reasons to advocate on Family Planning with the emergence of FP 2020. The facilitator will provide an introduction, commitment and working areas of FP 2020.

Note:

The importance of Family Planning includes: ¹²

- a) Improved pregnancy spacing is associated with reduced maternal mortality
 - b) Helps to avoid unsafe abortion
 - c) Limiting risks of pregnancy and childbirth
 - d) Limiting pregnancies to healthiest age, frequent and interval
 - e) Improve quality of life
 - f) Improve the health status of adolescent
 - g) Helps in empowerment of women through increased access over education, employment and community involvement
3. The facilitator will verbally explain participant about FP 2020 as a global partnership to empower women and girls by investing in rights based family planning. FP 2020 has built a resilient, inclusive and effective platform for all 69 focus countries. FP 2020 concentrates its work around adolescent, youth and family planning, post-partum

and post abortion, family planning, right based family planning and advocacy and CSE engagement. ¹³

4. The facilitator will create a puzzle based on the commitment of FP 2020 by Nepal, divide participants into a group, ask participants to solve puzzles and facilitator will explain each of the commitments. For participant with disabilities the facilitator will explain each of commitment after answer. Detail in **Handsout 13**

Note: ¹⁴

- a) Increase funding for family planning programs by at least 7 percent annually from 2015 to 2020 and engage with external development partners to raise additional resources
- b) Raise and invest the financial resources required to meet policy and programmatic commitments
- c) Reposition family planning to foster sustainable social and economic development
- d) Ensure implementation of the Coasted Implementation Plan on FP (2015-2020) within the Nepal Health Sector Program III (2015-2020)
- e) Identify barriers to accessing family planning services for individuals and couples of diverse backgrounds
- f) Improve the regulatory framework to promote public-private partnerships and expand service delivery points to increase access to quality family planning information and services

5. The facilitator will describe about the commitment and activities of Nepal for FP 2020 since 2015 on time graph. For this, the thread will be prepared and on A4 size paper each timeline activity will be prepared and hanged in paper clip or by cloth clips. Participants will discuss about each activity and people with disability can touch those clippers and visualize the concept. Detailed explanation provided in **Handsout 14** ¹⁵

Note:

2015: Formulation of Nepal National Family Planning costed Implementation Plan (2015-2020) and Nepal commits to FP 2020

2016: Nepal FP2020 Commitment, Self-Reporting Questionnaire 2016

2017: Nepal FP2020 revitalized commitment 2017 and Nepal Actions for Acceleration 2018-2019

2018: Nepal FP2020 revitalized commitment 2018 and Nepal prioritized actions 2018-2020

2019: National Conference on Family Planning 2075 Declaration: "Reaching the Unreached"

6. The facilitator will sum up the session by stating the fact that FP 2020 prioritizes efforts on four crosscutting initiatives: driving country-level support; promoting data use and performance management; sharpening the focus on global advocacy, rights and youth; and facilitating dissemination of knowledge and evidence. ¹³

Session 13: Adolescent, Youth and Family Planning

Objective of Session: To discuss the engagement of adolescents and youth on family planning through the integration of FP 2020 and its commitment to local level work

Time for session:

Session	Allocated time
Total allocated time	1 hour
Opinion Continuum on Family Planning	20 minutes
Youth Participation discussion	20 minutes
Discussion on Accountability Framework	20 minutes

Materials Required: Newsprint paper, marker, sticky notes

Instructions:

1. Agree, disagree statement, also known as an opinion continuum on adolescent, youth and family planning will help participant understand the overall concept of family planning. Details are provided in **Handsout 15**
2. The facilitator will once again review government commitment and in each meta card they will note down youth based commitment. Furthermore, they will write how youth can be involved to address those commitments and stick in a single newsprint paper.
3. The facilitator will discuss an accountability framework developed by a Youth Advisory group of FP2020.

*Note:*¹⁶

The Youth Advisory Group has developed an accountability framework to mobilize young people and youth networks at the country level to advocate for the full implementation of the commitments made by their government. The framework calls for ensuring that country commitments and policies are responsive to adolescent health needs, mobilizing political and public support for implementation, and strengthening the capacity of youth-led organizations and networks to engage in advocacy and accountability.

4. The facilitator will also explain about proposed activities under each objective of accountability framework. This will give participants about the idea and agenda that they need to incorporate in their advocacy plan to contribute FP 2020.

Note:¹⁶

Objective 1: Develop, revise, and review FP2020 commitments, FP2020 action plans, and Coasted Implementation Plans (and other national or sub-national policies/strategies) to ensure that they fulfill young people's sexual and reproductive health and rights, and integrate high impact practice for adolescent friendly contraceptive services

Objective 2: Mobilize political and public support for the implementation of FP2020 commitments and SRHR policies that are responsive to adolescent needs at country level.

Objective 3: Strengthen capacities of national-level adolescent and youth-led organizations and networks to engage in advocacy and accountability of FP2020 commitments.

Session 14: Review of Day two and closing

Objective: To review what participant learned from the session during the second day

Time: 15 minutes

Materials required: One paper ball and music

Instructions:

1. The participant will circle around and the facilitator will pass the ball to one of the participants. The participants have to reflect on three key things that they learned from the session.
2. The process will continue until all participants have their say.
3. Similarly, as optional, participants can also review each day in logbook model. The logbook review model has been illustrated in **Handsout 20**. The participant will fill up the log book and keep it with them and does not require plenary discussion. At the end, the facilitator will thank participant for their active participation and brief about next days' starting time and major sessions

Session 15: Evaluation of Day two

Objective: To review what participant learned from the second days' session

Time: 15 minutes

Materials required: One paper ball and music

Instructions:

1. The participant will circle around and the facilitator will pass the ball to one of the participants. The participants have to reflect on three key things that they learned from the session previous day.
2. The process will continue until all participants have their say.
3. The facilitator will sum up the key information from session of day two to set the tone for day three.
4. The facilitator will also run down through session of day three.

Session 16: FP 2020, STIs and HIV and AIDS

Objective of session: To contextualize linkage of FP with STIs and HIV and AIDS.

Time for session:

Session	Allocated time
Total allocated time	1 hour
Information regarding STIs and HIV and AIDS	30 minutes
Linkage of Family Planning and STIs	20 minutes
Understanding result of ECHO	10 minutes

Instructions for facilitator	Facilitator needs to simplify and localize the explanation of jargon word such as ECHO, MISP, LNG and IUD.
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Materials required: Handsout, newsprint paper, marker

Instructions:

1. The facilitator will brief participant about STIs and HIV and AIDS, its mode of transmission, prevention and treatment. Details mentioned in **Handsout 16**
2. The Participant will also learn that condoms can only prevent STIs and HIV and AIDS. No other contraceptive device can prevent STIs and HIV and AIDS. The facilitator will explain condom as a cost-effective method of promoting good sexual and reproductive health. Family planning supports comprehensive sexuality education, particularly for young people to develop appropriate knowledge, skills and attitude to promote healthy relationship, prevention of violence, consensual and pleasurable sex and prevention of STIs. Among the sexually active population, use of condom and STIs and HIV testing should be part of regular health assessment.
3. The facilitator will also explain the new result shown by the Evidence for contraceptive Options and HIV Outcomes (ECHO) Trial. The ECHO trial observes and studies relation between use of hormonal contraception and risk of HIV transmission. Very few research studies have looked at HIV risk for other highly effective contraceptives, such as intrauterine devices (IUD) and hormonal implants, including levonogestrel (LNG) implants. The result of ECHO trial shows that all three methods were effective at preventing pregnancy and were well tolerated and HIV incidence was high for all three groups (IUD, implant and depot provera).

Note:

- ECHO is a multicentre, open-label, randomized clinical trial comparing HIV incidence and contraceptive benefits in women living in areas of high HIV incidence and using one of three highly-effective, licensed

contraceptive methods; intra muscularly-delivered depot medroxyprogesterone acetate (DMPA-IM), a copper intrauterine device (IUD) and a levonorgestrel (LNG) implant

4. The facilitator will end the session by addressing participant that FP 2020 stresses reducing HIV transmission as part of the Minimum Initial Service Package. The Minimum Initial Service Package (MISP) is the international standard for reproductive health care in crisis settings, developed and vetted over the past two decades by the global humanitarian community.¹⁸

Session 17: Skills for effective advocacy

Objective: To equip participants with skills related to effective advocacy.

Time for session:

Session	Allocated time
Total allocated time	2 hours
Session on leadership	25 minutes
Session on Communication	25 minutes
Session on Networking	20 minutes
Session on Public Speaking	20 minutes
Session on Negotiation and lobbying	20 minutes

Materials required: A4 size paper, marker, sticky notes, roll of thread

Instructions:

1. The facilitator will ask participant to share the leader they admire and why they feel the leader is good. The facilitator will explain about what a leader is and few of qualities brought by participants.
2. The facilitator will ask participants to reflect and note which key leadership quality they possess and ask participants to respond in 30 second whether or not they feel themselves as leaders. The idea is to make participants internalize themselves as leaders and to reflect on the qualities they have and they need to improve.
3. The facilitator will facilitate game on leadership through role play. Teams will be divided into three groups and each will get 10 min for role play. For this, different role, such as leader (youth), opposition (local government), supporter (alliance), neutral will be given. The leader will start the discussion by bringing an agenda to allocate 7% budget for Family Planning at their municipality to the group. The opposition will oppose his proposal while supporter will support his alliance while neutral will support everything brought on the table. Five minuted will be allocated to each team to perform role play. After the role play, facilitator will facilitate about their experience and explain few basic concepts on leadership. The facilitator will explain in the end why it is important to lead the agenda of FP 2020 into local context and the challenges they will need to overcome in their advocacy journey as FP 2020 advocates. Detail in **Handsout 17**.
4. The facilitator will start with a guessing game where participants will be divided into groups of three. Each team will have a leader, moderator and builder which they will decide as a team. The leader will communicate between facilitator and moderator while moderator will communicate between leader and builder. The builder will create an image based on description. The facilitator will show half of an object to the leader and the leader will have to communicate on how that object looks like to moderator

and moderator to the builder. In the second round, the facilitator will show the full object to the leader and the leader will have to communicate to moderator and moderator to the builder. At the end of the day, all will present their picture and facilitator will show participants what actual object was and discussion will be made.

For participant with disabilities, the facilitator will say name of object to leader and leader will only have to explain the shape and size of that object to moderator. No description of the object such as use or alternative names is allowed to say. The information received by the moderator will be explained to implementor and implementor will guess the name of the object. As an alternative, facilitator can also arrange two mixed groups of visually impaired and physically disabled participant. At least one leader and one implementor should be someone who can see and write.

Suggested questions:

- How was the communication? What went right or wrong?
 - How could have communication improved?
 - Why communication was important?
5. The facilitator will describe participant about what communication is, types of communication and how communication can be made better. Detail in **Handsout 17**.
 6. The participant will stand in a circle and facilitator will hand over a roll of thread to the participant. Participants will then have to throw/pass that thread roll to another participant whom they admired the most during the session and provide the reason for it. The thread ball will be passed until the last participant. The facilitator will ask participant what that network of thread meant to them. The facilitator will also describe it is important we hold up our networks and public relations.

Tips for better networking:

- a) Confident and impressive personality
 - b) Greetings in hi, hello, thank you, nice meeting you
 - c) Find mutual interests and passion- I think we have met before. Do we know each other?
 - d) Mention your affiliation and achievements
 - e) Find reason to connect with people again
 - f) Follow up over call, message, social media sites and other online media
 - g) Update your profile (Facebook, Instagram, LinkedIn, Twitter)
7. The facilitator will explain Public Speaking as a formal and face to face communication to impart messages to a larger audience and population.

Tips for public speaking:

- a) Research about speaking agenda or topic
- b) Prepare outline or structure speaking point
- c) Practice and prepare extensively
- d) Confidence and being comfortable
- e) A proper body language which includes eye to eye connection with the audience, straight head position, appropriate gesture and hand movement

f) Speak slowly and calmly

Participant will then hear few famous speeches:

I have a dream: <https://www.youtube.com/watch?v=vP4iY1TtS3s>

How to speak so that people want to listen:
<https://www.youtube.com/watch?v=eIho2S0ZahI>

Alternatively, participants will prepare and present their 20 sec elevator pitch on topic Family Planning or on some fun topic and present it at plenary.

8. The participant will be divided into groups of four and each group will be given cases to act upon. Cases will be related to negotiation and lobby skills. After each team presents case scenarios, the facilitator will explain tips to negotiate and lobby.
Case 1: The Mayor has a traditional perspective on need of Adolescent Friendly Health Service and as an advocate, lobby with the Mayor of Biratnagar Metropolitan City to establish Adolescent Friendly Health Service.
Case 2: Members of Disability Organization lobby for a disability friendly health post with Vice-Mayor of Budhanilkantha Municipality for accessible Family Planning Service for people with disabilities.
Case 3: Negotiation by a group of youth with Expert committee to pass Gender Equality bill. Two members of the expert committee oppose marriage equality while one member supports marriage equality
Case 4: Sarathi member lobby for allocation of 7% budget for family planning service with Vice Mayor of Tokha Municipality
9. The facilitator will sum up the session by explaining participant that leadership, communication, public speaking, negotiation and lobby are skill required for effective advocacy. These skills are crucial in advocacy processes and practices.

Session 18: Advocacy process and space at different level

Objective: To orient participant about existing advocacy spaces.

Time for session:

Session	Allocated time
Total allocated time	1 hour
Case scenario to understand advocacy spaces at different tiers	25 minutes
Overview of International Advocacy space	15 minutes
Linkage of national and grassroots advocacy	15 minutes
Summary of advocacy process and advocacy space at different tiers	5 minutes

Materials: case scenarios, Meta card, newsprint paper, sticky notes, marker

Instructions:

1. The participant will be divided into groups of three and each case scenario will be conducted. At the end of each case narration, participants will be asked to note down answer of 4 questions based on case narration. The facilitator will ask each team to answer those questions and discussion will be made to make the participants understand about various advocacy spaces and process at different level to achieve the outcome of FP 2020. Case Scenario **Handsout 18**

Suggested questions to ask:

- Which level of governance do the case studies mention?
 - What were the advocacy spaces at that level?
 - Who were the focal points?
2. The facilitator will explain that International Advocacy Spaces are important as it widens the democratic space for human right based issues. It is also instrumental to produce documents, protocol, policies and international agreements on specific issue. It helps to link issues of grass root and regional and international level for collective action. The facilitator will explain about the important role of International Conference on Population and Development (ICPD) ¹⁹ and Beijing conference to raise issues of Sexual and Reproductive health, including access to family planning service and information including people with disabilities and young people.²⁰ Detail explained in **Handsout 19**.
 3. The facilitator will explain how International advocacy spaces are linked with national program and plans. The facilitator will give example of FP 2020 which is a global agenda, but the Nepal government has accepted and committed to fulfill the mandate of FP 2020 thus integrating the concept and strategies of FP 2020 into national plan and action.
 4. The facilitator will summarize the session by explaining the importance of grassroots advocacy, sub national advocacy, national advocacy and International advocacy in order to achieve the objectives of FP 2020

Session 19: Developing an advocacy plan

Objective: To develop an advocacy plan by participant to implement at their place.

Time for session:

Session	Allocated time
Total allocated time	1 hour 30 minutes
Description of template of action plan	10 minutes
Working time for action plan	45 minutes
Action plan presentation	30 minutes
Overall feedback and suggestion by facilitator	5 minutes

Materials required: Newsprint paper, chart paper,

Instructions:

1. The participant will be provided the format of action plan to be developed and participant will develop an advocacy plan to contribute for FP 2020.
2. Participants will have to plan five advocacy activities individually or in group by given implementation deadline by facilitator.
3. For participant with disabilities, at least one facilitator will be present to facilitate group action plan or each participant will think about their advocacy priority and explain verbally which facilitator will note down individually. For this, facilitator will allow 5 minutes for participants to think about activity, dates, methodology for their small advocacy project.
4. The facilitator will address queries and facilitate youths to build an action plan.
5. Plenary discussion will be made where facilitator and participants will provide constructive suggestion to finalize advocacy priorities. The template of **Handsout 11** should be used. For participant with disability, simple version What, Where, When and How should be used. The facilitator can help the participant with disabilities to finalize advocacy plan.

Session 20: Post Evaluation

Objective: The objective of post evaluation is to measure the increase in understanding and knowledge of participants on Family Planning, FP 2020 and advocacy processes after three days' session.

Time for session: 15 minutes

Material: Questionnaire and pen

Instructions:

- 1) The facilitator will explain participant about the question and format of post evaluation. For participant with disabilities, Braille evaluation paper for post evaluation will be prepared. As an alternative, the facilitator will write all questions with all multiple choice on newsprint paper. Participants will be provided with three different shapes of bindi/sticker. The facilitator will explain what each shape of bindi/sticker means such as big round bindi means option a, small round bindi means option b, long bindi means option c and any other unique design of bindi means option d. No writing question will be asked to participant with disabilities.
- 2) The template for post-evaluation is provided in **Handsout 21**.
- 3) After the post evaluation is conducted, both evaluations will be analyzed and output will be measured

Session 21: Review and closing

Objective: To review what participant learned from the session and .

Time: 15 minutes:

Materials required: One paper ball and music

Instructions:

1. At the end of training, the facilitator will ask one male, one female and one participant from sexual and gender identities (if any) to share their experience about the three days training session and why the training session was important for them personally and professionally.

Annex1 : Handsout

Handsout 1: Consent Form

Consent Form

I have well understood about objective of this three-day training program organized and briefed by Visible Impact on **Advocacy, Family Planning and FP 2020**. I would like to provide my consent on my own will to click photos and shoot videos to be used for social media, other media and reports by Visible Impact and partner organization of this project.

Signature:

Full name:

Date:

.....
...

मञ्जुरी फारम

म..... यस भिजिबल इम्प्याक्टद्वारा आयोजित **पैरवी, परिवार नियोजन र एफ. पी २०२०** नामक तिन दिने तालिमको उद्देश्यको बारेमा जानकार रहेको छु। साथै म मेरो फोटो तथा भिडियो कैद गरी विभिन्न सामाजिक सञ्जाल, अन्य मिडिया तथा प्रतिवेदनमा रहने कुरा अवगत हुँदै यस भिजिबल इम्प्याक्ट तथा सम्बन्धित संस्थाहरुको प्रयोजनका लागि अनुमति समेत दिन चाहन्छु।

हस्ताक्षर:

पूरा नाम:

मिति:

Handsout 2: List of methodologies used in the session

S.N	Methodologies	Description
1	Brainstorming	Brainstorming is technique to discuss the topic by dividing into groups or in union for critical, creative thinking and innovative ideas.
2	Case scenario	Case studies present scenarios, situation or stories portraying a situation (real or in real) for participants to analyze. Each case scenario in this manual helps participant to analyze issues and initiate discussion and debate on issue to meet the objective of the session.
3	Case studies	Case studies present scenarios, situation or stories that portray a real situation for participants to analyze issues or subject. Each case study in this manual helps participant to analyze issues and initiate discussion and debate on issue to meet the objective of the session.
4	Circle discussion	Circle discussion is set up where the participant sits in a circle facing each other to discuss on the topic and brainstorm on issues. This will allow participant to discuss issues with each other and provide their opinion on issues.
5	Demonstration	Demonstration is practical exhibition and explanation of the topic.
6	Group work	Group work is structured discussion where participants discuss an issue or questions as guided by the facilitator on provided format to hear various opinions of participant as a group.
7	Gallery Walk	Gallery walk is a format where information is pasted on a wall and all participants observe, reflects and discusses on the tissue as in an art gallery
8	Lecturette	A lecturette is a shorter version of a lecture used to disseminate large amount of information to participant in a short period of time.
9	Myths or Facts	Myths and facts is exercise where participant will decide whether the statement spelled by facilitator is myth or fact and justify their answer. Facilitator has to stress on facts rather than on myths. It helps participants to learn, unlearn, and relearn a topic.
10	Opinion Continuum	Opinion continuum is whether participate agree or disagree with the statement spelled by the facilitator. The

		debate and discussion are made and at the end of the session facilitator will explain facts and myths related to information. It is also a method of value clarification.
11	Puzzle solving	It is an innovative exercise where participants can learn and remember important statement by solving cut piece paper puzzle.
12	Pre-test and Post-test	It is evaluation tool where the participants are asked to answer questions in writing at the beginning and end of session to assess the knowledge level at the beginning and after the training session.
13	Role play	Role play is an activity where participant acts out on the issue provided to them by facilitator in a team.
14	Quiz	Participants are divided into teams and asked questions in the format of a quiz to answer question related to the issue. This is important activity where participant remembers and enjoys number, data and facts related to the topic.

Handsout 3: Universal Declaration of Human Rights

The Universal Declaration of Human Rights (UDHR) is a document adopted by the United Nations General Assembly at its 183rd session on 10th December 1948 in France. Universal Declaration of Human Rights as a document that has articulated the rights and freedom to which every human beings is equally and inalienably entitled. But not legally binding. Article 25 of UDHR explains about right to standard of living which speaks about the right to food, clothing, housing, medical care and necessary social services. The article also speaks about security in case of physical debilitation or disability, and makes special mention of care given to those in motherhood or childhood.

Article	Statement
Article 1	Human being are born free and equal in dignity and rights
Article 2	Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.
Article 3	Everyone has the right to life, liberty and security of person.
Article 4	No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms.
Article 5	No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.
Article 6	Everyone has the right to recognition everywhere as a person before the law
Article 7	All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.
Article 8	Everyone has the right to an effective remedy by the competent national tribunals for acts violating the fundamental rights granted him by the constitution or by law.
Article 9	No one shall be subjected to arbitrary arrest, detention or exile.
Article 10	Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights and obligations and of any criminal charge against him.
Article 11	Everyone charged with a penal offense has the right to be presumed innocent until proved guilty according to law in a public trial at which he has had all the guarantees necessary for his defense.
Article 12	No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honor and

	reputation. Everyone has the right to the protection of the law against such interference or attacks.
Article 13	Everyone has the right to freedom of movement and residence within the borders of each State. Everyone has the right to leave any country, including his own, and to return to his country.
Article 14	Everyone has the right to seek and to enjoy in other countries asylum from persecution. This right may not be invoked in the case of prosecutions genuinely arising from non-political crimes or from acts contrary to the purposes and principles of the United Nations.
Article 15	Everyone has the right to a nationality and change nationality
Article 16	Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution. The marriage shall be entered into only with the free and full consent of the intending spouses.
Article 17	Everyone has the right to own property alone as well as in association with others.
Article 18	Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.
Article 19	Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.
Article 20	Everyone has the right to freedom of peaceful assembly and association.
Article 21	Everyone has the right to take part in the government of his country,

	directly or through freely chosen representatives. Everyone has the right to equal access to public service in his country.
Article 22	Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.
Article 23	Everyone has the right to work, to free choice of employment, to just and favorable conditions of work and to protection against unemployment. Everyone, without any discrimination, has the right to equal pay for equal work.
Article 24	Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay.
Article 25	Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, and housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. Motherhood and childhood are entitled to special care and assistance.
Article 26	Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.
Article 27	Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.
Article 28	Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized.
Article 29	Everyone has duties to the community in which alone the free and full development of his personality is possible.
Article 30	Nothing in this Declaration may be interpreted as implying for any State, group or person any right to engage in any activity or to perform any act aimed at the destruction of any of the rights and freedoms set forth herein.

Handsout 4: Sexual and Reproductive Health and Rights

Sexual Rights:

Even though basic human right came in 1948, International Conference on Population and Development (ICPD) on and the Beijing Declaration on 1995; Sexual rights most often struggled to be part of them as it also focuses on sexual pleasure and sexual expression. Few also argue that the Beijing Platform of Action (1995) established applicable definition of sexual rights. However, the World Association for Sexual Health, founded in 1978 paved way for Declaration of sexual Rights in 1997 which declared 16 positions (as of 2014)²¹

1. The right to equality and non-discrimination
2. The right to life, liberty, and security of the person
3. The right to autonomy and bodily integrity
4. The right to be free from torture and cruel, inhuman, or degrading treatment or punishment
5. The right to be free from all forms of violence and coercion
6. The right to privacy
7. The right to the highest attainable standard of health, including sexual health; with the possibility of pleasurable, satisfying, and safe sexual experiences
8. The right to enjoy the benefits of scientific progress and its application
9. The right to information
10. The right to education and the right to comprehensive sexuality education
11. The right to enter, form, and dissolve marriage and similar types of relationships based on equality and full and free consent
12. The right to decide whether to have children, the number and spacing of children, and to have the information and the means to do so
13. The right to the freedom of thought, opinion, and expression
14. The right to freedom of association and peaceful assembly
15. The right to participation in public and political life
16. The right to access to justice and remedies

Reproductive Rights:

After the International Conference on Human Rights (1968), reproductive rights began to develop as a subset of human rights at international agenda. Reproductive rights are legal rights and freedoms relating to reproduction and reproductive health that vary amongst countries around the world.²² As defined by WHO, Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. The definition also includes the right of all to make decisions concerning reproduction free of discrimination, coercion and violence.²³

Sexual Health:

According to WHO, sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.²⁴

Sexual Health Problem includes a range of issues such as sexual dysfunction such as sexual aversion, dysfunctional sexual arousal and vaginismus in females, and erectile dysfunction and premature ejaculation in males, impairment of emotional attachment, compulsive sexual behavior, gender identity conflict, violence and victimization and Sexually Transmitted Infection.²⁵

Reproductive Health:

Reproductive health addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safer sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. (*Para 7.2a of the Programme of Action, ICPD, 1994*)

Nepal Reproductive Health Strategy (1998) has adopted nine essential components of Reproductive Health.

- 1) Family Planning counseling, information, education, communication and services
- 2) Safe Motherhood; education and services for healthy pregnancy, safe delivery and post-natal care including breast feeding.
- 3) Care of Newborn
- 4) Prevention and management of complications of abortion
- 5) Prevention and management of STIs, RTIs and HIV and AIDS and other reproductive health conditions.
- 6) Reproductive Health and responsible parenthood for Individuals, couples and adolescents
- 7) Prevention and management of sub-infertility
- 8) Life cycle issues, including breast cancer, cancer of reproductive system, and care of the elderly
- 9) Gender Based Violence

Handsout 5: Life Cycle Approach ¹²

Stage of Life	Sexual and Reproductive Health Consequences
Pre-Birth	<ul style="list-style-type: none"> -Unsafe sex practice - Sex selective abortion
Childhood	<ul style="list-style-type: none"> -Gender discrimination -Sexual abuse
Adolescent	<ul style="list-style-type: none"> - Sexual abuse - Gender based stigma and discrimination - Gender based harassment - Unsafe sex - Early child marriage - Teenage pregnancy/ Unwanted Pregnancy - Unsafe Abortion - Unhygiene during menstruation - Sexually Transmitted Infections (STIs) and HIV and AIDS - Complication during pregnancy, delivery and post partum period
Reproductive Age Period	<ul style="list-style-type: none"> -Unplanned pregnancies -Unwanted pregnancy - Unsafe Abortion - Sexual abuse - Complication during pregnancy, delivery and post partum period - Gender based stigma and discrimination - Gender based harassment - Sexual dysfunction - Infertility -STIs and HIV and AIDS - Breast and cervical cancer
Old age	<ul style="list-style-type: none"> -Menopause -Sexual dysfunction -Breast and cervical cancer

Handsout 6: Case scenarios on advocacy tool

Case Scenario: One

Visible Impact is an organization unleashing the social and economic leadership of girls, women and youth through beneficiary-partnered innovative intervention. As partner organization of PAI, Visible Impact also advocates on Family Planning and supports global campaign FP 2020. To hold government accountable for FP 2020 commitment, Visible Impact organized youth consultation where participants discussed various concepts, issues and need of youth regarding Family Planning. The participants of consultation were divided into three groups to produce advocacy paper: Issue brief, position paper and Policy brief. The coalition of participants was formed and with advocacy briefs, the members of coalition advocated for FP 2020. Various stakeholders working for Family Planning and Sexual and Reproductive Health and Rights endorsed those advocacy briefs. The advocacy briefs were handed over to government representative of Family Welfare Division, Ministry of Health and Population, National Planning Commission. Representatives of government agencies vowed to implement commitment regarding FP 2020.

Case Scenario: Two

Sarathi is a youth leadership program of Visible Impact where the members of Sarathi are mentored to grow as youth leaders and menstrual health champions. Sarathi developed an action plan for this year's engagement. Apart from menstrual health management, Sarathi also has prepared one media campaign program on 18th September 2019 marking National Planning Day. For this, members of Sarathi will write a blog on FP 2020 and a *blogathon* will be conducted. Similarly, on the day bytes of advocates working on Family Planning will be taken and shared as a *tweetathon* on Twitter. The story and perspective will be collected and shared through a *story narrative* to highlight the importance of Family Planning. The media campaign is targeted to aware 2000 youths regarding family planning, its importance and FP 2020.

Case Scenario: Three

Visible Impact conducted online petition campaign and signature campaign demanding government to shift policies and make financial commitments to increase voluntary contraceptive access and uptake among young people. According to Nepal Demographic Health Survey 2016, 27% of population is adolescents in Nepal and we cannot achieve universal access to family planning unless we address the unique needs of this critical demographic. Thus, it is important that young people have voluntary contraceptive access. For this, Visible Impact created petition on online platform and shared widely to reach ten thousand youth. Similarly, Visible Impact also organized rally from Basundhara to Basantapur and conducted signature campaign for the same. On “**National Family Planning Day**”, visible impact handover the collected signature and memorandum to the Minister of Health and Population. Minister expressed his commitment to address unique need of adolescent and

Handsout 7: Advocacy Tool

S.N	Advocacy Tool	Description
1	Policy brief	Focuses on current political and policy scenario
2	Position paper	Position status of organization/institution on issue
3	Shadow Report	Alternative report submitted by Civil Society Organization as a counter to what government presents
4	Issue brief	Focuses on existing issues and ways forward
5	Case studies	In depth analysis of an issue/s
6	Tweetathoon	Social media campaign where related issue and concise message is shared through twitter usually with hash tags for certain period of time.
7	Blogathoon	Social media campaign where issues related blogs are shared for a certain time period
8	Petition	Online signature campaign on specific issues
9	Signature Campaign	Collection of signature for solidarity on specific issue and agenda
10	Factsheet	Facts related to issue (usually in numbers/ data)
11	Memorandum	Letter submitted with specific demand on certain issue especially to higher relevant authorities
12	Rally	Mass solidarity and issue sensitization
13	Round Table	Brainstorming and advocating space usually in round shape on specific advocacy agenda with higher authorities
	Story narrative	Collection of success stories or experience of people to discuss situation of topic or issue
14	Consultation	It is part of evidence generation and issue sensitization among target audience and stakeholders

Handsout 8: Anatomy and physiology of Reproductive Organ

Pubertal Development:²⁶

Pubertal development is defined as time period where the child develops secondary sexual characteristics and reproductive function. Pubertal development is sequence of biological event mediated by genetic, hormonal and environmental factors that are characterized by the maturation of gametes and secretion of hormonal gland.

The female pubertal development starts in between the age of 8- 13 years of age. Similarly, in males, pubertal development starts at the age of 9-14 years. The major pubertal development includes²⁷ :

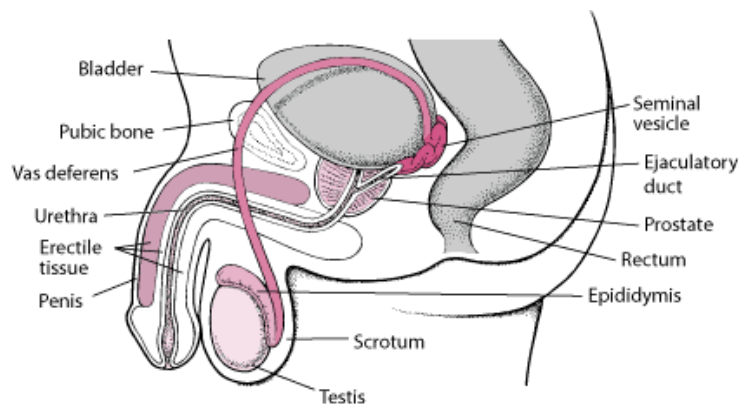
Pubertal changes in female	Thin voice, Adam's apple is not usually visible, ovary and uterus enlarges in size, pubic hair, armpit hair, increase in height, enlargement of breast, sweat and oily face, acne, menstruation starts, sexual feeling and emotional.
Pubertal changes in male	Hoarse voice, Adam's apple becomes more visible, penis and testicles get bigger in size, pubic hair, armpit hair, hairs on chest, face and back, increase in height, swelling around nipple, body odor, sweat and oily face, acne, wet dreams and ejaculation, sexual feeling, emotional

Male reproductive organ:

External Reproductive Organ:

The male reproductive system consists of number of reproductive organs that play important role in sexual intercourse, pleasure through masturbation and conception. External reproductive organ consists of the Penis and Testes (embedded in the scrotum).

Internal Reproductive organ:²⁸



The major internal organ includes epididymis, seminal vesicle, vas deferens and Urethra. The Testes produce semen which consists of sperm and white lubricating fluid. Through epididymis, the sperm produced passes to seminal vesicle through Vas deferens. The sperm undergo maturity at epididymis and located on epical membrane of epithelium. Vas deferens carries spermatozoa from the epididymis to the ejaculatory duct. Later on, it passes from the ejaculatory duct to the urethra.

Testes: Testes is reproductive organ in men that produce testosterone hormone in male and stimulates production of sperm. Testes hang outside of the body between thighs and covered by scrotum, a sac of skin between thighs. Scrotal sac keeps the testes cooler than 37 degree Celsius/ Scrotal sac relax in warmer temperature and contract in cooler temperature involuntarily.

Penis: Penis is an external genital organ in men which are the masses of erectile tissues and helps in sexual intercourse, passage of semen (through Vas deferens) and urine (through urethra). The distal pinkish end of the penis is called the glans penis which is covered with a fold of skin called the prepuce or foreskin. Within the penis are masses of erectile tissue.

Sperm: Sperm is derived from Greek word *sperma* meaning seed. Thus, sperm is a male reproductive cell that helps in reproduction. A human sperm cell cannot divide itself and thus is haploid. It has 23 chromosomes and its 23 chromosomes can join 23 chromosomes of the female egg. In mammals, sperm are developed in testicles, stored in the epididymis and ejaculated through the penis. Spermatozoa spend about 12 days in the highly convoluted duct of the epididymis. Sperm cannot survive in dry space such as cloth or floor. Sperm survive up to five days in women's bodies. The fluid in women's reproductive tract has all nutrition required for sperm to survive for five days.

Semen: Semen is whitish collection of seminal fluid with millions of sperms. Semen nourishes sperm and keeps them motile.

Ejaculation: Ejaculation is an act or a process where semen gets discharged from the penis through masturbation, wet dreams and during sexual intercourse.

Masturbation: Masturbation is an act of self-pleasure by touching or playing with own genital organ for sexual arousal and pleasure to the point of orgasm. Masturbation is healthy and normal; however, it should not be developed as addiction and should not include harmful practices.

Wet dreams: A nocturnal emission, informally known as a wet dream or sex dream, is a spontaneous orgasm during sleep that includes ejaculation for a male or vaginal wetness or an orgasm for a female. Nocturnal emissions are most common during adolescence and early young adult years, but they may happen any time after puberty.

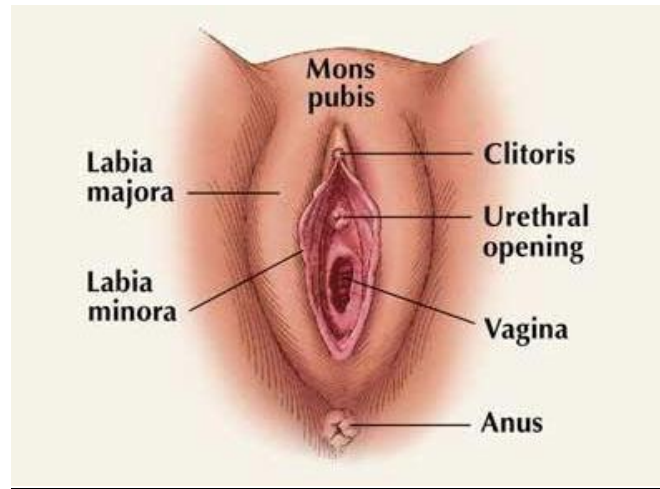
Sexual intercourse: Sexual intercourse is the act or process where the penis is inserted into the vagina in to and fro motion. For sexual intercourse, penis needs to be erect and both genital organ secretes lubricates to reduce friction.

Safe sex: Safe sex is proper use of condom which results into pleasurable and healthy sexual activity.

Female Reproductive organ:

The female reproductive system is made up of the internal and external sex organs that help in sexual intercourse and function in reproduction. The external organ includes Labia majora, labia minora, Mons pubis, Urethral opening, clitoris and vagina. The internal sex organs are the uterus, Fallopian tubes, and ovaries.

External Reproductive Organ:²⁹



Labia Majora: Labia majora are relatively large, fleshy folds of tissue that enclose and protect the other external genital organs which can be compared as scrotum in males. The labia majora produces lubricating secretions and contains sebaceous gland. Pubic hair appears on the labia majora during puberty.

Labia Minora: Labia Minora lies just inside labia majora. It contains blood vessels and are more sensitive to stimulation.

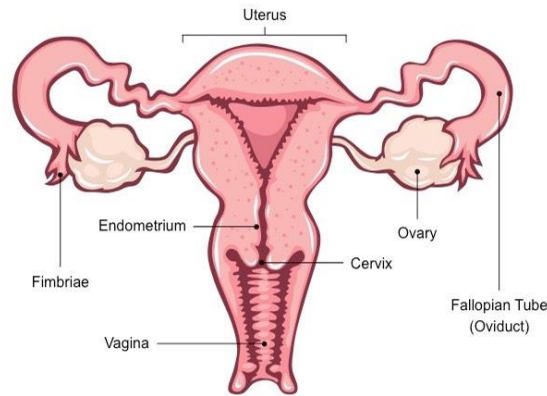
Mons Pubis: Mons Pubis is the fatty tissue that cover pubic bone and secretes pheromone, substance that are involved in sexual attraction.

Clitoris: Like penis in males, it erects, is sensitive to sexual stimulation and provides orgasm for female during sexual intercourse or masturbation.

Vagina: Vagina is muscular part of female genital tract, which extends from vulva to cervix. Vulva is external female sex organ and cervix is neck of the Uterus. The outer vaginal opening is covered by a membrane known as hymen. Hymen breaks during sexual intercourse, stretching, cycling, horse riding, and swimming and thus it should not link with virginity. Virginity is the state of not having sexual intercourse.

Urethral opening: Urethral opening is pathway to pass urine located above and in front of the vaginal opening

Internal Reproductive Organ: ²⁹



The uterus or womb accommodates the embryo which develops into the fetus. The uterus also produces vaginal and uterine secretions which help the transit of sperm to the Fallopian tubes. The ovaries produce the ova (egg cells). The ova and sperm meet together to form a zygote.

Ovary: The ovaries are usually pearl-colored, oblong, and about the size of a walnut. They are attached to the uterus by ligaments. The ovaries produce and release female sex hormones (estrogen and progesterone), male sex hormones (testosterone) and ova (egg).

Fallopian Tube: The two fallopian tubes are 4 to 5 inches long extend on each side of uterus toward the ovaries. Fallopian tube provides a pathway for ova

Uterus: The uterus is a thick-walled, muscular, pear-shaped organ located in the middle of the pelvis, behind the urinary bladder, and in front of the rectum. Uterus helps in sustaining the development of the fetus. Uterus also provides a pathway for sperm to swim and menstrual blood to exit.

Menstruation: The regular shedding of blood and mucosal tissue, which is also known as menses from the inner lining of the uterus and comes out through the vagina. The typical length of time between the first day of one period and the first day of the next is 21 to 45 days in young women, and 21 to 31 days in adults (an average of 28 days). ³⁰

Conception/ Pregnancy: Conception occurs when a sperm cell from a fertile man swims up through the vagina and into the uterus of a woman and joins with the woman's egg cell as it travels down one of the fallopian tubes from the ovary to the uterus. As the fertilized egg continues to move down the fallopian tube, it begins to divide into two cells, then four cells, then more cells as the division continues. About a week after the sperm has fertilized the egg, the fertilized egg has travelled to the uterus and has become a growing cluster of about 100 cells called a blastocyst. The blastocyst then attaches itself to the lining of the uterus (the endometrium). This attachment process is called implantation. Release of the hormones estrogen and progesterone causes the endometrium to thicken, which provides the nutrients the blastocyst needs to grow and eventually develop into a baby. ³¹

Handsout 9: Family Planning Methods

The following table includes list of family planning device, site of use, desired composition and general description regarding family planning devices ³²:

S.N	Name of Family Planning devices	Site of use	Composition	Description
Modern Methods				
1	Male Condom	Penis	Latex rubber and lubrication	Prevents fertilization and protects against STIs and HIV and AIDS.
2	Female Condom	Vagina	Latex rubber and lubrication	Prevents fertilization and protects against STIs and HIV and AIDS.
3	IUD	Uterus	Spermicide i.e. kills sperm	It contains copper which acts as a spermicide and prevents it from meeting the egg. It acts for 10-12 years. Longer and heavier periods during first month of use, but not harmful.
4	Implant	Intramuscular	Hormonal	Small, flexible rods which can be used for 5- 7 year. Irregular Vaginal bleeding is common, but not harmful. It thickens cervical mucus to block sperm and egg from meeting.
5	Progesterone only injectable	Intramuscular	Medroxyprogesterone acetate hormone	It acts for up to 3 months by thickening the cervical mucus to block sperm and egg from meeting. It might delay the return of fertility about 1-4 month on average after use. In some, irregular vaginal bleeding is common, but not harmful.
6	Monthly Injectable or Combined Injectable	Intramuscular	Estrogen and progesterone hormone	Prevents the release of eggs from the ovaries. Irregular vaginal bleeding is common, but not harmful.

	Contraceptives (CIC)			
7	Combined Contraceptive Patch "Contraceptive Vaginal Ring"	Skin	Progestin and Estrogen	Prevents the release of eggs from the ovaries.
8	Combined Oral Contraceptives "Pills"	Oral	Estrogen and Progesterone Hormone	Prevents the release of eggs from the ovaries. Acts regular until consumption is interrupted. It also reduces risk of endometrial and ovarian cancer.
9	Progesterone Only Pills "minipill"	Oral	Progesterone hormone	IT thickens cervical mucus to block sperm and egg. It can also be used while breastfeeding.
10	Lactation Amenorrhea Method (LAM)	Breast feeding		Temporary contraception for new mother whose monthly bleeding has not returned and requires exclusive breastfeeding
11	Standard Days Method or SDM			Prevents pregnancy by avoiding unprotected vaginal sex during most fertile days. Usually days 8 to 19 of each 26 to 32-day cycle is considered standard days.
12	Basal Body Temperature (BBT) Method			Prevents pregnancy by avoiding unprotected vaginal sex during fertile days. Woman takes her body temperature at the same time each morning before getting out of bed observing for an increase of 0.2 to 0.5 degrees.
13	Vasectomy	Outside of body	Ligation	Permanent method of family planning to block or cut the vas deferens tubes (outside of the body) that carry sperm from the testicles. There will be three month' delay or 15-20 ejaculations in raking effect

				while stored sperm is still present. It does not affect sexual performance of men. The sperm get absorbed within the body and it is the same case in both normal cases or after a vasectomy.
14	Miniscopy/ Laproscopy	Inside of body	Ligation	A permanent method of family planning method to cut and block the Fallopian tube where eggs are blocked from meeting sperm.
15	Emergency Contraceptive Pills	Oral	Levonorgestrol (1.5 mg) or Ulipristal acetate (30 mg)	Pills taken within 72 hours or up to five days after unprotected sex. IT delays ovulation and does not disrupt an already existing pregnancy. It should not be taken regularly and may also infertility.
Traditional methods				
16	Calendar Method			The couple prevents pregnancy by avoiding unprotected vaginal sex during the 1st and last estimated fertile days, by abstaining.
17	Withdrawal Method			Man withdraws his penis from his partner's vagina, and ejaculates outside the vagina, keeping semen away from her external genitalia. It is one of the least effective methods.

Handsout 10: Detail method of Safe Abortion ³³

S.N	Method	Process
1	Surgical Abortion	Vaccum aspiration for pregnancies of up to 12 to 14 weeks of gestation.
2	Medical Abortion	
2.1	For pregnancies upto 9 weeks	Mifepristone followed 1-2 days later by misoprostol. Mifeprestone should be administered orally and recommended dose of mifepristone is 200 mg.
2.2	For pregnancies of 9-12 weeks	200 mg of mifepristone administered orally followed 36 to 48 hours by 800 µg misoprostol administered vaginally. Subsequently, misoprostol doses should be 400 µg administered either vaginally or sublingually every 3 hours upto four further doses until expulsion of the product of conception.
2.3	For pregnancies of gestational age over 12 weeks to 14 weeks	Dilatation and evacuation (D&E) and medical methods (mifepristone and misoprostol; misoprostol alone) are both recommended methods

Handsout 11: Tools used to design advocacy

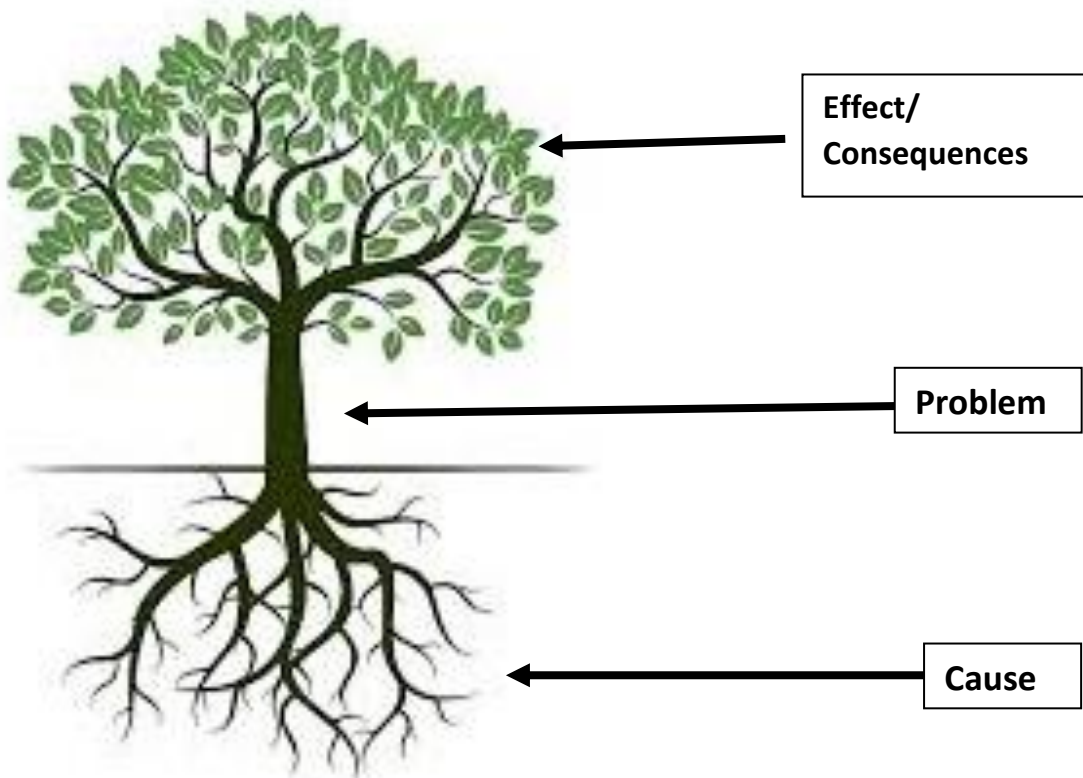
Prioritization Matrix:

Please rank the criteria from scale 1 to 5, 1 being least and 5 being highest in priority or importance.

Topic	Criteria A	Criteria B	Total	Remarks

Note: Criteria can be availability of human resource, the availability of tools, feasibility, financial stability, time availability and likelihood of risk.

Problem Tree Analysis



Example for Problem, effect and cause

Effect/Consequences	High adolescent pregnancy, Unsafe abortion, STIs and HIV and AIDS, unplanned pregnancy, a high fertility rate, an increase in population, sustaining FP program momentum
Problem	Family Planning service seeking behavior, access of service and information regarding FP among adolescent and youth, stagnation of Contraceptive Prevalence rate, Unmet need, service provider bias, inappropriate allocation of financial resources in family planning service, a global gag rule/ cut off of funding in family planning program, and informed decision making in the use of family planning in relation to power dynamics within the couple.
Cause	Myths, misconceptions and cultural resistance to contraception, unavailability of information regarding family planning, geographical barrier, loss of focus on family planning by government, Family Planning service seeking behavior, limited scope of family planning, compromised quality service, low male participation to address issues of FP

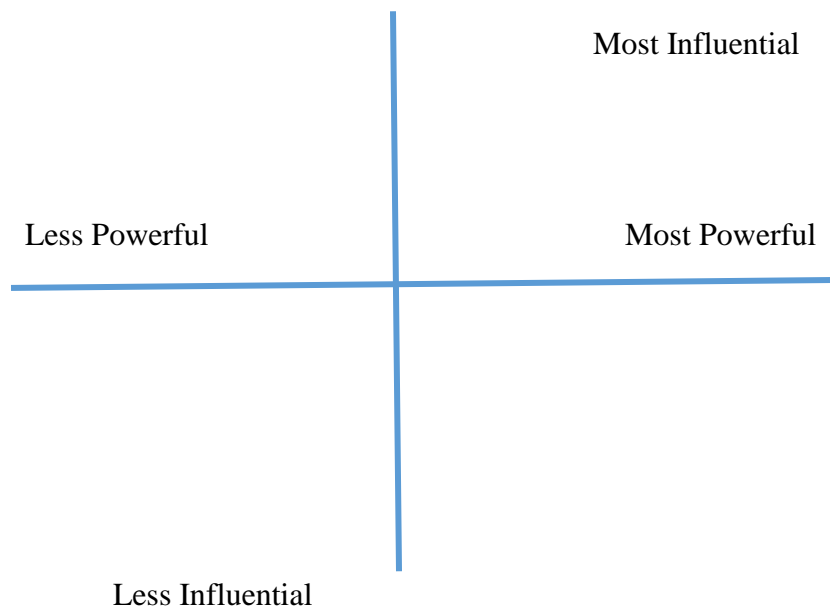
strategies to improve the Family Planning program in Nepal:

- 1) Targeted family planning program for special group
- 2) Strengthen Integrated Service approach
- 3) Public Awareness and sensitization program to mitigate myths and stigma associated with Family Planning
- 4) Motivation for Female Community Health Volunteers (FCHVs) for improved outcome
- 5) Increase Public-Private Partnership (PPP) in service delivery
- 6) Increase use of contraceptives among post abortion
- 7) Increase in active engagement of male in their reproductive health program for positive change and balanced power dynamics
- 8) Access to Comprehensive Sexuality Education
- 9) Reducing Service provider bias
- 10) Implementation of FP 2020 commitments

Stakeholder mapping:

Government Stakeholders	Civil Society Organization	Media	Private sector	Other stakeholder

Power-Influential analysis



Template for Action Plan

Date	Activity	Methods and material	Responsibility	Remarks

Handsout 12: Quiz related to Family Planning

1. What is the number of women of reproductive age in developing countries who want to avoid pregnancy but are not using a modern contraceptive method?
a. **214 million** b. 220 million c. 225 million d. 230 million

Explanation: It states about Unmet need of family planning. Unmet need is The state where married women who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the next child for at least 2 years. There are two types of unmet need: Unmet need for spacing and Unmet need of limiting. Unmet need of spacing is the state where married women want to delay the next child or have spaces between the births of two children. Similarly, Unmet need for limiting is the state where married women no longer want to have another child. The unmet need of Nepal according to NDHS (2016) is 21%.

2. Which of the following contraceptive device helps to prevent Sexually Transmitted Infections and HIV and AIDS?
a. Male condom b. Female Condom c. IUD **d. Both A and B**

Explanation: Only Condom can prevent transmission of STIs and other contraceptive device does not prevent transmission of STIs in human beings.

3. Which of the following is benefit of Family Planning?
a. Prevent Pregnancy related death in women
b. Reduce infant mortality
c. Empowering people and enhancing education
d. All of the above

Explanation: Family planning as a board concept has multiple benefits for its user, children, community and country as a whole. It save's women's life, reduced child death, empowers people through reduction of poverty and informed choice.

4. The total percentage of currently married women using modern contraceptive device according to Nepal Demographic Health Survey 2016 is?
a. **43%** b. 51% c. **53%** d. 55%

Explanation: Contraceptive Prevalence Rate is the proportion of women of reproductive age who are using or whose partner is using contraceptive devices at a particular point of time. According to NDHS 2016, current users of modern contraceptive device are 43% while CPR is 53%

5. When did Nepal commit to FP2020?
a. January 2014 **b. March 2015** c. February 2016 d. March 2017

Explanation: Nepal revitalized its commitment to maintaining and sustaining the efforts already initiated through the implementation of its initial March 2015 commitment to FP2020 in July 2017. Nepal is committed to 'leaving no one behind' and 'reaching the unreached' to accelerate the progress of increasing the number of additional users of

family planning by an estimated 1 million and the proportion of demand satisfied to 71% by 2020. (<https://www.familyplanning2020.org/nepal>)

6. Which province has the highest number of modern family planning method user in Nepal?
a. Province 1 **b. Province 3** c. Province 4 d. Province 7

Explanation: According to NDHS, Province number 3 (49%) has the highest number of modern family planning method users in Nepal followed by Province 7 (48%), Province 6 (45%) and Province 2 (42%), Province 1 (40%), Province 5 (39%) and Province 4 (37%).

7. National Nepal Family Planning Coasted Implementation plan is for the duration? (2015-2020)
a. 2014-2019 **b. 2015-2020** c. 2015-2021 d. 2016-2020

Explanation: National Family Planning Coasted Implementation Plan is an important document which outlines national strategies and interventions to ensure availability and accessibility of high quality family planning to all Nepali people as well as the resources required to realize this vision. This document was prepared by the Family Health Division under the Ministry of Health with technical and financial support of UNFPA, the United Nations Population Fund. (<https://nepal.unfpa.org/en/publications/national-family-planning-costed-implementation-plan-2015-2020>)

8. According to MICS 2014 report, what is the adolescent birth rate? (81 per 100)
a. 40 per 100 b. 52 per 100 **c. 73 per 100** d. 81 per 100

Explanation: The **adolescent fertility rate** is defined as the number of **births** per 1,000 women ages 15 to 19

9. According to NDHS 2016, Knowledge about FP in Nepal? (99.9%)
a. 70% b. 80.8% **c. 99.9%** d. 100%

Explanation: Knowledge of contraceptive methods is nearly universal in Nepal, with almost all women and men, knowing at least one method of contraception. On average, both women and men have heard of more than eight methods, most commonly, modern methods

10. According to NDHS 2016 the most popular Family Planning device among married women is?
a. Injectable b. Pills **c. Female sterilization** d. Implant

Explanation: Among married women, female sterilization is the most commonly used methods (15%), followed by injectable (9%), male sterilization (6%), the pill (5%), male condoms (4%), implants (3%), and IUDs (1%) (NDHS 2016)

Handout 13: Commitment of Nepal for FP 2020

FP 220 commitment made by Nepal includes³⁴:

Commitment 1:

1.1 Continuous raising financial resources and promoting local-level budgetary allocations for FP that meets ongoing policy and programmatic commitments

1.2 Continue raising the annual government allocation for FP by 7% each year up to 2020.

Commitment 2:

2.1 Identify barriers to accessing FP services among individuals and couples belonging to special groups including adolescents and youth and formulate policies and strategies to address them

2.2. Strengthen and gradually scale up Adolescent Friendly Services to cater for the needs of adolescents in all HFs

2.3. Improve regulatory framework to promote public-private partnership and expand health service delivery points to increase access to quality FP information and services

Commitment 3:

3.1. Strengthen enabling environment for family planning, including advocacy to mobilize resources from non-health sectors

3.2. Strengthen capacity of health institutions and service providers to expand FP service delivery networks, to respond to the needs of marginalized, rural residents, migrants, adolescents with special focus during the time of emergencies/humanitarian settings

3.3. Increase availability of a broad range of modern contraceptives and improve the method mix at different levels of the health care delivery system

3.4. Increase health care seeking behavior among populations with high unmet need for modern contraception by raising awareness on the importance of FP through various communication methods and media focusing on special groups like ethnic minorities, marginalized and disadvantaged groups

3.5. Strengthen evidence based/ informed learning for effective program implementation through research and innovations

3.6. Approve the Reproductive Health bill (RH bill)

Commitment 4:

4.1. Introduce eLMIS at the district and gradually to the HFs level by the end of 2019

4.2. Effective procurement functions in place for timely procurement of commodities

4.3. The proportion of HFs with “no stock out of FP commodities” increased from 70% to 95% by the end of 2020

Handsout 14: Important Activities under FP 2020 by Nepal

National Family Planning Costed Implementation Plan (2015-2020) ³⁵

The Government of Nepal aims to enable women and couples have desired healthy spacing and size of family through improvement in access to rights-based Family Planning Services and reduce unmet need of contraceptive devices. Family Health Division under the Ministry of Health and Population revised National Family Planning program to develop strategies and interventions that will enable the country to increase access to and use of quality family planning services by all people including poor, vulnerable and marginalized populations. The purpose of National Family Planning Costed Implementation Plan (CIP) is to articulate family planning priorities at the national level and to provide guidance at national and district levels through evidence based family planning programming. CIP also serves as a reference document for external and internal development partner and service provider for planning and implementation of family planning program so as to understand and contribute to national family planning priorities.

FP 2020 Commitment 2015: ³⁶

The Government of Nepal commits to enable equitable access to voluntary family planning services based on informed choice for all individuals and couples. For this, the government commits to increase the funding for family planning programs by at least 7% annually from 2015 to 2020, reposition family planning to foster sustainable social and economic development, ensure implementation of National Family Planning Costed Implementation Plan (2015-2020), identify barrier in access to family planning services and to improve the regulatory framework to promote public-private partnership.

FP 2020 Commitment Self reporting Questionnaire 2016 ³⁷

The Government of Nepal committed on Policy and political update, financial commitment, program and service delivery at the London Summit on Family Planning (2012). Nepal pledges to reposition FP to foster sustainable and economic development and to execute the CIP on FP (2015-2020), commits to raise and invest the financial resource required to meet programmatic and policy commitment, to broaden the range of modern contraceptives available and improve the method mix at different level of health care system.

FP 2020 revitalized commitment 2017 ³⁴

The Government of Nepal updated its commitment at the Family Planning Summit in London on July 11 2017. The Government of Nepal updated commitment with four specific commitments and anticipated impact.

Commitment one is about raising financial resources, promoting the local level budgetary allocation for FP and to continue raise annual government allocation for family planning by 7% each year until 2020. Commitment 2 commits to identify and address barriers to access FP service among individual. Couples belonging to special groups, including adolescent and youth through

the formulation of policies and strategies to address such barrier. Commitment 3 commits to strengthen enabling environment for family planning, strengthen capacity of health institutions and service provider, increase health seeking behavior among populations with high unmet need, strengthen evidence based learning for effective program implementation through research and innovation and to approve reproductive Health bill. Commitment 4 commits to reduce stock outs of the drug and commodities with effective implementation of e- Logistic Management Information system (eLMIS).

*Nepal Actions for Acceleration 2018-19*³⁸

The government of Nepal developed a basic action plan which included commitment, priority, focal point action, responsibility for each action and timeline to complete those activities. The Nepal actions for accelerations also explain its strategy further year and other funding opportunities to achieve FP 2020 targets.

*Nepal FP 2020 revitalized commitment 2018*³⁹

In this Nepal FP revitalized commitment 2018, the Government of Nepal has modified the questionnaire to include Nepal's original commitment which still stands and three standard questions to all FP 2020 commitment making countries that the Government of Nepal also responds. The questions were asked to get updates on the current status of engagement of civil society organization, young people, marginalized women and girls in decision making about the national family planning program and policies; to understand how the Government of Nepal is integrating family planning into Universal Health Coverage (UHC) and if or not Nepal participated in the 2018 data consensus meeting.

*Nepal prioritized action 2018-2020*⁴⁰

Nepal Actions for Acceleration 2018-19 is detailed plan of Action prepared by The Government of Nepal to ensure implementation of its commitment and proposed activities. The Nepal actions for Acceleration 2018-19 prioritizes enabling environment, demand generation, service delivery, capacity building and research and innovation. Under this commitment specific activities are designed on a quarterly basis with the specific institution and the person responsible for those program and strategy implementation. The Nepal actions for acceleration also maps focal point and stakeholders working on Family Planning. Furthermore, the document also explains current progresses as per commitments of the Government of Nepal and also describe current mechanisms for in country coordination on family planning.

*National Conference on Family Planning*⁴¹

National Conference on Family Planning was conducted on 18th and 19th March 2019 in Kathmandu Nepal. The National Conference on Family Planning Committee and declared to conduct social mapping to identify barriers through innovative approach, to increase the investment in family planning service, aligning with FP 2020 commitments, strengthening provincial and local level system in the context of federalism, lobbying for mandatory inclusion of Comprehensive Sexuality Education (CSE) in school curriculum and to ensure the reach of FP services among all.

Handsout 15: Opinion continuum on Family Planning

Statement: Contraceptive pill can cause cancer

Explanation: Disagree. The use of combined oral contraceptive has been proven to decrease the risk of two gynecological cancers i.e. ovarian and endometrial.

Statement: Teenagers are more likely to use Long Acting Reversible Contraceptive device over Condom and pill.

Explanation: Agree. Studies show teenage who receive accurate information about LARC options are likely to use and be satisfied with it.

Statement: Parental consent is not required to use Family Planning device

Explanation: No family planning service asks for parental consent or any other legal document to use family planning services.

Statement: You won't get pregnant if your partner withdraws before he ejaculates

Explanation: Disagree. There is possibility of sperm to be present at the tip of the penis before ejaculation which can result in a pregnancy.

Statement: You will not conceive if you have sexual intercourse during the period

Explanation: Disagree. Ovulation can occur earlier than expected and also sperm can live in women's body for five days.

Statement: Long term use of family planning methods will cause infertility

Explanation: Disagree. The women's ability to conceive resumes to regular schedule when she discontinues contraceptives

Statement: Safe abortion is one of the types of family planning

Explanation: Disagree. Safe abortion should not be used as a family planning method. UN General Assembly stresses that in no circumstances should abortion be promoted as family planning.

Statement: FP 2020 is a timely bound initiative with an urgent goal

Explanation: FP 2020 is for five periods of time, i.e. from 2015-2020 which demands strong commitment from focus countries.

Handsout 16: Information related to STIs and HIV and AIDS

The table includes name of STIs, mode of transmission and treatment available. ⁴²

S.N	STIs	Mode of transmission	Treatment
1	Chlamydia	<ul style="list-style-type: none"> - Chlamydia is caused by the bacterium Chlamydia trachomatis -Symptoms may include abnormal vaginal discharge, burning during urination, and bleeding in between periods, although most women do not experience any symptoms. - Symptoms in men include pain when urinating, and abnormal discharge from their penis - Chlamydia can infect the urinary tract and potentially lead to pelvic inflammatory disease (PID). 	Chlamydia can be cured with antibiotics.
2	Herpes	<ul style="list-style-type: none"> -Caused by infection with herpes simplex virus (HSV) - Symptoms can include small fluid-filled blisters, headaches, backaches, itching or tingling sensations in the genital or anal area, pain during urination, Flu like symptoms, swollen glands, or fever. -Herpes is spread through skin contact with a person infected with the virus. The virus affects the areas where it entered the body. 	There is no cure for the disease, but there are antiviral medications that treat its symptoms and lower the risk of transmission
3	Gonorrhea	<ul style="list-style-type: none"> - Gonorrhea is caused by bacteria that live on moist mucous membranes in the urethra, vagina, rectum, mouth, throat, and eyes. 	caused by the bacterium Neisseria gonorrhea

		<p>- Symptoms in men include burning and pain while urinating, increased urinary frequency, discharge from the penis (white, green, or yellow in color), red or swollen urethra, swollen or tender testicles, or sore throat.</p> <p>-Symptoms in women may include vaginal discharge, burning or itching while urinating, painful sexual intercourse, severe pain in lower abdomen (if infection spreads to Fallopian tubes), or fever (if infection spreads to Fallopian tubes); however, many women do not show any symptoms.</p>	
4	Syphilis	<p>- Syphilis is caused by the bacterium <i>Treponema pallidum</i> subspecies <i>pallidum</i>.</p> <p>-Clinical manifestations of syphilis include the ulceration of the uro-genital tract, mouth or rectum; if left untreated the symptoms worsen.</p>	It can be treated with antibiotics
5	HIV and AIDS	<p>-HIV and AIDS are caused by Human Immune Deficiency Virus which weakens the immune system of human being for human to develop opportunistic diseases.</p> <p>- The stages include primary infection, asymptomatic infection, symptomatic infection, and AIDS.</p> <p>-In the primary infection stage, an individual will have flu like symptoms (headache, fatigue, fever, muscle aches) for about</p>	There are now antiretroviral drugs (ARVs) available to treat HIV infections. There is no known cure for HIV or AIDS

		<p>2 weeks.</p> <p>-In the asymptomatic stage, symptoms usually disappear, and the patient can remain asymptomatic for years.</p> <p>-At symptomatic stage, the immune system is weakened, and has a low cell count of CD4+ T Cells.</p> <p>-When the HIV infection becomes life-threatening, it is called AIDS.</p>	
6	Trichomoniasis	<p>Trichomoniasis is a common STI that is caused by infection with a protozoan parasite called <i>Trichomonas vaginalis</i>.</p> <p>-Trichomoniasis affects both women and men, but symptoms are more common in women.</p>	<p>-Most patients are treated with an antibiotic</p>

Handsout 17: Leadership and Communication

Leadership:

Leadership is that capacity turn vision into realities through common effort and effective strategy. As stated by Dwight D. Eisenhower, ‘Leadership is the art of getting someone else to do something you want done because he wants to do it.’ If your action inspires others to dream more, learn more, do more and become more, you are a leader. John Quincy Adams. What leaders actually do is learn, take risks, experiment, Innovation, embraces error, provide momentum and transform leadership from generation to generation and one ideology to another with time. To sum up, leadership is a process of directing and influencing another individual or group of individual to accomplish a goal. It is the art and ability of inspiring, guiding, and directing people so that they ardently desire to do what the leader wishes

Types of Leadership: Autocratic, Democratic/ Bureaucratic and Lassaiz-fair

- Autocratic Leadership: This type is used when the leader tells his/her group what he/she wants to be done and how he/she wants it to be done, without getting the advice of his/her people. They retain most of the authority for themselves. They make decisions confidently and assume that group members will comply; they are concerned with group members’ attitudes toward decisions. They are considered task-oriented because they place heavy emphasis on getting tasks accomplished.
- Democratic Leadership: Participative leaders share decision making with group members. This style involves the leader, including one or more group members in determining what to do and how to do it. It encompasses so many behaviors that it can be divided into three subtypes: consultative, consensus, and democratic.
- Lassaiz-fair: In this style, the leader allows the team (or individual) to make the decision. Free-rein leaders turn over virtually all authority and control to the group. Leadership is provided to the group indirectly rather than directly. Group members are presented a task to perform and are given free rein to figure out how to perform its best. The leader does not get involved unless requested.

Communication:

Communication is a word deriving from Latin word communis and communicare – to share, to make known. For better communication one needs to emphasize on Active listening, clear

message, concise message, proper media to communicate and ensuring the proper transmission of messages.

Types of Communication: Verbal and nonverbal, Intercommunication and intra-communication; passive, aggressive and assertive communication.

- Verbal communication uses verbal signs, i.e. what we say and the nonverbal uses tone of voice, intonation, gestures, body language to communicate.
- Intrapersonal communication is communication within and with ourselves while Interpersonal communication is direct one-to-one communication which takes place among couples or in small groups.
- Assertive communication helps to stand up for your own or other people's rights in a calm and positive way, without being either aggressive, or passively accepting 'wrong'; Aggressive communication rarely shows praise or appreciation of others and an aggressive response tends to put others down and passive communication fails to communicate thoughts or experience to ignore or please people.

Handout 18: Case scenario on different tiers of government

Case one: The participant of three days' training session on Advocacy, FP and FP 2020 planned to conduct a sensitization session to youths of Itahari. The team prepared an application mentioning objective, date, time, and venue and requesting for Family planning methods for demonstration. The application was submitted to head of ward. The application was registered and the ward coordinated with Health post to provide Family planning devices to conduct programs.

Level of advocacy: Ward level (Local level)

Advocacy process: Coordination with Health post incharge and the the application/memorandum was registered after meeting with head of ward. Follow up meetings will be required

Focal Point: Health post Incharge and Head of ward.

Case two: The member of Blind Youth Association Nepal after completion of three day training session on Advocacy, FP and FP 2020 planned to conduct advocacy for accessible family planning service for visually impaired person at Budhanilkantha Municipality. The delegation from BAYN visited Health officer at the Health section of Budhanilkantha Municipality situated at chapali and registered an application/memorandum demanding disabled friendly structure and accessible family planning service.

Level of advocacy: Municipality Level (Local Level)

Advocacy process: Coordination with Health officer at Health section of Municipality and the application/memorandum was registered after meeting with mayor of Municipality. Follow up meetings will be required

Focal Point: Health officer and Mayor of Municipality

Case three: Sarathi conducted a youth consultation and based on consultation, the team of Sarathi decided to lobby at Provincial level. During consultation series of discussion was made and Sarathi prepared Position paper on Need of family Planning for youths in Nepal. The position paper was submitted to the Honorable Minister of Social Development Ministry and position of youth was expressed. For this delegation, prior appointment was taken in coordination with the Public Health Department and Personal Assistant of Minister submission of application/memorandum and continuous follow up was made.

Level of advocacy: Provincial level

Advocacy process: coordination with Public Health Department and Personal assistant of Minister through Public Health Department, prior appointment for meeting with minister, revision and preparation of application and memorandum and submission of application/memorandum.

Focal Point: Officer of Public Health Department, P.A of minister and Honorable Minister of Social Development ministry

Case Four: Visible Impact organized Panel discussion on FP 2020: Progress and achievement marking International Family Planning day. For this, visible impact coordinated with Family Welfare Division under Department of Health Services. A Representative from Ministry of Health and Population, representative from Family welfare division, representative from Civil Society organization and representative from youth activist were part of Panel discussion. The panelist discussed about current situation of family planning, current progress, achievement and way forward to fulfill commitment of FP 2020 by Nepal.

Level of advocacy: Federal level

Advocacy process: Coordination with Family Welfare Division, Ministry of Health and Population, Civil Society Organization and youth activists. For this, it is also important to find focal point through network to coordinate with. Invitation to target stakeholder for program, find moderator and prepare panel questions and the summary for the end of panel discussion.

Focal Point: Varies according to designated responsibility and time availability of speaker and moderator.

Handsout 19: Important International Conference for Family Planning and SRHR

International Conference on Population and Development:

International Conference on Population and Development (ICPD) is a conference meeting in Cairo in 1994 where 179 states adopted the Program of Action and called for all people and especially women to have access to comprehensive reproductive health care including voluntary family planning, safe pregnancy and childbirth services and prevention of sexually transmitted infections. ICP called for women's health and rights to take centre stage in national and global development efforts.¹⁹

More Information at:

https://www.unfpa.org/sites/default/files/event-pdf/PoA_en.pdf

Beijing Declaration:

On 15th September 1995 United Nations adopted a resolution on Fourth World Conference on Women which was Beijing Declaration. Beijing declaration adopted a set of principles of equality of men and women. The Beijing Platform for Action is an agenda for women's empowerment. Chapter IV (c) states about women and health. Beijing Platform of Action (1995) article 89 mentions that Women have the right to the enjoyment of the highest attainable standard of physical and mental health. Article 94 explains about right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law Article 96 of BPFA speaks about The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Article 101 speaks about attention that women with disability require especially for access to information and service related to health.

Handsout 20: Logbook

Advocacy, Family Planning and FP 2020

Visible Impact

Date:

Venue:

S.N	Reflection Question	Answer
1	How well did the session go? Did it meet your expectation, why or why not?	
2	Three new things that you learned today.	
3	Which session did you like more today? Why?	
4	One thing that you unlearned today.	
5	How might you be able to implement these learning in your life?	

Handsout 21: Pre and post evaluation form

Pre evaluation form

Visible Impact

Advocacy, Family Planning and FP 2020

1. How do you rate your understanding about Family Planning? (Rate 1 to 5, 1 being lower and 5 being higher)

1 2 3 4 5

2. How do you rate your understanding about FP 2020? (Rate 1 to 5, 1 being lower and 5 being higher)

1 2 3 4 5

3. How many types of family planning method are there?

- a) Temporary Family Planning Method
- b) Permanent Family Planning Method
- c) Traditional Family Planning Method
- d) All

4. Family Planning devices harm our body.

- a) Agree
- b) Disagree

5. Do you know about the withdrawal method of family planning?

- a) Yes, I know
- b) No, I don't know

6. Sperm are ejaculated from

- a) Testes
- b) Vas deferens
- c) Epididymis
- d) Penis

7. Which of the family planning device prevents Sexually Transmitted Infection?

- a) Intra Uterine Device
- b) Condom
- c) Pills
- d) All

8. Which is the current governance mechanism of Nepal?

- a) Federal
- b) Provincial
- c) Municipal
- d) All

9. What do you understand by Advocacy?

.....
.....

.....
.....
10. Parental consent is required to get access to Family Planning service

- a) Yes b) No

11. How do you rate overall training? (Rate 1 to 5, 1 being lower and 5 being higher)

- 1 2 3 4 5

Annex 2: Energizer

List of energizer during training session⁴³

Dance and Freeze

1. Put on music or if not, participants can clap or sing a song instead.
2. Ask the participants to dance to the music, and freeze in place when the music stops.
3. The last person to freeze is disqualified and must answer a question from the group: what is their favorite movie, favorite food, what they like best about where they live etc.
4. After they answer the question the music starts up again. Continue playing until there is a 'winner'.

Blindfold Maze:

1. All participants in the group will be blindfolded except for one, the leader.
2. This leader will be giving Instructions to the blindfolded participants.
3. The blindfold participants have to stand in a straight line, with their hands on the shoulders of the person in front of them.
4. When the time starts, the leader has to guide these participants through a man-made obstacle course (set up by you) in the shortest time possible.
5. The leader has to shout Instructions: "Turn left, Walk 2 steps forward..." and so on.
6. The leader is not allowed to touch the team members, but only allowed to give Instructions.
7. In the course of moving through the obstacles, they are not allowed to let go of their partner's hip.
8. The round is complete when the last person has passed through the finish line.
9. The time taken must be recorded down for both groups, and the group that finishes faster wins. Alternatively, if you only have one group, they can change their leader and repeat the exercise to see if they can beat their time.

Zip, Zap, Zoop

1. Participants will stand or sit in round shape
2. The participant has to point randomly to another participant and spell Zip, Zap, Zoop until a sequence is broken or if somebody is not fast enough to spell words
3. The game will proceed until we get a winner

Pass a Face

1. Ask participants to stand in a circle.
2. Begin with one participant making a face (a silly face, a sad face, an angry face).
3. The person next to this participant must imitate that face, passing it around the circle until it returns to the original person who made the face.
4. Has the face changed and discuss how it went wrong or were not.

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