

ADVOCACY BOOTCAMP



YOUTH FOR ACCESS TO
ABORTION FOR YOUTH

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Published

May 2020

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About the Manual

This manual is a reference document for facilitators to conduct 4-day training to young people on Sexual and Reproductive Health and Rights (SRHR), contraception, abortion rights and its advocacy at local and provincial level. The training is part of Youth for Access to Abortion for Youth (YAAY), a project funded by Safe Abortion Action Fund (SAAF) and implemented by Visible Impact to equip young people with all the necessary tools and preparation to share their knowledge and thus enhance their advocacy capacity to advocate for stigma free, youth friendly safe abortion services and information.

Despite abortion being conditionally legalized since 2002 and free of charge since 2016 in public health facilities, women in Nepal still resort to unsafe abortions due to stigma and accessibility of the safe abortion facilities. The most marginalized groups regarding abortion rights are young, unmarried women as well as married women in rural communities. Stigmatization keeps women that have undergone abortion from openly sharing their experiences with others, while lack of open discussion stigmatizes the issue.

The aim of YAAY is to unleash young people as champions for youth friendly safe abortion services, by shifting negative attitudes of community regarding abortion and enhancing awareness among young people regarding availability of safe and legal abortion for free in Nepal; through capacity building, youth friendly activities and evidence generation.

The bootcamp is targeted to young people aged 16-29 years, three from each of the seven provinces in Nepal. It will culminate into each youth champion developing their own action plan based on their local context. Throughout the provinces of Nepal, these young champions will be engaging the youth by organizing contests, workshops, open mic, flash mobs, celebration of safe abortion day, etc. Also, they will be responsible for conducting lobby meetings as direct forms of advocacy at their provincial and local levels.

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DAY 1

SESSION 1: INTRODUCTION TO TRAINING

Objectives

- ✓ To introduce the participants and facilitators with each other and to set training foundation through training objective sharing and expectation collection.

Methodology	Required Materials
✓ Match the word and pair exercise	✓ News print and marker
✓ Expectation mapping tree	✓ Meta card



Total time: 1 hour

Session Summary

S.No	Activity	Time Breakdown
1.1	Introduction to the training and objective sharing	15 min.
1.2	Introduction of participants and facilitators	30 min.
1.3	Expectation mapping	15 min.

Process and Instructions

Activity 1.1: Introduction to the training and objective sharing

- Welcome the participants and share a brief background and objectives of the training on why Visible Impact has brought together youth advocates from all around the country to participate in the training.
- Reflect on the important role of youth advocates to best utilize the training in enhancing their skills and broaden their understanding on issues of sexual reproductive health and rights, safe abortion and advocacy in particular.

Activity 1.2: Introduction of participants and facilitators

- Inform the participants that the training introduction will be done through a fun and interactive exercise.
- Distribute 1 meta card to each participant and tell them to match it with another participant to make a pair. The meta card will consist of key terminologies to be used in the training. For eg. If a participant gets a meta card with safe abortion written on it, he/she should find another person with the same terminology to make a pair.
- After finding their pair, they will sit together and interview each other by asking the following details: Name, Address, Hobbies and Aim in life. They can write the details if they can't remember it. After asking the details, they will introduce each other.

Activity 1.3: Expectation Mapping

- Provide sticky notes to participants to write down their expectations from the training. It should be written in short and the participants should be instructed to be as specific as possible.
- The sticky notes will be stacked inside the tree drawn in newsprint. Tell participants that as the training progresses, the facilitator will try to meet the expectations within the framework of the training content.

Note to facilitator

- ✓ *Prepare meta card with key terminologies for the introduction activity of participants*
- ✓ *Draw a tree in a news print for the expectation collection activity.*

Conclusion

Wrap up the the introductory session on a positive note by thanking all the participants for their active participation to set the training foundation. Reiterate on the important role of participants to make the training interactive, participatory and productive.

Content for facilitator

Activity 1.2: Introduction of participants and facilitators

The key terminologies for match the word and pair exercise can be; safe abortion, family planning, sexual reproductive health, human rights, advocacy, action plan, surgical abortion, medical abortion, stigma and discrimination, effective communication, youth advocate etc.

DAY 2

SESSION 2: INTRODUCTION TO TRAINING: CONTINUED

Objectives

- ✓ To assess participant's knowledge on the training topics through pre-test evaluation and also set ground rules for common agreement on training management.

Methodology	Required Materials
✓ Pre-Test	✓ News print and marker
✓ Discussion	✓ Meta card



Total time: 30 min.

Session Summary

S.No	Activity	Time Breakdown
2.1	Pre test evaluation	20 min.
2.2	Ground rules setting	10 min.

Process and Instructions

Activity 2.1: Pre-test evaluation

- Provide pre-test evaluation forms to be filled by the participants. The participants should put their signature in the form as it has to be matched with the post test evaluation form for final evaluation.
- Tell participants that this is not an examination and its objective is to assess the baseline level of knowledge, attitude and skills of participants on the training issues and content.
- This is an individual activity so encourage the participants to answer from their own understanding.

Activity 2.2: Ground rules setting

- Setting of ground rules should be done through interactive and participatory approach. Ask the participants what rules and regulations should be set to maintain discipline and uniformity in the training and write the responses in the newsprint, which should be agreed by all participants.

Note to facilitator

- ✓ *Print pre-test evaluation form before the training to conduct the pre-test evaluation of participants.*

Conclusion

This is the conclusion of the introductory activities and a foundation has been set to start the training contents so inform the participants to be participatory and interactive in the upcoming training sessions.

Content for facilitator

Activity 2.1: Pre-test evaluation

Pre-test evaluation form is available in the annex section.

Activity 2.2: Ground rules setting

Points for ground rules which should not be missed out by the facilitator.

- ✓ Respecting each other irrespective of their geographical, ethnic, religious or cultural characteristics.
- ✓ Respecting each other's ideas and values even if you disagree with them.
- ✓ Active listening.
- ✓ Avoiding sudden interruption when the person is speaking.
- ✓ Respecting and maintaining confidentiality.
- ✓ Agreeing to provide space for equal and active participation.
- ✓ Time management.
- ✓ No need to ask facilitator to leave room for picking up mobile phones or restroom, but make sure you don't disturb others.

SESSION 3: SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Objectives

- ✓ To introduce the basic concept of human rights with emphasis on sexual and reproductive health and rights.

Methodology	Required Materials
✓ Question and answer	✓ News print and marker
✓ Case study analysis	✓ 4 copies of Sita's case story
✓ Mini lecture	✓ Sexual and Reproductive Health and Rights written in different metacards.
✓ Group work and discussion	



Total time: 1 hour 30 min.

Session Summary

S.No	Activity	Time Breakdown
3.1	Introduction to Human Rights	10 min.
3.2	Human Rights and Women Rights	10 min.
3.3	Introduction to Sexual and Reproductive: Health and its components	20 min.
3.4	Sexual and Reproductive Health and Rights: Introduction, group work and presentation	30 min.
3.5	Sexual and Reproductive Health and Rights: Case story analysis	15 min.
Conclusion		5 min.

Process and Instructions

Activity 3.1: Introduction to Human Rights

- To start with the session, ask participants about their understanding on the basic concept of human rights with the following questions.
 - ✓ What does it mean to be fully human?
 - ✓ What do human beings require to lead fully human lives?
 - ✓ What are the three rights that you consider the most important for yourself and your family members?

- Summarize the responses from the participants.
- Ask a volunteer to come forward and explain about the basic functions of the human organs such as brain, eyes, ears, legs, hands and heart. After the explanation ask participants how these functions can be linked with the basic concept of human rights. After the response from the participants, explain the concept of human rights and provide a brief overview of the global human rights movement with emphasis on the universal declaration of human rights and its importance. *Refer to the content section of activity 3.1 below for information on human rights.*
- Highlight the importance of one's duties and responsibilities when talking about rights based approach.

Activity 3.2: Human Rights and Women Rights

- Ask participants about their understanding on women rights and after getting 2-3 responses, give a mini lecture on women rights from global as well as national perspectives. Also, highlight the major issues of women rights as human rights. *Refer to the content section of activity 3.2 below for information on women rights and human rights.*

Activity 3.3: Introduction to Sexual and Reproductive Health and its components

- Provide sticky notes to each participant and instruct them to write key words related to sexual and reproductive health as per their understanding. Stack the notes in the newsprint and read out few responses from the participants.
- Summarize the concept and components of sexual and reproductive health and provide a brief overview of each component. *Refer to the content section of activity 3.3 for detailed information on 9 components of sexual and reproductive health.*

Activity 3.4: Sexual and Reproductive Health and Rights: Introduction, group work and presentation

- Ask participants about their understanding on Sexual and Reproductive Health and Rights (SRHR) and write their responses in the newsprint. The facilitator will then introduce the concept of SRHR by linking it with the framework of human rights. Explain participants that SRHR lies within the broader concept of basic human rights.
- Divide the participants into 4 different groups and distribute each group with 4 SRHR points written in 4 different meta card. Instruct the participants to do group discussion on the given topic and do group presentation about their understanding on the given rights. Provide 8 min. for group discussion and 3 min. to each group for presentations. *Refer to the content section of activity 3.4 for information on 16 points of SRHR.*
- The facilitator will then collect all the meta cards and stick it in a newsprint to summarize the participant's responses and also provide a deeper explanation on

SRHR. Refer to the content section of activity 3.4 below for detailed explanation on the SRHR.

Activity 3.5: Sexual and Reproductive Health and Rights: Case story analysis

- Instruct the participants to remain in the same 4 groups to do a case story analysis on Sita's story and provide 4 copies of the story to each group. Give 5 min. to read and discuss on the following questions. Refer to the content section of activity 3.5 below for the case story and answers.
 - ✓ Which of the sexual and reproductive health and rights Sita couldn't use?
 - ✓ What could have Sita done to get those rights?
- Take 1 response from each group to reflect on the case story and also provide possible different ways Sita could have applied to enjoy her sexual and reproductive health and rights.

Note to facilitator

- ✓ *Ensure that all participants are comfortable to talk and discuss on issues of sexual and reproductive health and rights. Use short and appropriate icebreakers if there are difficulties to lead discussions in the group.*
- ✓ *Ensure that every participant respect each other's right to privacy and confidentiality while learning and sharing on issues of sexual and reproductive health and rights.*
- ✓ *Prepare a list of 9 components of sexual and reproductive health in newsprint for display in the activity 3.3.*
- ✓ *Write down 16 points of sexual and reproductive health and rights in 16 different meta card to use in the activity 3.4.*
- ✓ *Prepare 4 copies of Sita's case story to distribute in 4 groups in activity 3.5.*

Conclusion

Before closing the session, ask 2-3 participants about the key messages from the session. Sexual and Reproductive Health and Rights are basic fundamental human rights. A human is entitled to all these rights without any inequalities and discrimination. Everyone should be aware of these rights and also about the legal provisions when one is not able to enjoy the rights. While being aware about rights, one should also be responsible and aware not to hamper another person's rights. Rights and duties go hand in hand.

Content for facilitator

Activity 3.1: Introduction to Human Rights

Human body and its link with human rights

- ✓ Brain – Freedom to have your opinion/ Freedom to follow your choice
- ✓ Eyes – Freedom to see everything and have access to information
- ✓ Mouth – Freedom to expression
- ✓ Ears – Freedom to access information, any news
- ✓ Hands – Freedom to act
- ✓ Legs – Freedom to move
- ✓ Heart and Body – Enough food, education, health, social security, Economic, Social and Cultural Rights

Human rights are the basic rights and freedoms that belong to every person in the world, from birth until death. These basic rights are based on shared values like dignity, fairness, equality, respect and independence. These values are defined and protected by law. The facilitator will also link the importance of fulfilling one's duties and responsibilities while enjoying the rights.

Human rights are universal, they belong to everyone, everywhere. Human rights are essential for all people, and they must be protected, respected and fulfilled for everyone: for men and women, for people who are married and those who are not, and for people of all ages, regardless of status or identity. Human rights include women's rights and sexual and reproductive health and rights. This was affirmed internationally in the Vienna Conference on Human Rights in 1993 and the International Conference on Population and Development (ICPD) in Cairo in 1994. In fact, sexual and reproductive health and rights are part of a continuum of human rights. In 2016, the Committee on Economic, Social and Cultural Rights ensured the right to sexual and reproductive health. It is not only an integral part of the right to health; it is fundamentally aligned to the enjoyment of many other human rights, including the rights to life, health and education, the rights to equality and non-discrimination, the right to privacy and freedom from torture, and individual autonomy.

These rights are interrelated and interdependent. For example, when an adolescent girl is denied access to sexual and reproductive health services, she is more likely to become pregnant early and to drop out of school, affecting her right to an education. She is also more likely to face death or injuries related to pregnancy and childbirth, affecting her rights to life and the highest attainable standard of health. Her choices and future potential will be curtailed, affecting her self-determination and right to an adequate standard of living. (UNFPA).

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.

Activity 3.2: Human Rights and Women Rights

Women’s rights have been at the heart of a series of international conferences that have produced significant political commitments to women’s human rights and equality. Starting in 1975, which was also International Women’s Year, Mexico City hosted the World Conference on the International Women’s Year, which resulted in the World Plan of Action and the designation of 1975–1985 as the United Nations Decade for Women. In 1980, another international conference on women was held in Copenhagen and the Convention on the Elimination of All Forms of Discrimination against Women was opened for signature. The third World Conference on Women was held in Nairobi, with the Committee on the Elimination of Discrimination against Women having begun its work in 1982. These three world conferences witnessed extraordinary activism on the part of women from around the world and laid the groundwork for the world conferences in the 1990s to address women’s rights, including the Fourth World Conference on Women held in Beijing in 1995 .

The International Conference on Population and Development, which was held in 1994, represented a milestone for women’s rights. While the Conference was focused on population issues, the delegates meeting in Cairo agreed that population was not only about demographics but, more importantly, about people. The issues taken up in its Programme of Action are fundamentally related to women’s human rights, including gender equality, the family, reproductive health, birth control and family planning, women’s health, as well as immigration and education of women.

In 2000, the international community agreed to eight time-bound development goals to be achieved by 2015, including a goal on gender equality and the empowerment of women, as well as one on the reduction of maternal mortality. Seven of the Goals have specific targets to measure progress. The United Nations Conference on Sustainable Development (“Rio+20”) brought Heads of State and Government to Brazil in 2012, to appraise progress in the implementation of agreements struck since the landmark 1992 United Nations Conference on the Environment and Development in Rio de Janeiro. The outcome document, entitled “The future we want”,⁹ also reaffirms the commitments of States to “women’s equal rights, access and opportunities for participation and leadership in the economy, society and political decision-making” and includes explicit references to accelerating the implementation of commitments in the Convention on the

Elimination of All Forms of Discrimination against Women, the Beijing Platform for Action and the Millennium Declaration

The 2030 Agenda for Sustainable Development and its 17 Sustainable Development Goals (SDGs) adopted by world leaders in 2015, embody a roadmap for progress that is sustainable and leaves no one behind. Women's equality and empowerment is one of the 17 Sustainable Development Goals, but also integral to all dimensions of inclusive and sustainable development.

In short, all the SDGs depend on the achievement of Goal 5. Gender equality by 2030 requires urgent action to eliminate the many root causes of discrimination that still curtail women's rights in private and public spheres. Women and girls, everywhere, must have equal rights and opportunity, and be able to live free of violence and discrimination. (UN Women).

Activity 3.3: Introduction to Sexual and Reproductive Health and its components

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.

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.

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

Activity 3.4: Sexual and Reproductive Health and Rights: Introduction, group work and presentation

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)

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:

Nepal has shown its commitment to promote and protect the sexual and reproductive health and rights of its citizens through various legal provisions, policies and action plans. The National Health Policy (1991), Medium Term Strategic Plans, the National Reproductive Health Strategy (1995), the Adolescent Health and Development Strategy (2000), and the Nepal Health Sector Program II (NHSP II, 2010-2014) outline broad strategies for reproductive health in Nepal. The Right to Safe Motherhood and Reproductive Health Act, 2075 (2018) is an important legal policy endorsed by the government of Nepal to ensure the sexual and reproductive health and rights of people.

After the International Conference on Human Rights (1968), reproductive rights began to develop as a subset of human rights at an international agenda. Reproductive rights are legal rights and freedoms relating to reproduction and reproductive health that vary amongst countries around the world. 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.

Activity 3.5: Sexual and Reproductive Health and Rights: Case story analysis

Sita is 16 years old. She was studying in class 8 but she had to leave school due to her family's poor economic condition. She is working in a factory to support her family. She didn't know anything about her health and rights. Her parents forcefully married her and she couldn't do anything about it. She wished to give birth to a child only after 3-4 years of marriage and she wanted to use family planning devices for this but after 1 year she was pregnant due to family pressure. She had to give birth to a child at home due to the traditional belief of her family. She couldn't tell the family that she wanted to go to the hospital for better health services. Due to delivery complications and lack of trained health personnel, she passed away. She lost her life as she couldn't get emergency delivery services at a health facility in time.

Some of the rights that Sita couldn't use,

- ✓ The right to equality and non-discrimination
- ✓ The right to life, liberty, and security of the person
- ✓ The right to enjoy the benefits of scientific progress and its application
- ✓ The right to information
- ✓ The right to education and the right to comprehensive sexuality education
- ✓ The right to enter, form, and dissolve marriage and similar types of relationships based on equality and full and free consent
- ✓ 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

- ✓ The right to the freedom of thought, opinion, and expression

What could have been done by Sita to exercise her rights?

- ✓ She could have convinced her parents to continue her studies in government school and marry only after turning 20 years old. She could have been self dependent with good education and livelihood opportunities allowing her to take decisions on her own.
- ✓ She could have taken help from her extended family members or social worker from her community to talk about the harmful effects of child marriage.
- ✓ She could have convinced her husband to seek better counseling and health services at local health center to get accurate and adequate information about various methods of family planning devices and also know about harmful effects of teenage pregnancy.

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SESSION 4: LIFE CYCLE APPROACH

Objectives

- ✓ To highlight the importance of sexual and reproductive health and rights and its impact in every stages of human life.

Methodology	Required Materials
✓ Visualization exercise	✓ 13 copies of pictures (A4 size) representing various aspects of life
✓ Brain storming	✓ Calm meditative music
✓ Assembling pictures of various stages of life cycle	



Session Summary

Total time: 45 min.

S.No	Activity	Time Breakdown
4.1	Visualization exercise and reflection	15 min.
4.2	Assembling the pictures in correct flow of life cycle	10 min.
4.3	Summary and Reflection	15 min.
	Conclusion	5 min.

Process and Instructions

Activity 4.1: Visualization exercise and reflection

- Create a calm environment for the participants to sit comfortably and relax.
- Ask the participants to close their eyes to listen to the instructions carefully.
- Play a calm meditative music in the background, and start reading the script on visioning exercise. While reading out questions from the script, pause for sometime to let them reflect on it for some time. Give 10 min. for the visioning exercise. *Refer to the content section of activity 4.1 for the script.*
- The script will take the participants from their childhood to their present stage and also provide space for them to think about the future consequences related to their sexual and reproductive health.
- After the exercise listen to the reflection of 2-3 participants to share their experiences from the exercise. Give 5 min. time for the shaing of participants.

Activity 4.2: Assembling the pictures in correct flow of life cycle

- Inform participants that a exercise is going to be conducted with the pictures of various aspects of a life cycle.
- Make a pair of 2 participants and provide the pair with 1 picture each from the life cycle to discuss on the impact and consequences of sexual and reproductive health in that particular picture. Give 5 min. to discuss in pairs on the given picture and then instruct the participants to form a big circle to assemble the 13 pictures into correct flow of life cycle inside the circle. Encourage every participant to present their opinion and agree on the flow of life cycle. Give 5 min to the larger group dicsssion to assemble pictures.

Activity 4.3: Summary and Reflection

- After the participants are done with assembling the pictures, make corrections if required.
- Listen to each pair on their reflection from the particular life cycle they discussed. Give 2 min. to each pairs to share their views briefly. Encourage participants to share insights on their own life concerning sexual and reproductive health and rights and also from cases they've seen in their family and community.
- After listening to all pairs, summarize the essence of the session. *Refer to the content section of activity 4.3 for the essence on life cycle approach.*

Note to facilitator

- ✓ *Print the 13 aspects of life cycle in a A4 size paper.*
- ✓ *While doing the visualization exercise, select a calm meditative music. Some participants might have difficulties to close their eyes so tell them they can sit comfortably and look down and follow the instructions.*

Conclusion

Before closing the session, ask 2-3 participants about the key messages from the session. Sexual and reproductive health and rights are important in every phase of life. Every aspect of human life is connected with one or more consequences of sexual and reproductive health and rights. A person might be affected in 1 or more aspect of life cycle and it is also a violation of human rights. So everyone should be aware about their bodies, health and rights.

Content for facilitator

Activity 4.1: Visualization exercise and reflection

Script for visualization exercise

Reflect on your life and think about the following questions.

- ✓ What was your childhood like?
- ✓ What did your parents do and how was your family like? Was it small or big? What kind of friends or friend circle did you have? How was your school like?
- ✓ As you moved from your childhood to your adolescent phase, did you see or experience any kind of gender discrimination in your family? If you didn't experience it, did you see such discrimination in your community?
- ✓ Have you ever experienced any forms of sexual abuse or harassment? If yes, where was it and how did it affect you? If you haven't experienced such cases, have you seen or heard about such cases? How did you feel after hearing or seeing such cases? How would you feel if you ever experienced sexual abuse or harassment?
- ✓ For girls: How was your first menstruation experience? How did you handle the situation. Did you experience any kind of cultural practice after your first menstruation? How did you feel? How did your life change after that?
- ✓ For boys: If you have sisters, how did you feel when you heard that your sister had menstruation for the first time? Did you ever ask about it with your parents or sister? Whenever your mother or sister has menstruation, what changes do you see in their daily lifestyle? Does it affect your lifestyle? For eg. Your mother or sister may cook for you and if she is not allowed to go into the kitchen during menstruation, who takes the responsibility of cooking?
- ✓ Are you currently in a relationship? Have you ever indulged in sexual intercourse with your partner? If yes, are you aware about the safety measures or the risks and complications of not following safety? If yes, have you been forced by your partner to do sexual intercourse? If no, how would you feel if you were forced by your partner to do unsafe sex?

Activity 4.2: Assembling the pictures in correct flow of life cycle



Activity 4.3: Summary and Reflection

A human life starts from pre-birth and it goes through various phases of life from childhood to old age. A human life experiences various consequences related to sexual and reproductive health even before a baby is born. The geographical, political, economical and socio-cultural diversity of a particular place or community largely influences an individual, family and society to practice one's traditional norms and values and these factors significantly help to impact the sexual and reproductive health

and rights of people. Sex selected abortion can happen leading to various complications and it is a major issue in many communities especially in South Asian countries including Nepal. Gender discrimination, sexual abuse, child marriage and early pregnancy can happen in childhood and adolescent phase. There are many issues such as risks of unsafe sex, sexually transmitted infections like HIV & AIDS, unplanned and unwanted pregnancies which can happen in these phases of life. As a person starts getting older there are issues such as menopause and sexual dysfunction that can occur. Each and every stage of human life cycle is exposed to risks and vulnerabilities that can hinder people to exercise and enjoy their sexual and reproductive health and rights to the fullest.

SESSION 5: EXPLORING INFORMATION AND METHODS OF CONTRACEPTIVES

Objectives

- ✓ *To provide information about different contraceptive methods, their effectiveness including unmet need of contraceptives and unwanted pregnancy in Nepal.*

Methodology	Materials Required
✓ Demonstration	✓ Contraceptives for demonstration
✓ Observation and Gallery walk	✓ Utilization and effectiveness of contraceptive methods chart
✓ Discussion	✓ Chart on prevalence of unwanted pregnancy in Nepal
✓ Orientation	✓ SRHR factsheet of Nepal



Session Summary

Total time: 45 min.

S.No	Activity	Time Breakdown
5.1	Observation of all contraceptive materials and informative posters	20 min.
5.2	Discussion and orientation of contraceptive materials and informative posters	20 min.
Conclusion		5 min.

Process and Instructions

Activity 5.1: Observation of contraceptive materials and informative posters

- Setup the contraceptive devices in a table and prepare various posters for the gallery walk. The posters should include information on contraceptive methods, effectiveness of contraceptive methods , SRHR factsheet of Nepal and statistics showing unwanted pregnancy and unmet contraceptives. Refer to the content section of activity 5.1 for detailed information.
- Ensure that the posters with different materials are stacked in the wall in the following order.
 - ✓ Contraceptive methods
 - ✓ Effectiveness of contraceptives methods
 - ✓ Statistics showing unwanted pregnancy
 - ✓ Statistics showing unmet need among teenagers.
 - ✓ SRHR factsheet of Nepal
- Inform participants that the purpose of this activity is to learn different information and facts around contraceptives methods and it's effectiveness, unwanted pregnancy and unmet need of contraceptives in Nepal.
- Instruct the participants to be ready for the gallery walk and provide 20 min. to observe all the contraceptive materials and information on the posters.

Activity 5.2 : Discussion and orientation of contraceptive materials and informative posters

- After the completion of the gallery walk, ask the participants what new information did they acquire from the displayed contractive devices and informative posters.
- Take responses from 4-5 participants to share their learning from the gallery walk. The sharing from participants will guide the facilitator to explain missing information as well as correct the inaccurate information.
- Summarize the information on contraceptive materials and informative poster in the following order.
 - ✓ Contraceptives methods
 - ✓ Chart related to utilization and effectiveness of family planning
 - ✓ Statistics related to unwanted pregnancy
 - ✓ Statistics showing unmet need among teenagers
 - ✓ SRHR factsheet of Nepal
- *Refer to the content section of activity 5.2 for detailed information.*

Note to facilitator

- ✓ *Collect different contraceptives such as condom, femedom, IUCD, pills, Implant for display in the gallery walk activity.*
- ✓ *Prepare and write down other information on permanent methods of contraceptives and other information in news print for display in the gallery walk activity.*
- ✓ *Use the word contraceptives instead of family planning. Family planning is a larger concept involving preparation and knowledge around your “family future.” And contraceptives is the group of methods you use or steps you take to avoid pregnancy before you’re ready.*

Conclusion

Before closing the session, ask 2-3 participants about the key messages from the session. Various methods of contraception are available which works differently to prevent pregnancies. Traditional methods of contraception are less effective and permanent, implant and norplant are proven most effective. But none of the methods are 100% reliable. On the other hand unmet need for contraceptives is high leading to more unwanted pregnancies. Out of total pregnancy, almost 50% are unwanted and 1/4th of them are terminated. Only due to use of contraceptives large no of unwanted pregnancies, unsafe abortion and maternal mortality can be reduced.

Content for facilitator

Activity 5.1: Observation of contraceptive materials and informative posters

1. Contraception

It is the process of using any of various methods intended to prevent pregnancy. Deliberate use of methods or other techniques to prevent pregnancy as a consequence of sexual intercourse is known as contraception.

Contraception tries to stop this happening by:

- ✓ keeping the egg and sperm apart
- ✓ stopping egg production
- ✓ stopping the fertilised cell attaching to the lining of the womb

Note: As per the right based approach, the word “contraception” is preferred as to “family planning”. Family planning is a larger concept involving preparation and knowledge around your “family future.” And contraceptives is the group of methods you use or steps you take to avoid pregnancy before you’re ready.

Types

a. Natural Method

- ✓ Lactational Amenorrhea Method (LAM)
- ✓ Basal Body Temperature (BBT) Method
- ✓ Sympto-thermal Method
- ✓ Withdrawal (coitus interruptus)
- ✓ Calendar method or Rhythm method

b. Artificial Method

Temporary Methods

- ✓ Short Acting (Pills, Depo Inj, Condom)
- ✓ Long Acting (IUCD, Implant)

Permanent Methods

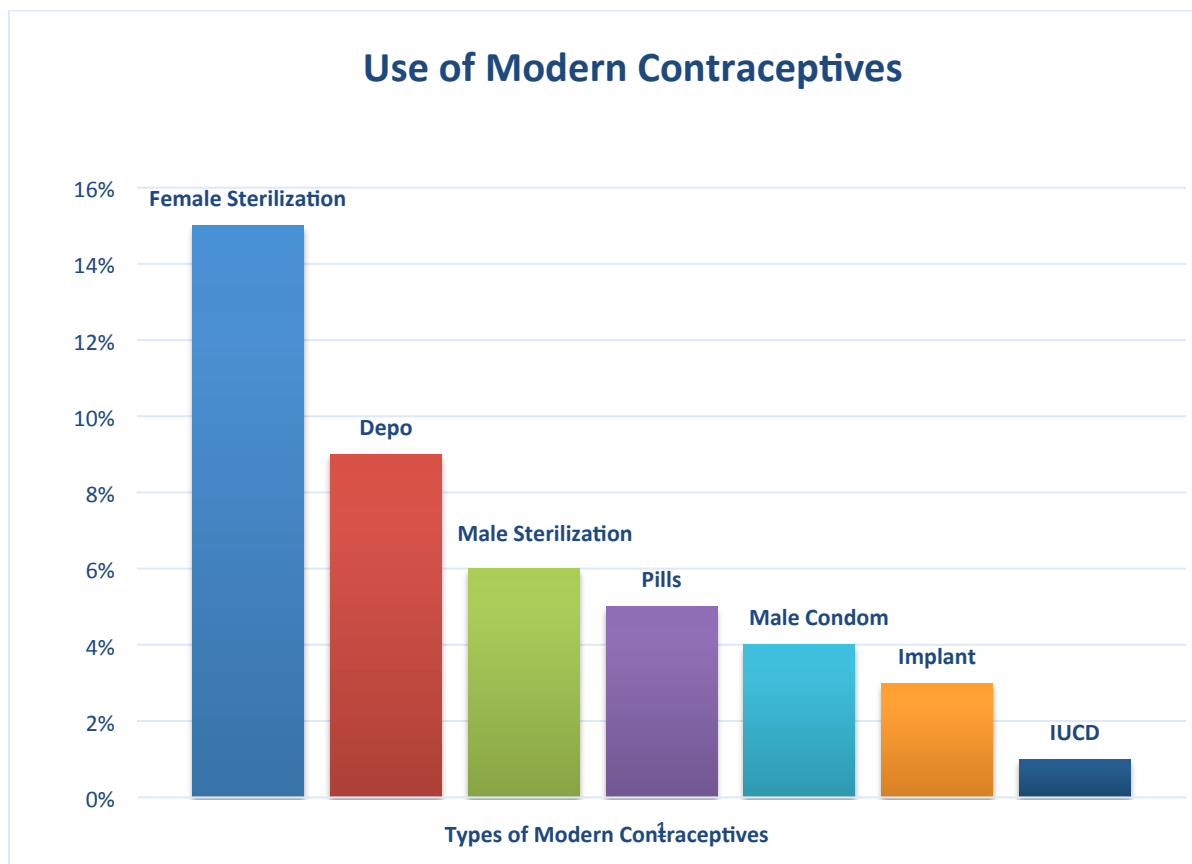
- ✓ Minilap
- ✓ Vasectomy

Method	Description	How it works ?
Short Acting Contraceptives		
Combined oral contraceptives (COCs) or “the pill” (Regular Pills)	Contains two hormones (estrogen and progesterone)	Prevents the release of eggs from the ovaries (ovulation)
Progesterone only injectables (Depo)	Injected into the muscle every three months	Thickens cervical mucus to block sperm and egg from meeting and prevents ovulation
Emergency contraception pills (ulipristal acetate 30 mg or levonorgestrel 1.5 mg)	Pills taken to prevent pregnancy up to 5 days after unprotected sex	Delays ovulation
Male Condoms	Sheaths or coverings that fit over a man's erect penis	Forms a barrier to prevent sperm and egg from meeting
Femidom	Sheaths, or linings, that fit loosely inside a woman's vagina, made of thin, transparent, soft plastic film	Forms a barrier to prevent sperm and egg from meeting
Long acting Contraceptives		
Implants (For 5 years)	Small, flexible 2 rods or capsules placed under the skin of the	Thickens cervical mucus to block sperm and egg

	upper arm; contains progesterone hormone only	from meeting and prevents ovulation
Intrauterine Contraceptive Device(IUCD) (For 12 years)	Small flexible T shaped plastic device containing copper sleeves or wire that is inserted into the uterus	Copper component damages sperm and prevents it from meeting the egg
Permanent Method of contraceptives		
Minilap	Permanent contraception to block or cut the fallopian tubes	Eggs are blocked from meeting sperm
Vasectomy	Permanent contraception to block or cut the vas deferens tubes that carry sperm from the testicles	Keeps sperm out of ejaculated sem
Natural method of Contraceptives		
Lactational amenorrhea method (LAM)	Temporary contraception for new mothers whose monthly bleeding has not returned; requires exclusive or full breastfeeding day and night of an infant less than 6 months old	Prevents the release of eggs from the ovaries (ovulation)
Basal Body Temperature (BBT) Method	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 C.	Prevents pregnancy by avoiding unprotected vaginal sex during fertile days
Sympto-thermal Method	Women track their fertile periods by observing changes in the cervical mucus (clear texture) and body temperature (slight increase)	Prevents pregnancy by avoiding unprotected vaginal sex during most fertile
Calendar method or rhythm method	Women monitor their pattern of menstrual cycle over 6 months, subtracts 18 from shortest cycle length (estimated 1st fertile day) and subtracts 11 from longest cycle length (estimated last fertile day)	The couple prevents pregnancy by avoiding unprotected vaginal sex during the 1st and last estimated fertile days, by abstaining or using a condom.
Withdrawal (coitus interruptus)	Man withdraws his penis from his partner's vagina, and ejaculates outside the vagina, keeping semen away from her external genitalia	Tries to keep sperm out of the woman's body, preventing fertilization

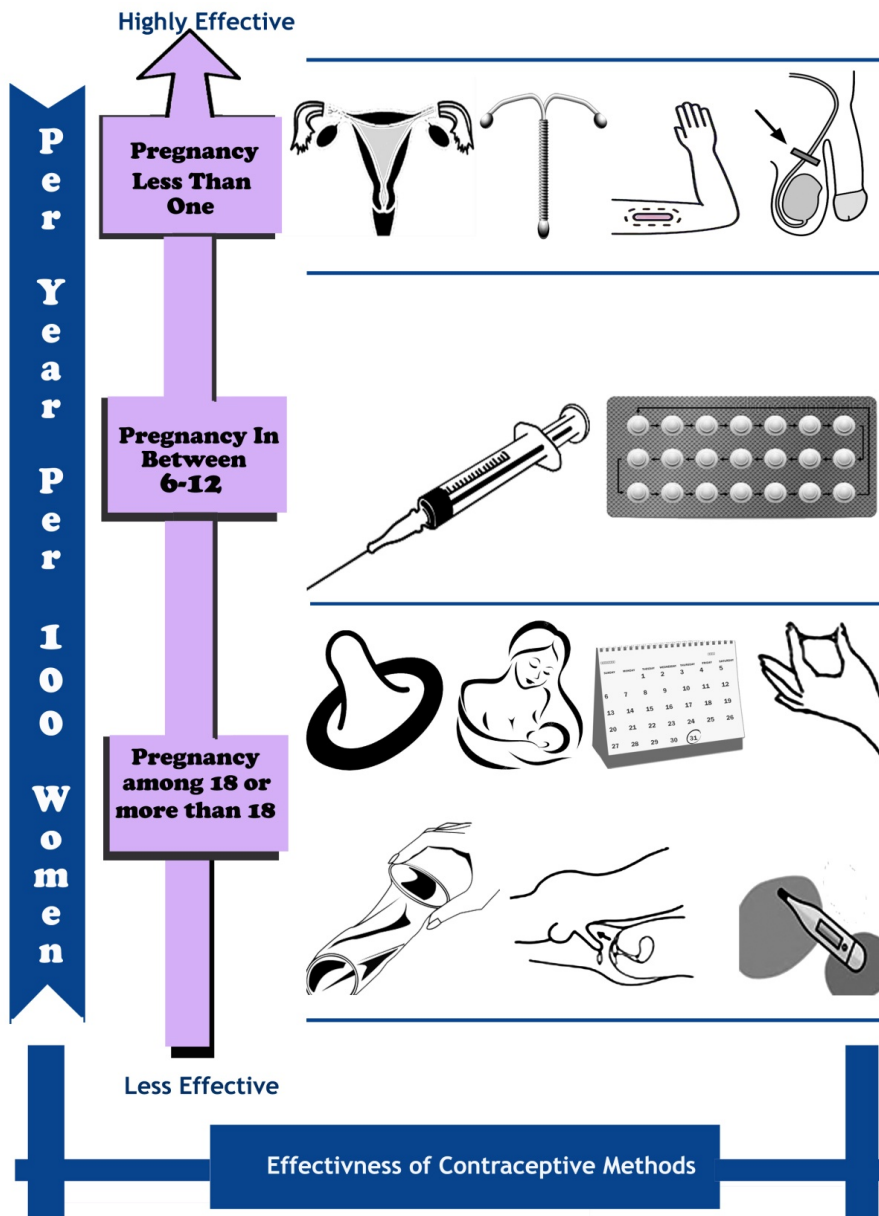
Source: Family planning/Contraception, WHO

2. Utilization and Effectiveness of contraceptives methods



Overall, 53% of currently married women use a some method of contraceptives, with 43% using a modern method and 10% using a traditional method. Female sterilization is the most commonly used method (15%), followed by injectables (9%), male sterilization (6%), and the pill (5%)

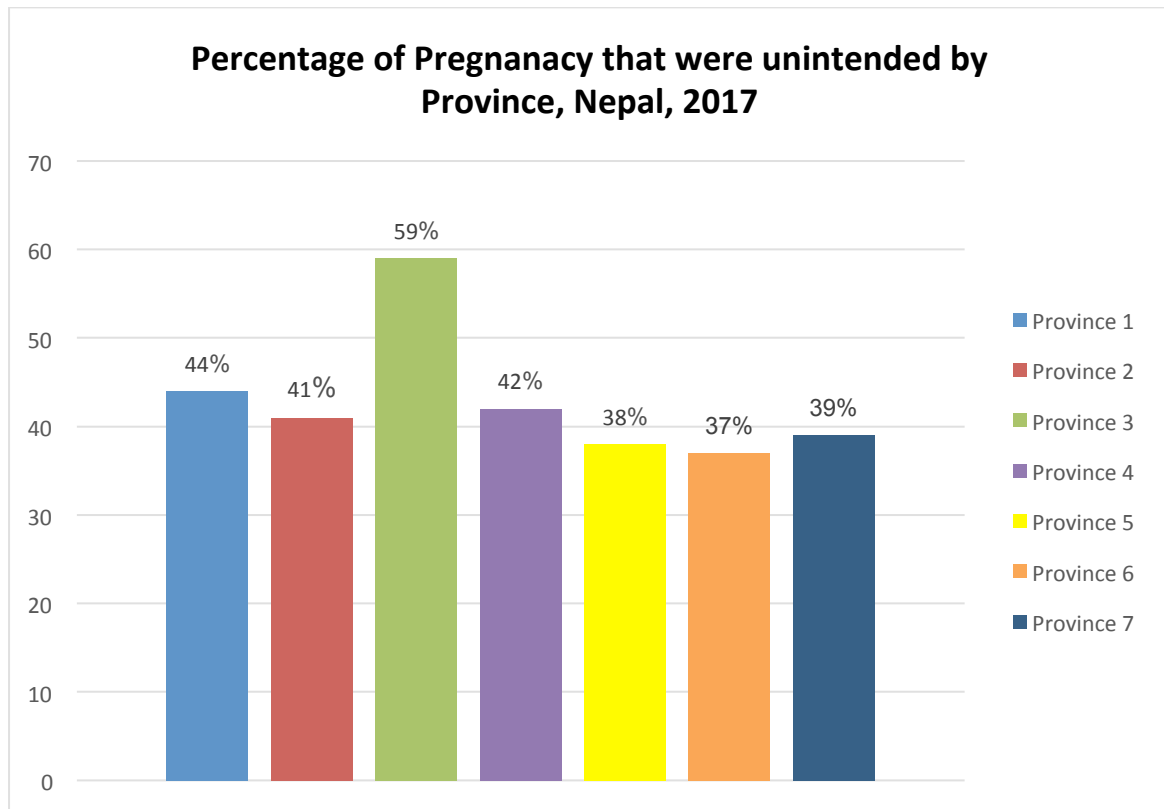
Source: NDHS, 2016



There is higher chance of being pregnant when we use natural methods and condoms as method of contraceptives. Injectables Depo and Pills are more effective when used regularly. Implants, IUCD and permanent methods of contraception are most effective - where there is chance of less than one pregnancy out of 100 women per year. But none of the methods of contraception are 100% effective. Hence, there always remains chances of unwanted pregnancy even though one or other methods of contraception are used.

Source: NDHS, 2016

3. Statistics showing Unwanted Pregnancy



Out of total pregnancies, 45% of the pregnancies are unwanted in Nepal. Nearly 1/3rd of pregnancies end into births and 2/3rd end into induced abortion. Percentage of unintended is highest among Province 3 (Bagmati Province) i.e 59% and least in province 6 (37%). Among total unwanted pregnancy majority (80%) of unwanted pregnancy is due to not using of contraceptives method, 13 % among those who using traditional method and only 7% is due to contraceptives failure.

Source: Crepha, 2017

4. Unmet need of family planning

It is defined as a gap between one's indicated fertility preferences and his or her contraceptives use at a given period. Unmet need is not only limited to whether women/husbands were not provided with family planning facilities; it also means that provided services have not been introduced as an motivating source to women due to lack of adequate information and qualitative services.

Women with unmet need are those 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.

Unmet Need Of Contraceptives			
Province	15-49 years*	15-19 years**	Education Status ***
Province 1	25%	16%	No education: 33% Primary Level: 30% Some Secondary Level: 17% SLC and above: 7%
Province 2	21%	27%	
Province 3	20%	10%	
Province 4	30%	14%	
Province 5	28%	13%	
Province 6	26 %	19%	
Province 7	21%	16%	

* Married women of age group 15-49 yrs

** Women of 15-19 yrs who have begun child bearing

***Education Status of Women Of 15-19 yrs involved in child bearing process.

Source: NDHS, 2016

Unmet need of Family Planning is 24% among women and girls of reproductive age. This unmet need increases (34%) among teenage girls of reproductive age 15-19 years. The unmet need for family planning among women aged 15-49 years is highest in province 4. It means that 30% of women of childbearing age who wish to use contraception methods but are not using them at all. Unmet need of contraceptives among 15-19 yrs age group is highest in province 2 which comprise 27%, it means that, women of 15-19 years age who wish to use contraception methods are not using them at all. Unmet need of contraceptives among 15-19 years age group is lowest in province 3 i.e. 10 %. Of the women aged 15-19 yrs who have begun child bearing 33% have no education & 30% primary education only. The percentage of women age 15-19 who have begun child bearing is highest in province 2 (i.e. 27%)

5. SRHR Factsheet of Nepal

SRHR Factsheet of Nepal	
Estimated Population ²	2,86,24,299
Adolescent Population ²	22.01 %
Women and Girls of Reproductive age ²	28%
Estimated Live Birth ²	6,37,263
Neonatal Mortality Rate ¹	21/10000
Estimated Pregnancy ¹	6,37,263
Infant Mortality Rate ¹	33/10000
Maternal Mortality Rate ¹	239/100000
Modern Method of Contraceptives ¹	43%
Traditional Method of Contraceptives ¹	10%
When Pregnancy are spacedover 2 years ²	decrease 10% of child mortality and 30 % of Maternal Mortality
Use of Modern Contraceptives prevetned. ²	12,22.000 pregnancies, prevented 489, 900 unsafe abortion 1600 maternal deaths were averted

Source:

1. NDHS, 2016

2. FP, 2020 From July 2017 to July 2018

Out of total population of approximately 3 crores, adolescent population comprises 22%, women and girls of reproductive age comprises 28%, neonatal mortality rate is 21 which means out of every 1000 live birth 21 of the newborn dies within first 28 days, infant mortality rate is 33, Maternal Mortality Rate 239. 43% of women of reproductive age group are using modern method of contraceptives and 10 % are using some form of traditional methods of contraception. From July 2017 to July 2018, use of contraceptives prevented 1222000 pregnancies, prevented 489, 900 unsafe abortion , 1600 maternal deaths were averted. Data shows that when pregnancy are spaced over 2 years it decreases child mortality by 10% and maternal mortality by 30%.

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SESSION 6: UNDERSTANDING ABORTION

Objectives

- ✓ To provide general information about abortion and its different aspect.

Methodology	Materials Required
✓ Mini lecture	✓ Laptop and projector
✓ Discussion	✓ Powerpoint slides
✓ Brainstorming	
✓ Powerpoint presentation	



Total time: 60 min.

Session Summary

S.No	Activity	Time Breakdown
6.1	Brainstorming on Abortion	15 min.
6.2	Introduction to Conception, abortion and its types	20 min.
6.3	Information on various dimension of safe abortion services.	20 min.
	Conclusion	5 min.

Process and Instructions

Activity 6.1: Brainstorming on Abortion

- Inform participants that they will explore and broaden their personal perspective on abortion by learning basic information about abortion, including its definition, process of conception and various dimension of safe abortion services.
- On a large piece of newsprint, write down the word 'abortion' in the centre and ask participants to brainstorm words and phrases related to abortion. Explain that these could be things that they hear from their peers, family members, media, book or internet. Write down the responses from the participants until the newsprint is full and place a question mark after each word or phrase. Try to use different markers to make the newsprint attractive.
- While writing down in the newsprint, categorize the words and phrases so that its easier to summarize later. For eg. Write down the responses related to stigma in one corner and resposnes related to medical terminology on the other side.
- When the newsprint is full, ask participants to share their first impression from the brainstorming activity. They may feel that a lot of words are negative, or that abortion is a very complex subject with diverse issues.

- Ask participants on why the facilitator has put a question mark after every word or phrase. Depending on the responses you receive, explain that you used the question mark because:
- Not everything on the board is factually correct.
- Some words, particularly those connected with values or emotions, will not be the same for everyone.
- Making a decision on pregnancy can be difficult as it involves many questions including one's personal choices, partner and family expectations.
- There are many confusion and misinformation about abortion.
- Explain the diversity of the abortion issue as there are facts we can know about abortion (such as what the law says, medical information) on one side and there are values, which will differ according to people and communities, and it does not have one answer (e.g. when life begins).
- Ensure that the participants don't confuse between facts and values related to abortion. Give the example of brainstorming activity where incorrect information were filtered to provide factual information on abortion.

Activity 6.2: Introduction to Conception, Abortion and its types

- Ask the participants about their understanding on the term conception. Furthermore, ask the participants following question.
 - ✓ How does life begin?
- Conception is the process of fusion of male gamete cells/ sperms and female gamete cells/Ovum. If their answer revolves around this definition, appreciate their effort and if they provide incorrect or incomplete information, inform them that we will learn about this topic in this session.
- Explain the meaning of conception through pictures and clarify the following terminologies: Zygote, Embryo, Foetus and Trimester. Ensure that participants understand the process of conception as a fusion of 2 cells i.e sperm and ova. This is necessary to help them understand that foetus is not a baby, which we will be explained more in the value clarification session.
- Explain about abortion and its types. Elaborate types of abortion as natural and induced. Induced abortion is further divided into safe and unsafe and safe abortion is further divided into medical and surgical. Explain the criteria of safe abortion and unsafe abortion. Inform participants that medical and surgical abortion will be discussed in detail in the next session. *Refer to the content section of activity 6.2 for detailed information on conception and abortion.*

Activity 6.3: Information on various dimension of safe abortion services

- Before starting the activity, prepare power point presentations to show the safe abortion logo, provider certificate, wall painting photos of safe abortion sites,

eligibility criteria of safe abortion provider. *Refer to content section of activity 6.3 for the photos and information.*

- Ask the participants the following questions.
 - ✓ Have you ever visited safe abortion sites for any reason?
 - ✓ If you have visited, how did you know that the health facility is a safe abortion site?
- If the responses from the participants include a logo of women, it is correct. Display the picture with safe abortion logo which is the only way to recognize the safe abortion sites from outside. *Refer to the content section of activity 6.3 for the picture.*
- Further provide information about number of listed sites, eligibility criteria of service providers and list the different services that are provided at safe abortion sites. *Refer to the content section of activity 6.2 for the information.*
- Solicit any final thoughts or comments from participants. To close this activity, emphasize that safe abortion is very important to save the life of women.

Note to facilitator

- ✓ *Activity 6.1 is an opportunity for people to freely share any words they associate with abortion (which may not reflect their own experiences/misinformation, and opening up a discussion about abortion-related stigma and how it might affect people.*
- ✓ *Provide information in non technical language to ensure participants understand about abortion and its various dimensions.*
- ✓ *When it is an unwanted pregnancy, use the word embryo or fetus, not a baby. Also don't use the word female feticide, gendercide, gencide, aborting girls child, just use abortion or termination of pregnancy.*

Conclusion

Before closing the session, ask 2-3 participants about the key messages from the session. Abortion simply means termination of pregnancy which can be induced or spontaneous. Induced abortion may be safe and unsafe. There are many reason of unwanted pregnancy which in turn is the reason for abortion. It is important to note that receiving abortion service in health facility does not make it safe, to ensure abortion is safe, both the facility and service provider should be listed/certified.

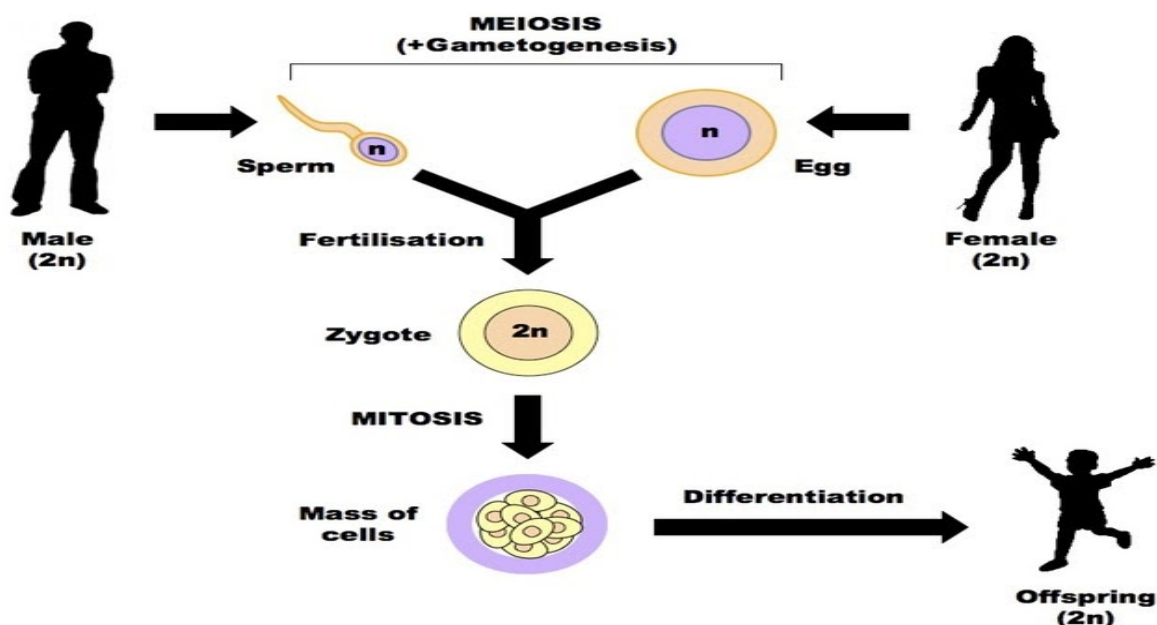
Content for facilitator

Activity 6.2: Introduction to Conception, Abortion and its types

Understanding Conception

Biologically, conception is the process by which sperm fuses with ova and these two cells (Sperm and Ova) become a single cell. The process is also known as fertilization and is the initial stage of development for human growth. In order for sexual reproduction to be successful these two cells i.e Sperm and Ova after it's fusion becomes a single cell and further cell division occurs.

During fertilization, the sperm and the ovum, which are the gametes, will have 23 chromosomes apiece. When they combine, the total chromosomal number of the new structure is 46; this is now called a zygote, or a fertilized egg cell.



It is very necessary to know that these are just two cells which divide continuously and take a bigger shape and is dependent on pregnant women for their survival.

Embryo: The medical term to refer to the growing zygote from 2nd to 8th week of gestation.

Fetus: The medical term to refer to the growing embryo beyond the 8th week of gestation until birth.

Note: From right based approach, when it is unwanted pregnancy we don't and never should call foetus a baby as it creates unnecessary emotional attachment to the pregnant women to continue her pregnancy even though the pregnancy is unwanted.

Trimester: A period of three months, especially as a division of the duration of pregnancy. Whole pregnancy is divided into;

- 1st trimester (First 3 months i.e 1st, 2nd and 3rd month of pregnancy)
- 2nd Trimester (Second three month i.e 4th, 5th, 6th month of pregnancy)
- 3rd Trimester (Last three month i.e: 7th, 8th and 9th month of pregnancy).

Abortion and its types

Abortion is defined as, when someone chooses to end a pregnancy by taking medication or having a surgical procedure. Abortion is not the same as miscarriage, which is when a pregnancy ends naturally. Abortion is also sometimes referred to as the termination of pregnancy before the viability of foetus.

Viability of foetus:

Viability means independent existence or ability to survive or live successfully. So, viability of foetus actually means ability of foetus to survive outside the uterus. It is generally accepted that a 28-week-old foetus doesn't need resuscitation and is viable. However, according to WHO, foetal viability is possible after 22 weeks of pregnancy.

Types: (Broad Classification)

A. Natural/ Spontaneous abortion/ Miscarriage

B. Induced

- i.Safe/legal (a. Medical Abortion b. Surgical Abortion)
- ii.Unsafe/ traditional method

A. Natural/Spontaneous abortion/Miscarriage:

Spontaneous expulsion of a foetus from the womb before it is able to survive independently is known as spontaneous abortion. Spontaneous abortion occurs in at least 15-20% of all recognized pregnancies and usually takes place in the first trimester.

Spontaneous abortion is as opposed to an induced abortion. A spontaneous abortion, it is purely accidental, that is spontaneous.

B. Induced Abortion: Induced (elective) abortion is an intentional pregnancy termination by surgical, medical or other means. It can be both safe and unsafe.

1. Safe abortion:

Termination of pregnancy by listed health care providers in listed health facility within legal framework is called safe abortion. It can be done via two methods:

- Medical
- Surgical

2. Unsafe Abortion:

A procedure for terminating pregnancy carried out either by person lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both. (WHO). In other words, if pregnancy is terminated in one or other ways which is not safe, which may endanger the life of women it is called unsafe abortion . Traditional methods like using herbs and unregistered medicines are also unsafe methods.

Activity 6.3: Information on various dimension of safe abortion services

Safe abortion service provider:

Health care providers (Doctor, Nurses and Auxillary Nurse Midwife) who have received safe abortion training and are certified are eligible to provide safe abortion services. Both the site and service provider should be listed. If the site is listed but the provider is not certified then safe abortion service should not be provided and vice versa.

Safe abortion sites:

As of November 2016, Medical abortion services are available in all 77 districts of Nepal. Comprehensive Abortion Care (Manual Vacuum Aspiration and Medical Abortion) services have been expanded to all 77 district hospitals and to over 50% of Primary Health Care Centers (PHCCs). Additionally, second trimester abortion services are available in 22 hospitals and medical abortion services have been expanded to health posts with additional training to Skilled Birth Attendants (SBA). Of the 962 certified Safe Abortion Service centres, 693 are public, 157 are private and 112 are Non Government Oragnization operated.

Logo of Safe abortion

	
<p>Safe abortion Logo</p>	<p>Wall painting to disseminate information about safe abortion service at government health facility</p>

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SESSION 7: UNDERSTANDING METHODS OF SAFE ABORTION

Objectives

- ✓ To provide information about medical abortion, its method and correct use of medical abortion pills.
- ✓ To provide general orientation about Manual Vacuum aspiration and Dilatation and Curettage.
- ✓ To provide information on pre- abortion counselling, post abortion care and comprehensive abortion care.

Methodology	Required Materials
✓ Mini lecture	✓ Laptop and projector for powerpoint presentation
✓ Discussion	✓ Metacards on Comprehensive Abortion Care



Total time: 1 hr.

Session Summary

S.No	Activity	Time Breakdown
7.1	Medical Abortion and Medical Abortion Pills	20 min.
7.2	Orientation about MVA and D&C	20 min.
7.3	Comprehensive Abortion Care	15 min.
	Conclusion	5 min

Process and Instructions

Activity 7.1: Medical Abortion and Medical Abortion Pills

- Ask the participants if they have heard about Medical Abortion and also share their thoughts if they have heard about it. Appreciate the responses given by the participants and move on with the presentation.
- Make a powerpoint presentation to provide information about Medical Abortion pills, method to use it, timing for Medical Abortion, Registered MA drug in Nepal, side effects and signs of complications and timings for doctor visit.

Activity 7.2: Orientation about MVA and D&C

- Ask the participants if they have heard about the term Manual Vacuum Aspiration (MVA) & Dilatation and Curettage (D&C). If anyone is aware about the term, ask them to share their understanding on the terminologies.
- Provide an overview on the meaning of surgical abortion and explain briefly about MVA and D&C. Detailed information on MVA will be explained with the video by IPPF on surgical abortion so just lay a foundation on the topic beforehand.
- Inform the participants that they will watch a video on surgical abortion by IPPF. The video is in English language so ask if anyone has difficulties to understand the language. Take responses from 2 participants to highlight their understanding from the video and summarize the key messages.
- Highlight the point that it is completely a woman's choice whether she chooses medical or surgical abortion in the first trimester. MA and MVA are not comparable to each other as both methods are highly effective.
- Highlight some of the advantages of medical abortion like more natural like menses, more privacy and autonomy can be maintained, emotionally easier for women. e.t.c. *Refer to content the content section of activity 7.2 for information on advantages and disadvantages of medical and surgical abortion.*
- Highlight some of the advantages of surgical abortion. Quicker and many women may feel more secure as the procedure takes place in a health care center. *Refer to the content section of activity 7.2 for detailed information.*
- Solicit and discuss any outstanding questions, comments or concerns of participants about surgical abortion.

Activity 7.3: Comprehensive Abortion Care (CAC)

- Write Comprehensive Abortion Care in the middle of a newsprint. Write down the components (Informed consent and counselling, Quality Service, Post Abortion Care and Post abortion contraception) of Comprehensive Abortion Care in different metacards.
- Ask the participants if anyone has heard about these terminologies before. Explain the meaning of Comprehensive Abortion Care after taking 1 or 2 responses from the participants.
- Paste the 4 metacards with components of CAC around the Comprehensive Abortion Care in the newsprint and explain it briefly. *Refer to the content section of activity 7.3 for information on Comprehensive Abortion Care.*
- Inform participants that services like counselling, PAC and CAC are only provided by authorized and listed safe abortion service providers. They are just provided with this information so that they become aware that these services are available in authorized centers.

Note to facilitator

- ✓ *Download the video by IPPF on surgical abortion and familiarize yourself with the content.*
- ✓ *Setup the projector and prepare video by IPPF on surgical abortion in advance for presentation in activity 7.1.*
- ✓ *Ensure participant's understanding on correct use of MA pills so that they can provide information and help others if needed. Provide overview about MVA and D&C. Don't give an impression that MA is best and other methods are not.*

Conclusion

Before closing the session, ask 2-3 participants about the key messages from the session. Medical Abortion is a very safe and reliable method to terminate pregnancy upto 9 weeks of pregnancy. Medical abortion pills, mifepristone is regarded as life saving drugs. Medical abortion puts the option for a safe abortion into women's hands, giving them the right to make their own decisions about whether to continue a pregnancy or not. MVA can also be done up to 12 weeks of pregnancy. It's completely a woman's choice whether she chooses MA or MVA as a method to terminate the pregnancy.

Content for facilitator

Activity 7.1: Medical Abortion and Medical Abortion Pills

Introduction on Medical Abortion:

This is when someone takes medication (in the form of a pill) to end a pregnancy. The World Health Organization recommends a dose of a drug called Mifepristone, followed one to two days later by a drug called Misoprostal. In Nepal, Medical abortion can be done within 9 weeks of pregnancy. There are four Medical abortion pills which are registered in the Department of Drug Administration(DDA): Medabon, MTP Kit, Mistol, and Pregno. Besides this, use of any drugs are illegal and unsafe.

Mechanism of action of MA Pills:

Mifiprestone works by blocking the hormone progesterone. Without progesterone, the lining of the uterus breaks down and pregnancy cannot continue. Misoprostal causes the muscles of the uterus to cramp and expel its contents.

Methods to use MA pills

Take 1st pills (Mifepristone), keep it under the tongue for 30 min. After 30 min, the remnants of pills which doesnot gets dissolve can be swallowed with water or by chewing. After 24hrs, 4 pills (Misoprostol) can be taken orally or can be kept vaginally.

Bleeding starts usually after 3 hrs of first pills taken and it feels like heavy menstrual bleeding.

Note: It is very necessary to take the pills following the prescription from an authorized service provider once the pregnancy is confirmed.

Side effects of Medical Abortion

Side effects can include dizziness, diarrhoea, bleeding, mild fever, chills and headache. To ease pain and discomfort pain killer like ibuprofen are used. Paracetamol is used for mild fever. Other measures can be done as we do to manage painful and heavy bleeding like using hot water, hot water bags, hot shower, adequate rest.

Danger signs

Medical abortion is safe and upto 98% effective when Misoprostol and Mifepristone is used as per the instruction. In case of any sign of complication it is necessary to visit the nearby clinic as soon as possible.

Sign of complications are:

- ✓ Heavy bleeding: if 2 pads/hour are filled in the last two hours.
- ✓ Intense pain
- ✓ Continuous vomiting
- ✓ Fever more than 38 degree Celsius

Follow Up

It is necessary to follow up in 2 weeks to confirm that the process of abortion is successful and completed.

Activity 7.2: Orientation about MVA and D&C

Surgical Abortion

This is when someone chooses (MVA or D&C) to end a pregnancy. Surgical abortion can be performed by Manual Vacuum Aspiration (MVA) or by Dilatation and Curettage (D&C).

Manual Vacuum Aspiration: Upto 12 weeks of pregnancy, MVA can be used according to choice of women and availability of MVA services.

Effectiveness of MVA

Manual Vacuum aspiration is a very safe and effective procedure which should, whenever possible, replace dilatation and curettage. It is used up to 12 weeks from last menstrual period. Aspiration is more than 99.5 per cent effective. The incidence of haemorrhage, pelvic infection, cervical injury and uterine perforation is lower than with dilatation and curettage, and less cervical dilatation is necessary. The costs of the

procedure, the staff time and resources needed are lower. No operating theatre or general anaesthesia is needed.

Dilatation and Curettage: In case of second trimester abortion, one of the surgical method used is Dilatation and Curettage. Dilatation and Curettage requires dilating the cervix followed by surgical extraction of products of conception. This method is technique that should be replaced, whenever possible, by Manual Vacum Aspiration or Medical abortion which are better options, as recommended by the World Health Organization.

IPPF Video on Surgical abortion: <https://www.youtube.com/watch?v=dCFFZJDo74Y>

Advantages and disadvantages of medical and surgical abortion

Advantages	
Medical Abortion	Surgical Abortion
More natural like menses	Quicker
Client controlled, More privacy and autonomy can be maintained (Home Based)	More likely to have complete abortion
Better than surgical in very early gestation with cardiovascular risk factor, uterine fibroids, uterine malformation or previous cervical surgery	Takes place in a health care centre. So, some females finds emotionally more easier and secured
No risk of surgical injury	
Emotionally easier for women	
Disadvantages	
Bleeding, cramping, nausea, diarrhoea as side effects	Invasive
Waiting, uncertatinity	Small though some chances of cervical or uterine injury
More clinic visit (Follow up and other visit if side effects occur)	Risk of infection
Sometime women may not notice sign of complication at home	Less privacy and autonomy
Drugs are costly	Whole procedure is itself costly
Can be used only upto 9 weeks	

Activity 7.3: Comprehensive Abortion Care (CAC)

Comprehensive Abortion Care

Comprehensive Abortion Care (CAC) is a holistic model of care that includes a range of medical services, tailored to each woman's circumstances and health needs. It

recognizes the woman's right to privacy and confidentiality, informed consent and autonomy in decision-making . Essential elements of CAC include counselling, induced abortion, treatment of incomplete or unsafe abortion, contraceptive services, and provision of or referrals to other reproductive health-care services.

Pre- abortion counselling and informed consent

Safe abortion service providers should provide patients with information about options (Medical Vs Surgical), procedure details. Providers are also required to obtain informed consent, which means they must verify that patients possess the capacity to make decisions about their care, that their participation in these decisions is voluntary, and that they receive adequate and appropriate information. Also they need to provide some expected outcome/side effects after safe abortion procedure in advance to the client.

Post Abortion Care(PAC)

Post abortion care is the care given to a woman who has an unsafe, spontaneous or legally induced abortion. It simply means that needed care is to be provided to client who have induced (safe or unsafe) or spontaneous abortion as per needed and manage the cases rendering quality services. Normally the word Post Abortion Care is used to manage the medical emergency i.e. Complication of abortion. Post-abortion care can reduce the morbidity and mortality associated with complications of either miscarriage or incomplete abortion or unsafe abortion.

Post abortion counselling services

The emotional needs of a woman who has had an induced abortion may differ from the needs of a woman who has experienced a spontaneous abortion. However, in both circumstances, a wide range of emotions are common. Some women may feel upset, anxious or sad. In the case of a spontaneous abortion a woman may worry that something she did caused the pregnancy loss. Some women feel relieved after an abortion. So it is necessary to provide counselling services to women to help to manage her emotions after an abortion which is known as post abortion counselling services.

Post abortion family planning counselling

Post abortion contraception is important part of Post abortion care. Women can get pregnant early as 8 days after abortion. So post abortion family planning is very essential to initiate as early as possible. Timely planning on contraceptives can prevent a subsequent unplanned pregnancy. It is recommend to wait at least six months after an abortion before getting pregnant again to reduce the incidence of maternal anaemia, premature rupture of membranes, low birth weight, and preterm delivery in the next pregnancy.

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SESSION 8: UNDERSTANDING GROUND REALITY OF UNSAFE ABORTION IN NEPAL

Objectives

- ✓ *To help participants understand the ground reality on safe abortion.*

Methodology	Materials Required
✓ Observation and reflection	✓ Projector and Laptop
✓ Discussion	✓ Documentary: Outside the newsroom



Total time: 45 min.

Session Summary

S.No	Activity	Time Breakdown
8.1	Video Presentation: Outside the newsroom by Dil Bhushan Pathak.	15 min.
8.2	Discussion on the video	5 min.
8.3	Reflection and conclusion by the facilitator on video	10 min.

Process and Instructions

Activity 8.1: Video Presentation: Outside the newsroom by Dil Bhushan Pathak

- Before starting the video, create a calm environment and inform the participants that the video contains visuals that might be traumatic for some people to watch so be observant during the projection of video to see if anyone is feeling uncomfortable.
- After the video is completed, give 1 min. for participants to relax and reflect on the video.

Activity 8.2: Discussion on the video: Outside the newsroom by Dil Bhushan Pathak

- Ask how did the participants feel while watching the video. Take 3-4 responses from the participants about their feeling after watching the video.
- Ask the following questions to lead a discussion on the issues raised in the video.
 - ✓ Why did she die?
 - ✓ Who is responsible for her death?
 - Herself?
 - Husband?
 - In-Laws?
 - Society – the one who gave her the illegal & dangerous method for abortion.
 - Health care system, Hospital, doctors, nurses
- What is the accountability of the state to ensure safe abortion as fundamental rights?

Activity 8.3: Reflection on video by the facilitator

- After listening to the reflection from the participants, share your own reflection on the video by highlighting the key issues such as the mindset of society towards safe abortion, value of women, men's involvement in contraceptives. Don't repeat the things that participants have already shared. *Refer to the content section of activity 8.3 for detailed information.*

Note to facilitator

- ✓ *Prepare the documentary Outside the newsroom by Dil Bhushan Pathak*
- ✓ *Check the projector and sound system beforehand to avoid technical problems.*
- ✓ *Ensure that all the participants are comfortable while watching the video and their sensitivity is respected.*

Conclusion

Before closing the session, ask 2-3 participants about the key messages from the session. Unsafe abortion still accounts for high levels of maternal mortality and it continues to cause irreparable harm to women. The ideology of male superiority denies abortion as an important issue of status and frames the morality, legality and socio-cultural attitudes towards abortion. Women are compelled to sacrifice their life for such preventable cause. Patriarchy sculpts unequal gender power relationships and takes power away from women in making decisions about their bodies.

Content for facilitator

Activity 8.1: Video Presentation: Outside the newsroom by Dil Bhushan Pathak

Google Drive link of **Video: Outside the newsroom by Dil Bhushan Pathak**
<https://drive.google.com/drive/u/3/folders/1oxW9xth6nQDZA2XVraM9uQLqK7vFKc4z>

Activity 8.3: Reflection on video by the facilitator

Attitude of male towards contraception: Male partners are not willing to use permanent or any method of family planning which leads to unwanted pregnancy and women are forced to use traditional methods like herbs to terminate their pregnancy.

Patriarchal system: Male partners are bread winners of many families, most of them are foreign migrant workers who work at India and come home occasionally. Just because husbands are not at home, women don't use any method of family planning and males seem care free about the use of any family planning methods when they come back home which leads to unwanted pregnancy. When the husband is not at home, family members' are the only immediate source of help. If family members agree to send her to a health facility for safe abortion then women gain access to safe abortion but most of the time there exists a gap in communication as sex is often viewed as a matter of shame so women end up choosing traditional method risking their life than sharing this information with the family .

Sita and Teacher seem more financially independent but they also chose inhuman and very painful methods? Even the educated women chose to go through such inhuman and painful procedure, the questions remains why? -Because women are not capable of making independent decisions over their body. Patriarchal society where we live consider issues related to sex and sexual relationships as shameful. Women and girls are nurtured in a way that they lack capacity to decide and prioritize their own health.

Value of Women: Men occupying influencing positions in the society have a mind-set which does not value women. In the video, we can hear a man holding an important and

influencing position(secretary of red cross) saying- "Condoms is of no use". Also he said, "If it is their own wives they would take her to a nearby health facility for safe abortion but who'd go for it, if it's someone else's wife ? " The only option is locally available methods, no one cares if she lives or dies. Even though unsafe abortion is prevalent and many women are dying, the person who is part of such a renowned organization (Red Cross) seems care free and is seen laughing. If a person of his credential can be so ignorant, we can only imagine the condition of the rest of the people who are uneducated, unprivileged and practically clueless. From this it is quite clear that patriarchal society sees women's as of being less valuable.

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DAY 3

SESSION 9: SAFE ABORTION LAW AND RELATED HISTORY

Objectives

- ✓ To understand the history of safe abortion in Nepal.
- ✓ To make a comparative analysis of recent (2018) safe abortion law with previous safe abortion law(2002).

Methodology	Required Materials
✓ Mini lecture	✓ Metacards on timeline of Safe Abortion
✓ Discussion	✓ Newsprint and marker
✓ Observation	



Session Summary

Total time: 45 min.

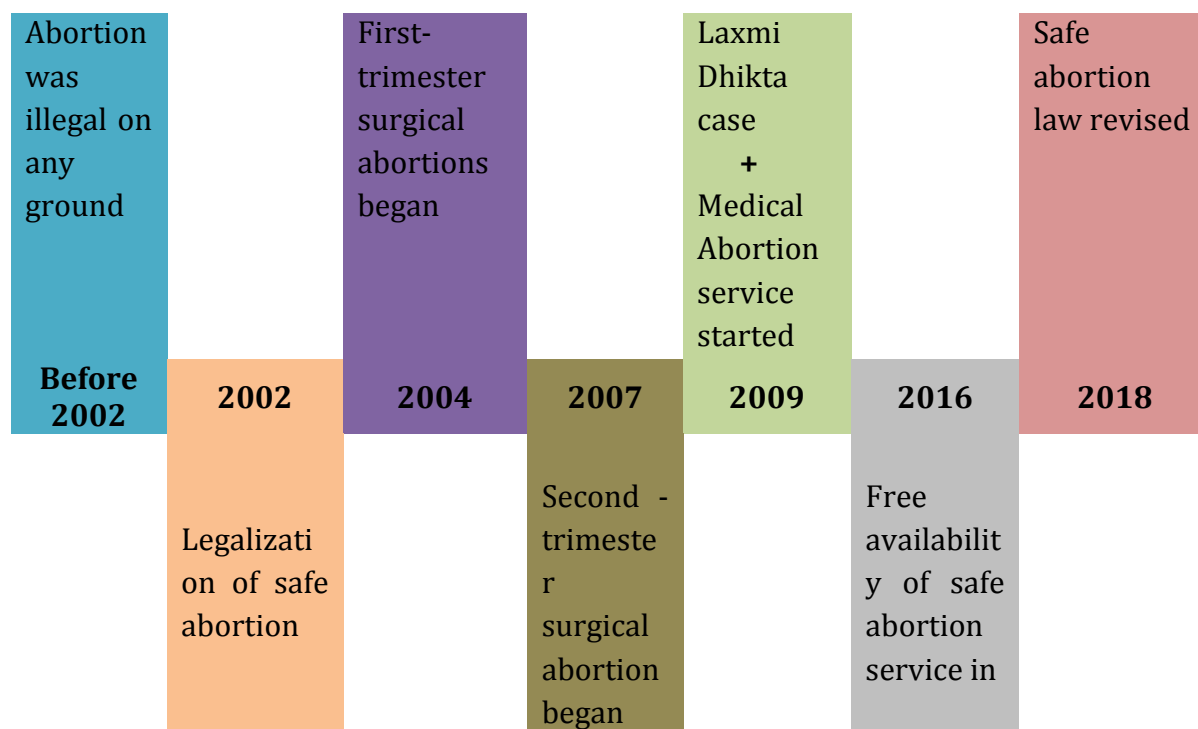
S.No	Activity	Time Breakdown
9.1	Discussion- Timeline of history of Safe Abortion	25 min
9.2	Comparative Analysis- Recent and previous Safe Abortion Laws	15 min
	Conclusion	5 min

Process and Instructions

Activity 9.1: Discussion- Timeline of history of Safe Abortion

- Inform the participants that this activity will be focussed on learning about various laws and policies of safe abortion. Participants will also learn about interpretation and implementation of laws and policies. In-depth understanding of laws and policies lay a strong foundation to address barriers of safe abortion care.
- Ask participants to make a semi-circle and face towards the wall to see the timeline.

- Stick blank newsprint in the wall and make a timeline by writing the dates in the header of the newsprint one after another. As you start with the date, stick the metacard with information from that particular date and explain its incidents and progress. Refer to the table below for the timeline on safe abortion.



- After completing and explaining the timeline, ask 2 participants to summarize their understanding on national abortion laws and policies.

Activity 9.2: Comparative Analysis- Recent and previous Safe Abortion Laws

- Start the session by highlighting the brief history on safe abortion law. Explain that it was first endorsed in 2002 by the Government of Nepal with certain conditions and revised again in 2018. It is important to talk about the three main ground bases on which safe abortion law was legalized. Similarly, explain the recent policies on safe abortion criteria and highlight that the recent act has confined abortion to 28 weeks of pregnancy.
- Continuing with the mini lecture, explain how abortion has been defined in the recent law and also talk about the practical challenges health care providers and women with unwanted pregnancy are facing due to delay in the formulation of regulations.
- Finally, address any questions raised by the participants and remind them the significance of an in-depth understanding of abortion laws and policies, which can positively impact access to safe abortion care.

Note to facilitator

- ✓ *Write down the different progresses made in relation to safe abortion in different time period in meta cards.*
- ✓ *Review the court resolutions of Laxmi Dhikta case vs Government of Nepal to familiarize yourself with supreme court decision in this case. Detailed study of this case helps to justify when participants ask questions related to bodily autonomy, when life begins, right to life, unwanted pregnancy and women agency.*

Conclusion

Before closing the session, ask 2-3 participants about the key messages from the session. We have made significant progress in terms of laws and policies but we still have many challenges at the implementation level. Everyone has the right to enjoy mutually satisfying and safe relationships, free from discrimination or violence. Women have the right to manage their fertility without adverse or dangerous consequences, which includes access to contraceptive and abortion services. We have to strive to create social, political and economic conditions that enable and empower all people to exercise their rights. When states violate, deny or fail to guarantee an individual's rights, we have to hold them accountable.

Content for facilitator

Activity 9.1 Discussion: Timeline of history of Safe Abortion

Before 2002: Nepal is often heralded as a model of the successful implementation and rapid scale-up of safe abortion services. Prior to 2002, Nepal had very restrictive abortion laws that prosecuted and imprisoned women and their family members for undergoing pregnancy terminations. Up to one-fifth of incarcerated women were convicted for abortion-related crimes. Despite the restrictive laws and legal implications, many unsafe abortions were still performed by untrained providers throughout the country. Government data from 1998 indicated that 54% of gynaecologic and obstetric hospital admissions were due to unsafe abortions. Data from one hospital-based study conducted in year 1992 showed that more than half of maternal deaths during the one-year study period was related to abortion-related complications.

2002: Nepal legalized abortion in 2002 with certain conditions.

2004: First-trimester surgical abortions were made available throughout the country

2007: Second-trimester abortion training began in 2007, including medical abortions too.

2009:The landmark 2009 Supreme Court decision in *Lakshmi Dhikta v. Nepal* not only reinforced the right to abortion but also emphasized that access to abortion is a human right. The case centred on a poor, rural woman who was forced to give birth to her sixth child due to her inability to afford the required fees for an abortion. The Supreme Court's decision outlined that abortion should no longer be a criminal matter regulated under criminal law but rather an issue of women's human rights that warrants protection under a comprehensive, special piece of legislation. The court stated that abortion rights are a part of reproductive rights and essential to realizing the right to self-determination. Forced pregnancy constitutes violence against women and may become a cause of inequality between men and women. The court held the government accountable for building the necessary institutions and implementing policies to make abortion services affordable and accessible.

Some points related to Supreme court's decision on Laxmi Dhikta's case on Unwanted Pregnancy and Autonomy :

If women's reproductive rights are not protected, they may be forced to become pregnant and to continue unwanted pregnancies in which case instead of being respected as rights holders they will be forced to bear the responsibility of human reproduction and transformed into mere instruments for that purpose. Although to become pregnant is a noble human act, when forced there is no other situation that can be more burdensome and condemnable.

If the ability to decide whether or not to carry a pregnancy is denied, the outcome can't be considered to constitute the fulfilment of one's highest duty and instead of a right it becomes a form of slavery. This is why it is important for a woman to be the master of her own body, and to have the right to decide whether or not to become pregnant, whether or not to continue a pregnancy, how to space pregnancies and in relation to that, aside from voluntarily seeking counselling or consent, to be able to make the final decision and to implement the decision must be recognized. From a human rights perspective, in order to ensure the birth and development of free human beings, it is important for the mother to be free. That a mother's servitude cannot be a source of freedom for her children is a matter worthy of serious consideration.

2009: Piloted and started Medical Abortion service by Skilled Birth Attendant trainee Auxillary Nurse Midwives

2016: Safe abortion services was provided free of cost in all the government health services.

2018: Safe Motherhood and Reproductive Health and Rights Act, 2018 was endorsed where safe abortion policy was revised with new provisions where pregnant woman shall have the right to get safe abortion performed in certain circumstances.

Activity 9.2: Comparative Analysis- Recent and previous Safe Abortion Laws

Laws

Safe abortion policy of 2002

In 2002, Safe abortion was legalized on three ground:

1. Upto to 12 weeks of gestation on request with consent of pregnant women
2. Up to 18 weeks of gestation in cases of rape or incest, and
3. At any time if the pregnancy poses a danger to the woman's life or physical or mental health or if there is a foetal abnormality

Safe Abortion Policy of 2018

According to recent Safe Motherhood and Reproductive Health Act, 2075, abortion is legal in Nepal under following conditions upon the consent of a pregnant women:

- ✓ With the consent of pregnant women, up to 12 weeks of pregnancy.
- ✓ If the pregnancy results from rape or incest, up to 28 weeks of pregnancy, with the pregnant women's consent.
- ✓ Up to 28 weeks of pregnancy, if the pregnancy poses danger to the life or physical or mental health of the pregnant woman or the chance of a birth of a severely physically deformed child as per the suggestion from certified health service provider, with the consent of the woman.
- ✓ Up to 28 weeks of pregnancy if the pregnant women suffer from HIV or any such other incurable diseases, with her consent.
- ✓ Up to 28 weeks of pregnancy if the foetus is suffering from a severely debilitating or fatal deformity, as certified by an expert physician.'

Major Differences between previous and recent law:

- ✓ The law of 2002 had provision of abortion at any time if the pregnancy poses danger to the physical or mental health of women or if the foetus was seriously damaged, if recommended by an authorized physician.
- ✓ In the recent safe abortion law, Safe abortion has been confined upto 28 weeks. No ground on what can/has to be done if there is any reason in which pregnancy cannot be continued has been mentioned as per the new law.

Punishable under the following conditions

- ✓ Abortion without the consent of pregnant women
- ✓ Sex selective abortions
- ✓ Abortion performed outside the legally permissible conditions

Additional informations from recent law

- ✓ Best interest of child: In the case of a woman who is mentally challenged, who is not in a condition to give consent instantly or who has not completed the age of eighteen years, her guardian or curator shall have to give consent. In the case of a woman who is below the age of eighteen years, safe abortion service shall have to be provided by considering her best interests.
- ✓ In the recent Act, abortion is defined as, "Abortion" means the act of foetus coming out or taking it out of the womb or before the foetus remained in the uterus born naturally". Due to which even miscarriage/ natural abortion has automatically been criminalized.
- ✓ Although it's almost 2 years that the act has been formulated, regulations have not been made yet. Health care professionals are providing services according to Safe Abortion Service Process, 2060. There is a great deal of dilemma among health care professionals, whether to provide services or not according to new act.

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SESSION 10: VALUE CLARIFICATION AND ATTITUDE TRANSFORMATION ON SAFE ABORTION

Objectives

- ✓ To identify the values, their current beliefs and attitudes about abortion and enable them to describe alternative values and its consequences.
- ✓ To demonstrate empathy towards women and girls who experience abortion.
- ✓ To explain correct information about abortion and its surrounding circumstances in simple manner.
- ✓ To apply the theory of value clarification to specific strategies and exercises for abortion attitude transformation and behaviour change.



Total time: 180 min.

Session Summary

S.No	Sub- Session and Activity	Time Breakdown
10.1	Value Clarification and Attitude Transformation	15min
10.2	Uma's Story: Why did she die?	45 min.
10.3	Last Abortion	30 min.
10.4	Understanding our own values around Safe Abortion	60 min.
10.5	Stigmas Around abortion	30 min.

Note: There are various sub-sessions in this session.

Process and Instructions

Activity 10.1: Value Clarification and Attitude Transformation (VCAT)

- Ask participants the following questions.
 - ✓ What do they understand by value?
 - ✓ What are the different values they hold in their daily lives ?
- Take few responses from the participants and move on with the powerpoint presentation to explain values with different examples that we hold in our daily life. Similarly, at first talk about different values which are not related to health and then mention about health and abortion related values. *Refer to the content section of activity 10.1 for eg. of different values we hold.*

Sub-session 10.2

Uma's Story: Why did she die?

Objectives

- ✓ To identify different people responsible within and outside home for forcing a girl/women to commit unsafe abortion and to discuss how social norms and beliefs about these reasons affect a women's reproductive health and well-being.
- ✓ To understand state's accountability in ensuring safe abortion rights as fundamental rights.

Methodology	Required Materials
✓ Case story analysis	✓ Handout of Uma's story (One for each participant)
✓ Discussion	✓ One big colourful woolen ball



Total time: 45 min.

Sub-Session Summary

S.No	Activity	Time Breakdown
10.2.1	Reading Uma's Story	5 min
10.2.2	Listing persons responsible for Uma's Death	15 min
10.2.3	Large group discussion	10 min
Conclusion		5 min

Activity 10.2.1: Reading Uma's Story

- Provide handout of Uma's story to each participants and ask them to read the case story individually. Provide 5 min. to read the story.
- Ask the participants to close their eyes and reflect on the case story carefully for 2 min.

Activity 10.2.2: Listing people responsible for Uma's Death

- Setup a chair in front of the training hall and prepare a woolen ball to start the activity. Similarly, create an open space and ask participants to stay in semi circles facing the chair.
- Request a volunteer to come forward and sit in the chair holding the tip of the wollen ball. The volunteer will also play the character of Uma from the case story. Moving forward, ask participants who is the person responsible for Uma's death and why? The potential answers may be:

- ✓ Maternal aunt
 - ✓ Pharmacy
 - ✓ Female teacher
 - ✓ Uma's boyfriend
 - ✓ Uma's mother
- Ask the participant responding with the answers to stand up and hold the tip of the rope from Uma's character without breaking the network at a distance of 2 to 3 meters. As more participants give their responses, continue building a network with the rope as shown in the picture below.



Photo taken during Gender sensitization programme conducted by YoSHAN. Permission taken from YoSHAN team for re-use in this training manual.

- Once participants are done with listing all the potential people responsible for Uma's death, ask them to brainstorm if anyone responsible for Uma's death has been missed or left out? Make sure all the person listed in this module's narrative are mentioned.
- After identifying all the potential persons for Uma's death, appreciate them for their effort in the exercise and request them to take their seat. Roll the wollen thread into a ball so that it doesn't get entangled.

Activity 10.2.3: Large group discussion

- With the help of the following questions, lead an indepth reflection and discussion on the case story. Don't be judgemental towards the opinions and logic presented by

the participants and request everyone to be respectful with each other while expressing one's opinion. The questions are:

- ✓ What could have been done to prevent her death?
 - ✓ Who could have helped prevent her death??
 - ✓ What choices did she have? Why?
 - ✓ What could have made this situation better for her?
 - ✓ What information or resources may have helped her avoid this situation?
 - ✓ Why do you think she committed suicide?
 - ✓ In addition to the young woman, who else was directly affected by her death?
 - ✓ How does this story make you feel?
 - ✓ What real stories or situations does this story make you think of (without revealing any identifying information)?
 - ✓ What does this story tell us about our responsibility to safeguard women's health and lives?
 - ✓ What could you do, personally or professionally, to prevent deaths such as this one from occurring?
- If participants did not mention state as a responsible entity in Uma's death, mention some of the points below to reflect how state is also accountable in Uma's Death. *Refer to the content section of activity 10.2.3 for information on State Accountability.*
- Conclude the session by emphasizing the importance of CSE, attitude of family and society in reducing unsafe abortion.

Note to facilitator

- ✓ *Prepare a roll of woolen thread to use in the activity.*
- ✓ *If participants respond that the young woman is responsible for her death, challenge them to think about the people and health system that failed her and could have prevented her death if they had educated her properly and responded to her needs. Probe further on whether young people can be blamed for their ignorance and whose responsibility is it to ensure that they are educated.*
- ✓ *Be aware of the judgemental attitude some participants might over others while discussing on the causes of Uma's death.*
- ✓ *While exploring responsible persons on Uma's death, let participants share their own view. Facilitator is not supposed to put their own view on what they think who is responsible.*

Conclusion

Before closing the session, ask 2-3 participants about the key messages from the session. Comprehensive Sexuality Education Programs is shown to have a positive impact on young people's sexual and reproductive health and their ability to make safe and informed decisions. But the topic of abortion remains absent from most programs,

even though safe abortion is legal in our country. This diminishes young people's ability to avoid the dangers of unsafe abortion, to make fully informed choices, and to exercise their right to safe, legal abortion. When one (girl/ women commits unsafe abortion there are different people responsible for her death. If any girl/ woman decide to terminate her unplanned/unwanted pregnant then she commits it anyway, anyhow and at any cost.

Content for facilitator

Activity 10.1: Value Clarification and Attitude Transformation (VCAT)

Values: "Values are concepts or beliefs about desirable end states or behaviors that transcend specific situations, guide selection or evaluation of behavior and events and are ordered by relative importance" (Schwartz et al.1987).

Values are what we hold and think is important. They influence how we conduct ourselves and live. They serve as our internal road map. Values are closely related to and are affected by our beliefs, ideals and knowledge, and they can affect our attitudes and behaviours.

Values play a key role in the decisions we make, what we spend our time and energy on and how we act. Values tend to have persistence and assume a pattern in our lives. Values are the dominating force in life because of the central role they play in directing a person's activity and influencing their perception of reality.

Examples of some values we hold in our daily life

- ✓ We blow our hand after we touch neck.
- ✓ Not to broom house at night.
- ✓ Stepping back if any cat cross our road.
- ✓ Bowing head everytime we see temple.
- ✓ Plant dies if menstruating women touches it on second day of menstruation.
- ✓ Having cow's milk during menstruation is sinful.
- ✓ Females are born to be ruled.
- ✓ Abortion means killing the baby before it is born.
- ✓ Vasectomy makes man weak.

Value Clarification and Attitude Transformation:

Values clarification is a process in which individuals engage in honest, open-minded and critical reflection and evaluation of new or re-framed information and situations, challenge deeply-held assumptions and myths and discover or potentially transform their values. Individuals also express intentions to act in a manner consistent with their affirmed values. Values clarification can produce measurable changes in attitude and

behavioral intention. They constitute a vital step towards realizing women's human right to safe abortion care.

Once we are able to understand our own values on safe abortion then only we will be able to transform our attitude towards safe abortion. It doesn't mean that we will be able to transform our selves through this 4 days of residential training but if we are able to know what actually look upon our values now, on long run when we keep on working and advocating in this issue in local level and try to understand this from women's rights perspective, we will be able to remove all the stigma that we hold in our conscious and subconscious mind and in the long run we will be able to transform our attitude.

Why do we need to know about our own values related to safe abortion?

- ✓ It is important to recognize our own values as our personal values can sometimes be a barrier
- ✓ Regardless of our personal values, we should provide needed help for each woman/girls regardless of her circumstances.
- ✓ Recognizing our own biases can help us to be aware of them and avoid stigmatizing languages which we may hold subconsciously.
- ✓ Sometimes we may try to convince some girls/women to continue their pregnancy because of our personal beliefs that these girls/women should not terminate their pregnancy without considering the effect of this unwanted pregnancy in their life which can cause these women to feel pressured to make a decision that could result in undesirable consequences for their lives. In some cases, it might cost women/girls their health and even their lives.

Activity 10.2.1: Reading Uma's Story

UMA's Story :

16 years old Uma came to Biratnagar in her Maternal uncle's house to read in class 10 and got admitted in school. In school, Uma and Hari become friends and their friendship turns to a romantic relationship.

She missed her period but her menstrual period was not regular so she did not care much. When it crossed four month, she got anxious and shared with Hari. Both did not know what to do and where to go? She was confused with whom she should share, with her female teacher ? with her maternal aunt? or should go to a hospital ? She did not have any money. After gathering a lot of courage she shared her problem with her maternal aunt. Maternal aunt scolded her for what she did and said she will share these stuffs with her mother. She got scared and went to a nearby pharmacy and told she wants to terminate this pregnancy at any cost. Pharmacy refused to terminate this pregnancy as week of pregnancy was high and would require more cost to terminate the pregnancy. But this pharmacy provided the reference where abortion can be done at a cheaper price. Hari found that clinic where abortion can be done at cheaper price. At that clinic, in wood some cowdung like materials were placed and that was inserted in Uma's vagina and was sent to home by giving some liquid medicines. When she

reached home, Maternal Aunt said that, Uma's mother is coming tomorrow and after sharing to her they will take her to doctor. But due to heavy bleeding that night, Uma died.

Activity 10.2.2: Listing people responsible for Uma'a Death

Person Responsible for Uma's Death

Activity 10.2.3: Large Group Discussion

State Accountability

- ✓ Since in the context of Nepal, SRHR has been ensured as Fundamental Rights, the state is accountable to ensure all the components of SRHR including safe abortion rights.
- ✓ Because State has failed to provide complete and detail information on Comprehensive Sexuality Education and Safe abortion it resulted in Uma's Death.
- ✓ Because state doesn't have accountable mechanism to check the unsafe practices/ quality control and affordable services it lead to Uma's death.

References

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Sub-Session 10.3

Last Abortion

Objectives

- ✓ To articulate biases people hold against certain women and their life circumstances with regard to abortion access.
- ✓ To describe the difficulty and risks of deciding who should and shouldn't receive an abortion.
- ✓ To discuss the challenges posed by restrictive abortion laws and policies.

Methodology	Required Materials
✓ Case analysis and prioritization	✓ Last abortion handout (one for each participants)
✓ Discussion	✓ Newsprint and marker



Total time: 40 min.

Sub-Session Summary

S.No	Activity	Time Breakdown
10.3.1	Reading different cases	15 min.
10.3.2	Prioritizing the cases	10 min.
10.3.3	Large group discussion	10 min.
Conclusion		5 min.

Process and Instructions

Activity 10.3.1: Reading different cases

- Divide the participants into 4 different groups maintaining diversity. The groups will now represent the role of policymakers who have decision power to grant the last abortion to 1 women. Read out the following statement: *according to this (fictitious) country's policy, there can be only one more safe, legal abortion performed. (Acknowledge that this is a contrived scenario for the purposes of this activity.*
- Give each participant a copy of the "The Last Abortion" scenarios handout and ask them to spend five minutes to read the cases individually. The handout contains information that 6 women have expressed desire to terminate their pregnancy and they have applied to be granted with the last abortion.
- Inform participants that they have 15 minutes to discuss the scenarios in their small groups and select one women whom they will grant the last abortion. The groups will also appoint a spokesperson to briefly present their decision and rationale in the larger group. Give 2 min. to each spokesperson for the presentation.

By then facilitator should make the following table in a newsprint or board.

Original case	Group 1	Group 2	Group 3	Group 4	Group 5
Case 1					
Case 2					
Case 3					
Case 4					
Case 5					
Case 6					

Activity: 10.3.2: Prioritizing the cases

- Ask each group to prioritize the cases and list down in order one by one. Take responses from each group to present their reasons of putting the cases from low to high priority.
- After the group presentation, ask each participant to silently reflect on biases they may hold against certain women seeking an abortion and how these biases may have affected their decision about whom they did or did not grant an abortion.
- Ask participants to return to the larger group and lead a discussion about the rationales given to choose and not to choose women for the abortion. Try to maintain neutrality while discussing the participant's rationales.

Activity 10.3.3: Large group discussion

- Ask participants to reflect and relate on how abortion services are often offered in a given setting or country. Similarly ensure that the following points are covered in the discssion.
 - ✓ Restrictive abortion policies
 - ✓ Individual providers, often determine which women are more entitled to abortion than others based on their biases about women's reasons and circumstances.
 - ✓ The decision to grant abortion or deny abortion to women carries lifelong consequences for those women, their families and communities.

- Each of the women in these scenarios expressed a desire to terminate her pregnancy, and it is likely that each woman reflects through her reasons carefully to take the decision.
- Sometimes counsellors or providers may try to convince certain women to continue their pregnancy because of their personal beliefs that these women should not terminate their pregnancy. This can cause these women to feel pressured to make a decision that may result in undesirable consequences for their lives. In some cases, it may cost women their health and even their lives.
- Point out that chances of unsafe abortion being extremely high when providers or policymakers restrict access to abortion for certain women or not legalizing safe abortion; this can result in women risking their health and lives with illegal, unsafe abortions, having to go through added expenses and difficulty to obtain safe abortion from another provider or continuing an unwanted pregnancy and potentially abandoning, abusing or neglecting the child.
- Share data of the countries which reflect that restricting the abortion does not stop abortion, it only stops safe abortion. *Refer to the content section of activity 10.3.3 for more information.*
- lose the activity by explaining that there is no correct answer and it is impossible to objectively decide which woman deserves access to abortion services over another.

Note to facilitator

- ✓ *Print out the copies of case stories.*
- ✓ *The facilitator can share if they have any relevant anecdotes.*

Conclusion

Before closing the session, ask 2-3 participants about the key messages from the session. Every cases are unique in nature and every person has their own priority in life which makes every case sensitive. All kinds of women may decide to terminate their pregnancy for all kinds of reasons . Since it is a woman who becomes pregnant, it is a matter of her rights on exercising control over her body and deciding for herself.

Content for facilitator

Activity 10.3.1: Reading of different cases

The Last Abortion – Scenarios

Instructions: Each of the following women have asked for an abortion. You must choose which woman will be able to receive the last safe, legal abortion. You can only

choose one candidate. As a group, discuss each of these scenarios and your rationale for choosing the one candidate.

1. A 45-year-old woman is 18-weeks pregnant. She had stopped having regular menstrual cycles and did not believe she could become pregnant. A detailed ultrasound has revealed severe fetal abnormalities. Her 12-year-old son has numerous physical and developmental disabilities and requires constant attention. She does not feel able to manage another special-needs child.

2. A 21-year-old woman in her third year at university just found out that she is 14-weeks pregnant. Because her menstrual cycle was irregular, she did not realize she was pregnant. This is her first pregnancy. Her contraceptive method failed, even though she is quite certain she used it properly. She is the first person from her poor, rural village ever to attend university. She is experiencing acute anxiety at the thought of continuing this pregnancy.

3. A 25-year old woman is 8-weeks pregnant. She has two children under the age of four, and she lives with a man who regularly physically abuses her. He opposes the abortion, but she does not want to bring another child into an abusive household, especially if it will only make her more dependent on him for financial support. Her depression has worsened considerably since she found out she was pregnant.

4. A 28-year-old woman is 12-weeks pregnant. She is unemployed, an alcoholic and does not use birth control regularly. She does not know who the father of this baby is. Two of her children were born with fetal alcohol syndrome, and all three of her children are being cared for by her mother in another part of the country.

5. A 23-year-old woman with two young children is 10-weeks pregnant. She and her younger child are HIV positive. Her husband died of AIDS-related illnesses two years ago and left her without any financial support. She is not able to afford anti-retroviral treatment, and she has been hospitalized for opportunistic infections several times in the past year.

6. A 15-year-old girl is 14-weeks pregnant as a result of rape by her stepfather. When she told her mother about the rape and pregnancy, her mother told her to get out of the house. She has been staying at a friend's house. She continues to attend public school, where she has been a top student. She is experiencing great distress over the rape and pregnancy, and her schoolwork is suffering.

Activity 10.3.3: Large group discussion

Restrictive Abortion laws:

In global scenarios, abortion rates are similar in countries where abortion is highly restricted and where it is broadly legal. The abortion rate is 37 per 1,000 women in countries that prohibit abortion altogether or allow it only to save a woman's life, and

34 per 1,000 in countries that allow abortion without restriction as to reason a difference that is not significant. (Gumatachher, 2017). It shows that restricting abortion does not reduce number of abortions instead it makes the abortion unsafe risking women's health and life.

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Sub-Session 10.4

Understanding our values around safe abortion

Objectives

- ✓ To reflect on our values on a range of issues relating Sexual and Reproductive Health and Rights.
- ✓ To empathize with different views and challenge with our assumptions.

Methodology	Materials Required
✓ Agree Disagree exercise	✓ Newsprint and Marker
✓ Discussion	✓ Laptop and Projector



Total time: 60 min.

Sub- Session Summary

S.No	Activity	Time Breakdown
10.4.1	Introducing ground rules	10 min
10.4.2	Agree Disagree exercise	45 min (9*5)
	Conclusion	5 min.

Process and Instructions

Activity 10.4.1: Introducing ground rules

- Inform participants that we are going to conduct Agree or Disagree exercise. Refer to the content section of activity 10.4.1 for the ground rules.

Activity 10.4.2 : Agree Disagree exercise

- Write down Agree, Don't Know, Disagree in 3 metacards and stick them in 3 directions of the wall. Stick agree on one side, disagree on the other side and don't know in the middle of the wall. Create an open space in the room for participants to move around in the activity.
- Request all the participants to stand up in the middle of the wall. As the facilitator reads out the statement one after another, instruct the participants to move to agree, disagree or don't know according to their choice and perspective on the particular statement.
- Encourage participants to be honest about their feelings and to resist being influenced by where other participants are placing themselves.

- After participants have arranged themselves, ask volunteers at different points along the continuum to explain why they are standing there.
- If, based on someone's explanation, participants want to move to another point on the continuum, encourage them to do so.
- Once you have finished reading the statements, ask participants to come in centre/ one place. Again read the statement and repeat the process until all the listed statements are completed. *Refer to the content section of activity 10.4.2 for the statements and explanation.*
- Refer to the reasons participants gave about their place on the continuum as you facilitate a brief discussion about the different responses and levels of comfort in the room. Some discussion questions could include:
 - What observations do you have about your own responses to the statements? Other people's responses?
 - Were there times when you felt tempted to move with the majority of the group? Did you move or not? How did that feel?
 - What about your responses to the statements surprised you? How about other people's responses?
 - What did you learn about your own and others' comfort levels on abortion?
 - What observations do you have about the group's overall level of comfort with abortion (not individual people's responses)?

Conclusion

Before closing the session, ask 2-3 participants about the key messages from the session. Sexual and Reproductive Health issues are portrayed as issues of shame and hence many stigmas are attached to it. Since we all are part of this society, many times it is very common that we hold different stigmas related to Sexual and Reproductive Health. Knowing the facts around these issues may help us to overcome the stigma that we hold subconsciously and thus helps us to transform our attitude towards safe abortion on long run.

Content for facilitator

Activity 10.4.1: Introducing Ground Rules

Ground Rules for "Agree Disagree" activity	
Speak one at a time.	Allow each person time to talk.
Value each person's unique perspectives	Agree to disagree, but do so respectfully.
Don't be judgemental	Turn cell phones and pagers on vibrate
Take responsibility for your own learning	Think before you speak
Maintain confidentiality (if giving actual examples, avoid using identifying details)	
Take risks (step outside your comfort zone).	
Honor everyone's input (regardless of educational degrees, professional or community status, or personal experiences with the topic)	
Start and end on time (includes coming back from breaks promptly).	
Maintain a supportive environment (for those who may experience anxiety talking about emotionally difficult topics)	
Feel free to "pass" (if a certain topic or activity is uncomfortable)	

Activity 10.4.2 : Agree Disagree statement

Statements

- ✓ Menstruation is impure blood.
- ✓ Pre marital sex is against our cultural values.
- ✓ Abortion is a sinful activity.
- ✓ Person who does abortion is characterless.
- ✓ Abortion Causes infertility, cervical cancer and breast cancer.
- ✓ Emergency Contraception causes abortion.
- ✓ Pregnancy is safer than abortion/ Adoption is better than abortion.
- ✓ Criminalizing abortion will reduce the abortion rate.
- ✓ Women are using abortion as birth control pill.
- ✓ Due to the availability of safe abortion, the trend of premarital sex has been increased and more adolescents are accessing safe abortion services.

1. Menstruation is impure blood:

Menstruation is normal vaginal bleeding that is a natural part of a healthy woman's monthly cycle. After puberty, every month (21-41 days in normal but it may vary person to person) our body readies itself for pregnancy. The lining of the uterus thickens and an egg grows and is released from one of the ovaries. If pregnancy doesn't occur, (If meeting of sperm and ova does not occur) estrogen and progesterone levels

fall and the uterus sheds its lining and it's passed, along with some blood, out of the body through the vagina -which is thmenstrual blood.

So it is the same blood we are born with, when no fertilization occurs, the same blood comes out of vagina. Then how it can be impure ?? Some people regard it as impure because it is smelly. The thing we need to understand is: menstrual period consists of the shedding of an unfertilized egg, blood, and uterine lining tissues. It's completely normal for this combination to have a slight odour after it exits the vagina.

2. Pre marital sex is against our cultural values

Biggest question is can we even control that? In ancient time or even 50-60 yrs ago, people used to get married at a very early age, before the age they have desire for sex or let's say before they could explore for sexual activity. Now at this era of globalization, people have access to technology in their hands where they can explore many things without being noticed. Also people have been more focused on their careers, they are exploring their life, moving to cities for education where they are not under the control of anyone. Most importantly, physical changes occur and desire for sex is natural. The data of Nepal shows that median age at first sexual intercourse is 17.9 years among women and 20.5 years among men age 25- 49. Eleven percent of women age 25-49 had initiated sexual intercourse by age 15, while more than half (51%) had their first sexual intercourse by age 18 and 71% by age 20.

We can't control this but we can make this sexual activity more safe by providing accurate and complete information on SRHR.

3. Abortion is a sinful activity

Sperm and Ova fuses together during a process called fertilization and becomes a single cell. This is the initial stage of development for human growth. It is very necessary to know that these are just two cells which divide continuously and take a bigger shape and is dependent on pregnant women for their survival.

When some part of the body cells are non functioning, diseased or unwanted and removed we don't regard it as sinful activity. Eg: If there is stone in gallbladder, we just decide to operate and remove it as it causes pain and disturbs other system too. In this process there is no stigma when removing part of our body cells which is more like similar to removal of the cells which has been formed by two cells, i.e. Sperm and Ova. When it is unwanted pregnancy, foetus is as much unwanted as a stone in gall bladder. Continuing the unwanted pregnancy may lead to crisis in women's physical, emotional, psychological, economical and various dimension. So, choosing the own's(women's) life is not sinful activity.

4. People who does abortion is characterless

People choose to do abortion for reason. There is always a reason why they don't want to continue their pregnancy and reason varies from physical, psychological, social, financial and so on.

Contraception is not always 100% available and effective and people are not always in a position to consent to sex. Studies have shown that between half and two-thirds of people who have an abortion were using contraception at the time they became pregnant. Sex and contraceptive use are areas informed and impacted by the circumstances of people's lives, including by factors like their health (irregular periods, menopause, etc.), the relationships they are in, the supports they have, resources available, substance use, medical conditions and stress, among other things.

Furthermore, sex, as well as contraceptive use, is not always voluntary. Many people seeking abortion have not been in a position where they could freely agree to sex or use their contraceptive method of choice. This may apply to people who are in or outside of a relationship.

As for the myth that people who need abortions are promiscuous, this one relies on the sexist trope that women are either "good" or "bad" and on our collective discomfort with sex and sexuality. Sex-negativity, the belief that sex is inherently bad, is deeply intertwined with our culture. Sex and women's bodies are often used in arguments about morality. Women are often judged harshly in relation to their sexuality, in ways in which men are not. .

5. Abortion causes infertility, cervical cancer and breast Cancer:

This is a common claim made by those opposed to abortion. However, there is no reputable medical evidence that having an abortion increases a person's chance of developing breast cancer. A safely conducted abortion does not cause subsequent fertility problems and in fact, fertility can return as soon as two weeks after an abortion. This myth can lead to more unintended pregnancies if women believe they are unable to get pregnant after an abortion and thus do not use contraception.

6. Emergency Contraception causes abortion

Emergency contraceptive pills (also called i-pills/ 72 hrs pills/ Econ/morning after pills/day after pills) prevents pregnancy after unprotected sex. It does not cause an abortion. In fact, because emergency contraception helps women avoid getting pregnant when they are not ready or able to have children, it can reduce the need for abortion. Emergency contraception will not work if a woman is already pregnant.

7. Pregnancy is better than abortion

Neither pregnancy nor abortion can be comparable to each other. It's completely their choice whether they wants to continue her pregnancy or not? Continuation of unwanted

pregnancy or termination of wanted pregnancy both are not better if it is against a women's choice. Abortion is completely safe when done within legal dimension.

8. Criminalizing abortion will reduce the abortion rate

Highly restrictive abortion laws are not associated with lower abortion rates. For example, the abortion rate in Latin America, where abortion laws are extremely restrictive is 32 per 1,000 women of childbearing age, compared to a rate of 12 per 1,000 women in Western Europe, where abortion laws are generally less restrictive.

9. People are using abortion as birth control pill

Birth control pills/ contraceptive methods, by definition, prevent pregnancy by interfering with ovulation, fertilization or implantation. Abortion ends an established pregnancy, after implantation. These two things completely differ in terms of their action but also they are using synonymously, Why?? It gives the notion that, people are not using contraceptives to prevent unwanted pregnancy and when they get pregnant they use abortion services to terminate unwanted pregnancy even though obtaining contraception is easier than accessing abortion services ?

Typically, obtaining contraception is easier than accessing abortion services but there is no evidence that shows people use abortion as a primary method of birth control. Most people who get abortions report using contraception during the month they become pregnant. No one can assume or know the reasons why someone may face an unplanned pregnancy. Needing an abortion may be due to contraceptive failure or a lack of access to accurate reproductive and sexual health information, a lack of access to accessible and affordable birth control methods, or sexual assault.

So we should not use these two things synonymously without knowing the circumstances of particular individuals.

10. Due to the availability of safe abortion, the trend of premarital sex has been increased and more adolescents are accessing safe abortion services

We cannot control people from engaging in sexual activity due to many reasons: Technology, freedom (every people have the right to enjoy their life), Globalization and many more. (Please refer to statement Pre marital sex is against our cultural values for detail). Data shows that unmet need of the contraceptives is 24% among girls and women of reproductive age group and among adolescent it is even more (34%) due to which many women and girls are at risk of unwanted pregnancy. People find some way to terminate pregnancy and while terminating pregnancy if they choose a safe method then we should feel good as they did not chose any unsafe method. Instead of stigmatizing safe abortion services we can work more on increasing awareness to reduce unwanted pregnancy or promote safe sex. i.e use of contraceptives.

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Sub-Session 10.5

Stigmas around abortion

Objectives

- ✓ *To understand the different stigmas around abortion and its effect prevailing in different culture.*

Methodology	Materials Required
✓ Question and answer	✓ Balloons and darts
✓ Discussion	✓ Newsprint and marker



Total time: 30 min.

Sub-Session Summary

S.No	Activity	Time Breakdown
10.5.1	Introduction: Stigma and its effects	5 min.
10.5.2	Debunking Stigma	20 min.
	Conclusion	5 min.

Process and Instructions

Activity 10.5.1: Introduction: Stigma and its effects

- Introduce the session by saying that this activity is an opportunity to think about what abortion means to them on a more personal level and reflect on what different abortion related stigma are prevailing at personal and societal level.
- Ask participants about their understanding on the word stigma. Encourage 2-3 participants to share their thoughts.
- Explain the meaning of stigma with different examples. Don't jump directly into abortion related stigma, first explain with examples of common stigmas we hold in our daily life and then discuss on abortion related stigmas. Follow the pattern mentioned in "abortion stigma". Explain abortion related stigma and its effects in women's bodily autonomy and women's health (*Refer to content section of activity 10.5.1 for detailed information*)

Activity 10.5.2: Debunking stigma

- Bring variety of coloured balloons in advance and fill air inside the balloons. Also bring plastic soft tip darts to puncture the balloon. Write different abortion related stigma in the balloon from "list of abortion related stigma " mentioned in the content section. Ensure each participant has at least one balloon to puncture.
- Tell the groups that now they are going to puncture the balloon which symbolizes we are puncturing abortion related stigmas one at a time. Remind everyone that it is not possible to eliminate stigma at once but we can make huge impact by taking one step at a time i.e fighting with one stigma at a time.
- Ask each participant to pick one balloon and paste it on the board. Once everyone pastes their balloon on the board, request all the participants to stand at a distance of around 2 meter away from the board which is full of balloons.
- Ask each participants to puncture one balloon by dart. Encourage them to do again until each one of them have pricked one balloon each. Ensure everyone gets a chance.
- To close the activity, emphasize there are many abortion related stigmas which is a great barrier for girls and women to utilize safe abortion services. Patriarchal society and gender power relation commands control over women by stigmatizing abortion. Many women choose clandestine method due to prevailing stigma around abortion. *Refer to the content section of activity 10.5.2 for information on effect of abortion stigma on women's health.*

Note to facilitator

- ✓ *Prepare a pack of balloon and soft tip darts to use in the activity.*
- ✓ *Besides the listed activity, encourage participants to share if they know any stigma prevailing at local level or across different culture and religion*

Conclusion

Before closing the session, ask 2-3 participants about the key messages from the session. There are many abortion related stigma prevalent in our society which act as huge barriers for girls and women to utilize safe abortion services. Due to stigmas, women do not utilize the abortion services nearby their residence or opt for unsafe abortion so they do not get singled out by the community. Many service providers also consciously refuse to provide abortion services as they are also heavily stigmatized around this issue.

Content for facilitator

Activity 10.5.1: Introduction: Stigma and its effects

Stigma : It is a mark of disgrace associated with a particular circumstance, quality, or person. Abortion stigma is a shared understanding that it is morally wrong and/or socially unacceptable to abort the foetus. Abortion is negatively viewed as a harmful practice in the society and is considered to be wrong and immoral due to various reasons which generates stigma about it.

It is one of the major barriers to SAS which not only prevail in the developing countries, but also in developed countries.

Abortion stigma persists at different levels: individual, community, institution, law enforcement, mass media and culture. Stigma manifests negative image of post-abortive women (PAW); and those who are directly involved in abortion such as PAW and Abortion Service Provider's are considered as wrong-doers.

Young women and stigma (Compounded Stigma)

A young woman may experience compounded stigma when attempting to access abortion services given the implication that she is both sexually active and expressing an autonomous decision to end an unwanted pregnancy. In some cases this stigma may be worse for unmarried young women, where it is not her age but her marital status or lack of partner engagement that prevents her from accessing abortion services. She may also experience stigma for seeking contraception that would help her to avoid unwanted pregnancy in the first place. This leaves young women in a 'no win' situation.

Effect of abortion related stigma

Women feel some sense of guilt and anguish when they had undergone through abortion procedure. A study conducted by Beyond Beijing committee showed that two out of three women having abortion anticipated stigma if others knew about it. Many women felt they required keeping their abortion secret from friends and family members.

Health effects

Most of the PAW identify physical and mental stress arises due to the stigma attached to abortion. Many PAW, share that due to the fear of stigma, women opt for unsafe abortion. This leads to delay in seeking safe abortion service, and as a result they cannot access services within the legal time period, which sometimes forces them to choose unsafe abortion or even continue their unwanted pregnancy.

The stigma does not only affect the physical health but hampers the mental state as well. Many times due to lack of emotional support from the family and the feeling of shame and guilt, women feel stressed, anxiety, low self-esteem and depression that may result to suicide sometimes. The psychological effect does not only affect the woman who has had an abortion but also has adverse effects on their family.

Social effects

Abortion stigma has direct consequences on the social status of the women and her family as well. Many times women are discriminated and dominated by the community and their own family if she has terminated the pregnancy without their consent. In most culture premarital sex and pregnancy is unacceptable leading to social discrimination and withdrawal, in some situations leading to suicide. The psychological effect does not only affect the woman who has had an abortion but also has adverse effects on their family.

Economic effects

The mental health of the women after abortion and morbidity due to unsafe abortion has direct relation with productivity, which may worsen their economic status.

In some cases women are disowned by the family and deprived of the property, especially when the pregnancy they terminated is from outside their marriage. Many of the PAW are even suspended from their job if they are known to have an abortion.

Effect of stigma on Young women

The existence of abortion stigma can have an impact at many levels for young women as it

- ✓ prevents open discussion on the topic of abortion within families and in sexuality education programmes
- ✓ makes young women feel ashamed of their choices concerning sex and contraception
- ✓ means that young women are less likely to access timely SRH care (preventive or curative)
- ✓ means that young women are more likely to delay seeking services and often resort to unsafe abortion services
- ✓ positions pregnancy as a 'punishment' that unmarried young women deserve for being sexually active, and
- ✓ young women who become pregnant as a result of sexual violence, rape or incest are likely to conceal the circumstances under which they became pregnant and, therefore, unlikely to benefit from the legal grounds.

Activity 10.5.2: Debunking stigma

List of abortion related stigma

Nepali	English
Baccha giraune	Dropping a baby
Bachha fyalne	Throwing a baby
Pet fyaleko	Throwing a foetus or small child
Patho fyaleko	Throwing a foetus or small child
Khalasi garne	Cleaning the womb
Safaiya garaune	Cleaning the womb
Baccha kheragayo	loss of the baby
Alakchini	Bad luck
Papini	Sinful women
Charittra hin	Character less
Arko janam ma kokh banjo huncha	Women will be born infertile in the next life
Hatyara	Murderer
Chada aaiemaai	Uncontrolled women
Besya/Randi	Prostitute
PAW can cause miscarriage of another pregnant women	
Dead baby soul will not rest in peace	
Women performs abortion will be born as a ghost in her next life	
Next baby will be born as a Third gender "Hijada"	
Abortion leads to cancer and infertility	
Abortion leads to psychiatric disorder in the next coming child	
Abortion is done by unreligious people	

References

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https://www.ippf.org/sites/default/files/ippf_abortion_stigma_work_summary.pdf
- ✓ BBC(2010): Abortion stigmatization attitudes and beliefs and its effect in accessing safe abortion service Nepal
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SESSION 11: ROLE OF MEN AND BOYS IN SAFE ABORTION

Objectives

- ✓ To explore reasons why abortion is not just a women's issue.
- ✓ To understand the role of men and boys in safe abortion and to identify how they can affect women's experiences with abortion in different ways.

Methodology	Required materials
✓ Brain storming	✓ Newsprint and marker
✓ Mini lecture	✓ Copies of court resolutions of Achyut vs Government of Nepal case
✓ Question answer	
✓ Group work and presentation	



Total time: 30 min.

Session Summary

S.No	Activity	Time Breakdown
11.1	Role of Men and Boys	15 min.
11.2	Achyut vs Government of Nepal case	10 min.
	Conclusion	5 min.

Process and Instructions

Activity 11.1 : Role of Men and Boys

- Divide participants into 4 groups and ensure there is at least one male participant in the group. Provide 10 min. to each group to discuss and prepare presentations based on the following questions.
 - ✓ How are men affected by abortion?
 - ✓ How can men support women's access to safe abortion?
 - ✓ What are the challenges women have to face when boys/men are not involved in safe abortion issue led by the mindset that abortion is only women's issue?
- After the presentations from each group, summarize the key messages and highlight different ways in which men can support women's reproductive choices and access to safe abortion.

Activity 11.2: Achyut vs Government of Nepal case

- Inform participants about the background of Achyut vs Government of Nepal case . Explain the purpose of presenting this particular case which presents the scenario, where the right to be a father has been violated by safe abortion law as it allows a woman to terminate a pregnancy without requiring the consent of a husband.
- Read out the decision made in case of Achyut vs Government of Nepal case.
- Solicit any questions raised by the participants and move forward with the conclusion.

Note to facilitator

- ✓ *Review the court resolutions of Achyut vs Government of Nepal case to familiarize yourself with supreme court decision's in this case. Detailed study of this case helps to justify when participants ask questions related to right to be a father/ right of a partner.*

Conclusion

Before closing the session, ask 2-3 participants about the key messages from the session. Many times abortion has been slotted into the category of “women’s issues,” but natural pregnancies require a man’s active participation—so it stands to reason that men have a place in the abortion conversation. Until and unless men don't respect and understand the issue of bodily autonomy and continue to rule over women's body, it's hard to achieve bodily autonomy. So it is very important for a man to engage in abortion related conversations.

Content for facilitator

Activity 11.1 : Role of Men and Boys

Men's influences on women's abortion decision making and care seeking operate on different levels. At the structural level, men typically control the exercise of power-political, economic and social and the institutions, laws and policies that govern access to abortion. So man recognizing their role can be a greater help.

At the individual level, men may be involved in women's abortion care seeking as sexual partners, relatives or friends. In many cases, they exert their influence by withholding support, denying paternity, threatening or committing violence, or abandoning the woman. Other men can simply help women to practice autonomy respecting women’s decisions. Also male partners have the responsibility of using the most suitable contraceptive device. Male partner can provide support by understanding her priority

when it is not her planned pregnancy. Be with the woman in every step when she chooses to do an abortion. Even though she chooses to do abortion, it's not an easy decision and process for her physically as well as emotionally.

Activity 11.2: Achyut vs Government of Nepal case

On 2008, 4th August, Nepal's Supreme Court dismissed a case that had aimed to overturn the country's abortion law, which allows abortion upon request up to 12 weeks. The law was challenged by attorney Achyut Kharel in 2005 on the grounds that it discriminates against men, as it allows a woman to terminate a pregnancy without requiring the consent of a husband. With technical support from the Center of Reproductive Rights, Nepal-based Forum for Women, Law, and Development (FWLD) convinced the Court that a spousal consent requirement for abortion would violate women's human rights under international law and Nepal's constitution.

References

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- ✓ Dudgeon MR and Inhorn(2004): Men's influences on women's reproductive health
<https://sci-hub.tw/10.1016/j.socscimed.2003.11.035>
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<https://www.dailykos.com/stories/2019/5/16/1858117/-Abortion-is-aMensIssue-Too-So-Why-Aren-t-Men-Speaking-Out>
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<https://www.globalhealthrights.org/wp-content/uploads/2013/09/SC-2008-Advocate-Achyut-Prasad-Kharel-v.-Govt-of-Nepal-and-Ors..pdf>

SESSION 12: ADVOCACY AND ITS PROCESS

Objectives

- ✓ To set a foundation on the concept and meaning of advocacy and its process.

Methodology	Required materials
✓ Brain storming	✓ Newsprint and Marker
✓ Mini lecture	✓ Masking Tape
✓ Question answer	✓ Chart paper with information on 8 steps of advocacy process
✓ Group work and presentation	✓ SMART full form written in newsprint



Session Summary

Total time: 1 hr. 45 min.

S.No	Activity	Time Breakdown
12.1	Introduction to Advocacy: Setting the foundation	20 min.
12.2	Evidence Based Advocacy: Using evidence appropriately for doing effective advocacy	20 min.
12.3	Advocacy Process and Steps: Group work and discussion	20 min.
12.4	Advocacy Process and Steps: Presentation and Reflection	40 min.
Conclusion		5 min.

Process and Instructions

Activity 12.1: Introduction to Advocacy: Setting the foundation

- Distribute sticky notes to each participant and ask them to write down 2 key words that they can think about the meaning and concept of advocacy.
- Tell all participants to stick the notes in newsprint. Summarize the response from the participants and then explain the meaning with advocacy with relevant examples.
- Ask participants if they have any experiences of doing advocacy independently or through their organizations at local as well as national level.
- Refer to content section of activity 12.1 for definitions of advocacy. Elaborate on the importance of advocacy to create a sustainable change and also emphasize on why adolescent and young people need advocacy skills specially to impact policy level and community level change on issues concerning sexual and reproductive health and rights.

Activity 12.2: Evidence Based Advocacy: Using evidence appropriately for doing effective advocacy

- Drawing upon the explanation and discussion on advocacy from the previous activity, ask participants about the importance of evidence in doing advocacy.
- After getting few responses from participants, explain the importance of evidence-based advocacy and the method of collecting evidences.
- Before embarking on a journey of evidence-based advocacy, defining key objectives and what we hope to achieve through our process is a very key step. The advocacy objective should be specific and measurable.
- Introduce the SMART criteria to set advocacy goals and objectives and explain this with an example of advocacy goal and objectives provided in the resource section. *Refer to the content section of activity 12.2 for SMART defintion.*
- After orienting the participants through the goals and objectives table, talk through the process from data collection to building evidence. *Refer to content section of 12.2 for detailed information.*

Activity 12.3: Advocacy Process and Steps: Group work and discussion

- Divide the participants into 8 different groups for this activity. Depending upon the number of participants there will be 3-4 participants in a group. Assign a leader in each group.
- There are 8 steps of advocacy and each group will be assigned with 1 chart paper with detailed information on steps of advocacy for group work, discussion and presentation. Provide 15 min. time for the group work and discussion.
- Each group will discuss on the information written in the chart paper and come up with relevant examples that they can relate to the given topic; Inclusion of safe abortion facility in AFS (Adolescent Friendly Services) Center at Kolti, Bajura.
- *Refer to content section of 12.3 for detailed information on the advocacy steps.*

Activity 12.4: Advocacy Process and Steps: Presentation and Reflection

- Instruct the group leaders to stick the chart papers in the walls to show the advocacy steps like a bogie of train.
- The group leaders will have to act as the ticketing officer of train and explain the advocacy process one by one by giving relevant examples. The group members will act as the passengers of the train and they will have to listen carefully to the ticketing officer.
- Ticketing officer no. 1 will start the presentation and ticketing officer no. 8 will complete the presentation on advocacy steps. While doing the presentation, the ticketing offier will explain the information on advocacy step from the chart paper and also share the discussions on how did their group link their advocacy step to the topic of AFS (Adolescent Friendly Services) Center at Kolti, Bajura.
- Provide 4 min. each to the officers for presentation.

Note to facilitator

- ✓ *Write down the full form of SMART in newsprint for display.*
- ✓ *Prepare the advocacy goals and objectives table in newsprint for display.*
- ✓ *Write down all the information of 8 steps of advocacy in different colorful chart papers. Cut down chart paper to make a shape of train engine and small wheels to display it as a train in the activity of steps of advocacy.*

Conclusion

Before closing the session, ask 2-3 participants on the key message or take away from the session. After the sharing from participants, conclude the session with the following message. It is important to note that advocacy is a process rather than a product. It is a means to empower the marginalized and powerless to gain a better policy environment with implications for implementation of policies. The result of this process, or “product” could be better laws, policies, programs or projects in a community that reflects the interest of the people.

Content for facilitator

Activity 12.1: Introduction to Advocacy: Setting the foundation

What is advocacy?

Advocacy can be defined as action aimed at changing the policies, position and programs of governments, institutions or organizations involving an organized, systematic influencing process on matters of public interest. In addition, advocacy can be a social change process affecting attitudes, social relationships and power relations, which strengthens civil society and opens up democratic spaces.”

Advocacy involves different strategies aimed at influencing decision-making at the local, provincial and national levels.

Advocacy means fighting for our rights. Advocacy includes figuring out how bureaucracies and systems work, and fighting decisions that deny us things we are legally entitled to -- protection from discrimination, access to social assistance and health care, fair treatment by the justice system, etc. Advocacy also includes lobbying organizations, institutions, and various levels of government to change their rules and regulations that deny people the full economic, political, and legal rights set out in the United Nations' Universal Declaration of Human Rights.

Advocacy is the process of raising voices in an effective manner so as to influence others. This is done educating or increasing awareness among the general public, government and policy makers, or other entities such as private corporations, on issues confronting or affecting the community and the need to align policies, laws, programs and projects to address them. It is important to note that advocacy is process rather than a product. It is a means to empower the marginalized and powerless to gain a better policy environment with implications for implementation of policies. The result of this process, or “product” could be better laws, policies, programs or projects in a community that reflects the interest of the people.

Why use advocacy?

To achieve widespread, sustainable change to create a bigger impact than is possible with grassroots programs alone to try to make program impacts more sustainable to defend communities and programs from adverse policy changes.

Activity 12.2: Evidence Based Advocacy: Using evidence appropriately for doing effective advocacy

What is Evidence Based Advocacy?

Evidence-based advocacy is a process based on data and information. Needs are assessed with a view to advocating for improving current efforts as well as identifying gaps.

Set goals and objectives: A goal is usually a broader and encompassing statement that can be achieved over a long period of time. An objective is usually a more concrete, realistic step towards achieving the goal. In setting our advocacy goals and objectives, we need to ensure that these objectives meet the SMART criteria:

- Specific
- Measurable
- Achievable
- Realistic/Resourced
- Time-Bound

Advocacy goal and objectives example

Organization	Goal	Objectives	Strategies
Visible Impact	Influence the province level government for policy changes to address sexual and reproductive health and rights of young people.	Build the capacity of youth advocates to develop advocacy strategies and plan at local level for policy changes.	Identification of target audiences for lobbying, deciding on methods of communication, preparation of position and mobilization of network.

From identification of objectives to data collection

At this point, it is useful to make a functional distinction between evidence and data: While two terms are often used synonymously and interchangeably, it might be useful to keep the fine distinctions between the two terms, in mind. In policymaking, it appears to be useful to think of “Evidence” as a larger, more integrated and succinct interpretation of the data. Evidence has been defined in different ways by researchers and policymakers. It is usually associated with the idea of “proof” and substantiation of a hypothesis or theory. The process of evidence gathering necessitates the collection of sound, reliable and valid information or “data”: Data are a collection of facts that can be used as the basis to build the “substantiation” or the body of evidence necessary for convincing advocacy. In and of itself, data on a particular issue may represent a set of facts. The interpretation and appropriate use of such data serve as the evidence needed to advance the advocacy message and tell the story.

Issues pertaining to data availability and data quality

Know your evidence: It is important to be aware of:

- ✓ How your data are collected;
- ✓ How reliable the information collected is;
- ✓ What the data look like;
- ✓ The idea that availability of data doesn’t guarantee the “real picture”!; and
- ✓ The idea that “QUALITY” of Data does matter!

What is the quality of statistics used for decision-making in the system? Ask yourselves the following questions about your data. Are my data:

- ✓ Reliable?
- ✓ Valid?
- ✓ Timely?
- ✓ Interpretable?
- ✓ Relevant?
- ✓ Applicable?

From data collection to building your evidence-base for effective advocacy

If data are collected reliably, accurately and in timely fashion, meaningful interpretations can be made, based on a realistic analysis of the situation and a country's needs, and these interpretations can build evidence and can hold convincing power when messages are taken to key stakeholders. After collecting meaningful data, the process requires careful and focused analyses of these data, with a view to understanding the complexities underlying the information gathered. This process of careful examination of collected information is the evidence building process.

From evidence to advocacy: How do we actually do advocacy? What steps are involved? How do we actually do advocacy? What steps are involved?

- ✓ Identify key issues that you are going to target; prioritize these.
- ✓ Determine specific goals and objectives for your advocacy process.
- ✓ Establish some clear evidence-based messages.
- ✓ Establish an advocacy team
- ✓ Establish coordination procedures with your team.
- ✓ Disseminate these messages to appropriate stakeholders.
- ✓ Evaluate impact of your messages through participatory approaches; and continue to provide data for ongoing situation analysis.
- ✓ What kinds of evidence can we use? (Quantitative/qualitative /mixed methods)

Activity 12.3: Advocacy Process and Steps: Group work and discussion

8 Steps of Advocacy

1. Define Your Goals

- ✓ What needs changing?
- ✓ Long term/short term?
- ✓ What do we want to ask for? Does it require change to:
 - Legislation
 - Policy
 - Regulation
 - Programs
 - Funding

2. Know Your Audience

- ✓ Multi-layered: policy makers, media, key constituencies, public
- ✓ Different strategies for each target – research
- ✓ Provincial and Territorial governments, health authorities and general public

3. Craft Your Message

- ✓ Be clear on what you are asking
- ✓ Keep it simple and focused
- ✓ Use positive language
- ✓ Tailor message to audience – research
- ✓ Appeal to audience’s self-interest
- ✓ Acknowledge environment/context- be pragmatic
- ✓ Make the case
- ✓ Look at the problem, the solution(s) and the benefit(s)
- ✓ Be consistent
- ✓ Distribute clear concise position statements
- ✓ Use evidence – facts carry more weight than anecdotal evidence
- ✓ Economic arguments are important

4. Identify the Messenger

- ✓ The target audience will determine the messenger. For example: approach MPs as constituents
- ✓ Champions will also become messengers
- ✓ Media is best handled by a designated person(s)

5. Identify Delivery Methods

- ✓ Advocacy is relationship building
- ✓ Tactics change by target audience
- ✓ Tactics to reach general public
 - Ads
 - Media stories
 - Editorials
 - Awareness campaigns
 - Local events
- ✓ Tactics to reach media
 - Choose right communication tool
 - Press releases, Op-Ed, press conferences, letters
 - Use positive language
 - Make sure sources are credible
 - Make sure information is timely
 - Localize the issue
 - Accent human interest angle
 - Demonstrate support
- ✓ Tactics to reach political level of government
 - Meetings with elected officials – follow up
 - Letter writing campaigns then follow up in person
 - Distribute background documentation proving case

- Petitions
- Appear before Caucus
- Appear before a Parliamentary Committee
- ✓ Tactics to reach departmental level of government
 - Meet with departmental employees responsible for issue
 - Meet with other government employees that may have an interest in the issue
 - Be prepared with discussion information and background info that they can use to make the case within government

6. Identify Resources and Gaps

- ✓ Do a SWOT (strengths, weaknesses, opportunities and threats) analysis
- ✓ Build on existing resources and opportunities
 - Alliances, relationships, information, political intelligence, capacity of staff, opportunities
- ✓ Develop capacities which are lacking
 - Research, media, outreach

7. Plan Next Steps

- ✓ Identify achievable goals that set stage for larger work
- ✓ Include in the advocacy strategy/plan
 - Priority area
 - Action
 - Target
 - Timelines
 - Partners
 - Resources
 - Critical path or Next Steps
- ✓ Set out clear steps – including timelines
- ✓ Be clear on who needs to do what and when
- ✓ Communicate the plan with partners
- ✓ Be flexible
- ✓ Keep focused on long term goal

8. Evaluate Effectiveness

- ✓ Regularly revisit each of the steps to make sure the strategy is effective
- ✓ Discard any tactics which are not working and build on those that do
- ✓ Re-evaluate as new opportunities and challenges emerge
- ✓ Communicate changes internally

Remember

- ✓ Communications are key!
- ✓ Build a coalition of voices
- ✓ Planning is crucial

- ✓ Positive messaging is important
- ✓ Advocacy is about relationship building

References

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- ✓ Palliative Mainibato, (2019): Steps of Advocacy
<http://palliativemanitoba.ca/advocacy/8-steps-to-good-advocacy/>

DAY 4

SESSION 13: ADVOCACY STRATEGIES AND TOOLS

Objectives

- ✓ To introduce the concept of advocacy, its processes, strategies and tools.

Methodology	Required materials
✓ Mapping and analysis	✓ Newsprint with drawing of roots, trunk, leaves and branches of a tree
✓ Mini lecture	✓ Stakeholder analysis template
✓ Question answer	✓ Power mapping template
✓ Group work and presentation	✓ Table of advocacy tools in newsprint



Session Summary

Total time: 1 hour 30 min

S.No	Activity	Time Breakdown
13.1	Problem Tree Analysis	20 min.
13.2	Stakeholder Analysis	20 min.
13.3	Power Mapping	20 min.
13.4	Advocacy Tools	25 min.
	Conclusion	5 min.

Process and Instructions

Activity 13.1: Problem Tree Analysis

- Introduce the concept of problem tree analysis through display of problem tree diagram drawn in newsprint. Ask participants what do they understand from the 3 layers of Root cause (Root), Core Problem (Trunk) and Effect (Leaves and branches) drawn in the diagram.
- Provide a relevant example to explain the concept of problem tree. *Refer to the content section of activity 13.1 for the template.*
- Tell participants that while carrying out advocacy campaign, identifying the root causes is the key to its solution.

Activity 13.2: Stakeholder Analysis

- Divide the participants into 4 different groups and give them 5 min to discuss about potential stakeholders in their local community or province while doing advocacy.
- Get quick responses from each group and summarize the concept of stakeholder analysis. Refer to the content section of activity 13.2 for detailed information.
- Brief the participants about various activities under stakeholder analysis and finally display the stakeholder analysis template, which has information on the potential stakeholders. *Refer to the content section of activity 13.2 for the template.*

Activity 13.3: Power Mapping

- Based on the information and discussion from the stakeholder analysis, instruct participants to remain in the same 4 groups to do the power-interest analysis. *Refer to the content section of activity 13.3 for the power interest analysis grid* Provide the grid printout to all the group to organize the stakeholders in different grids according to their interest and power.

Activity 13.4: Advocacy Tools

- Ask participants about tools of advocacy and write down the key words in the newsprint.
- Explain the different tools of advocacy with reference to the table provide in the resource section of activity 13.4.
- Display 2-3 samples of issue brief and position paper prepared by Visible Impact and outline the major methods use to prepare such advocacy tools.
- Provide local relevant examples to explain the various advocacy tools and also encourage participants to ask questions and share any experience they might have in using such tools in their local areas.

Note to facilitator

- ✓ *Prepare a drawing of problem tree analysis in newsprint for display.*
- ✓ *Prepare the stakeholder analysis table in newsprint for display.*
- ✓ *Print out 4 copies of power mapping matrix for group activity.*
- ✓ *Prepare the table on advocacy tools in a newsprint for display.*

Conclusion

Before closing the session, ask 2-3 participants on the key message or take away from the session. After the sharing from participants, conclude the session with the following message. Building advocacy strategies is key to achieving the targeted goals and objectives. Developing strategies is the most effective and efficient way to organize

advocacy campaigns and activities. Having a strategy for advocacy will help to outline vision and goals, identify core issues and problems, identify stakeholders that will need to be involved in the advocacy effort.

Content for facilitator

Activity 13.1: Problem Tree Analysis

Advocacy is all about influencing the decisions, policies and practices of powerful decision-makers, usually in government. It is done in order to address the underlying causes in the community. Learning about an advocacy issue (eg access to healthcare or the right of adolescents and young people) is important because all advocacy work needs to be based on correct information, which comes from a source which those in power can also access.

There are many stages to an advocacy project. You need to start by identifying, researching and analyzing the most appropriate issue to address through advocacy. One powerful and popular visual mapping tool is the problem tree. It can be useful for analyzing a core situation and all the related issues, including the causes of a problem, the factors making it worse, as well as the effects of a problem. Like any other tree, the problem tree has three parts: a trunk, roots, and branches. The trunk is the main problem. The roots represent the causes of the core problem while the branches represent its effects and consequences.

For example, the root cause of unwanted pregnancy for young people is often poverty and lack of access to quality health care and education”. Also talk about gender differences at the ‘roots’. Boys might have inadequate sex education because the school curriculum only discusses biological facts without addressing responsibility to protect oneself and one’s partners. Girls often lack even biological information because they do not have the same educational opportunities as boys. Then discuss the consequences (branches), including gender-based differences.

For example, “young women who have unprotected sex face many more potential repercussions, both socially and for their health, than young men”. Point out how the suggested solutions can be made gender-specific. For example, if one solution is increased access to contraceptives, say that clinics should ensure that young men feel welcome, while young women should not only learn about regular contraceptives, but also emergency contraception. Ask the groups to consider how overlapping identities (such as sexual orientation, ethnicity, religion, disability) could affect somebody’s access to the proposed solutions.

Causes	Problem	Effects/Consequences
what you need to tackle directly in order to address your focal problem	what your advocacy project wants to concretely address & change	what you ultimately want to change - indirectly & in the long run

Problem Tree Analysis Template

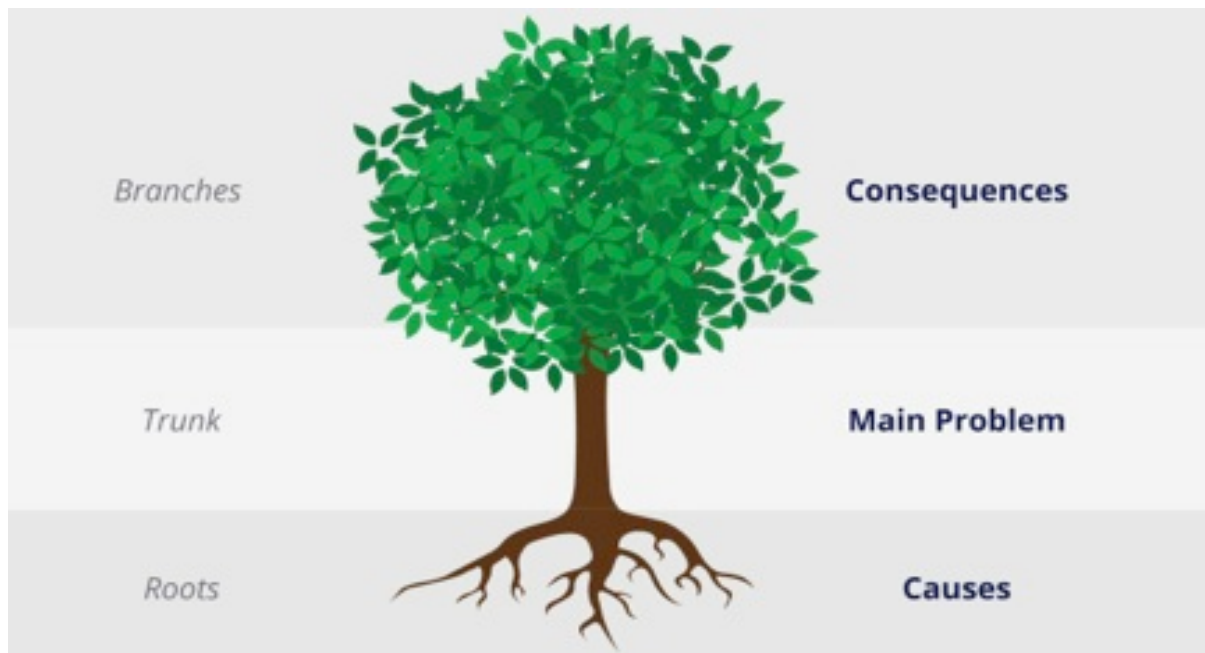


Photo source: Google

Activity 13.2: Stakeholder Analysis

Stakeholder Analysis

A stakeholder analysis provides a sense of which institutions and individuals have a stake in an issue, as well as their interests, support or opposition, influence and importance. Finding where stakeholders stand on the issue can shield advocacy initiatives from surprises and false assumptions. A stakeholder analysis also provides information necessary for later steps, including developing partnerships, and the identification of target audiences and those who influence them. To gather information for the stakeholder analysis, various methods can be employed, such as undertaking community mapping, surveys, and interviews with primary stakeholders and collaborating organizations such as NGOs. Organizing stakeholder workshops and informal consultations of stakeholders through household visits are other possible methods. A stakeholder and power analysis can be broken into five activities:

1. Identification of stakeholders (individuals, groups and institutions).

- ✓ Who is likely to gain from the proposed changes?
- ✓ Who might be adversely affected?
- ✓ Who has the power to make the changes happen?
- ✓ Who complains about the issue?
- ✓ Who are the vulnerable groups that may be affected by the project?
- ✓ Who are primary stakeholder and who are secondary stakeholders with regards to the issue? Who are the rights holders and who are the duty bearers?
- ✓ What are the relationships between the individuals, groups and institutions listed in the questions above?

2. Assessment of stakeholders' interests.

Once the key stakeholders have been identified, the interest these groups or individuals may have in the issue can be considered:

- ✓ What are the stakeholders' expectations from the issue?
- ✓ What benefits are likely to result from the issue for the stakeholders?
- ✓ What resources might the stakeholders be able and willing to mobilize?
- ✓ What stakeholder interests conflict with the issue?

3. Assessment of stakeholder support or opposition to the issue.

To assess the stakeholder's support or opposition to an issue:

- ✓ Does the stakeholder publicly support or oppose the issue?
- ✓ Is the public support or opposition different from private support or opposition?
- ✓ Who else is the stakeholder allied to and opposed to? Does that shed additional light on the stakeholder's support or opposition to the issue?
- ✓ What has the previous position been on similar issues?
- ✓ Has the stakeholder's position changed over time? If yes, how?

4. Assessment of stakeholder influence.

To assess the influence of a stakeholder, advocacy planners should know:

- What is the political, social and economic power and status of the stakeholder?
- How well is the stakeholder organized?
- What control does the stakeholder have over strategic resources?
- What level of informal influence does the stakeholder have?

5. Assessment of stakeholder importance.

Although the stakeholders' importance and their influence over an issue might seem similar, they are actually very different. Degree of influence reflects the direct power a stakeholder has to influence change. Importance, on the other hand, reflects the necessity to engage that stakeholder in order to address the underlying causes of a

problem and achieve sustainable change. Analysis of importance is very much consistent with a rights based approach. For example, while children are not always very influential in policy discussions, it is very important that they are part of them.

- a) Does the issue compromise the stakeholder’s rights, and does the stakeholder have a right to solutions for the issue? Is the stakeholder a rights holder?
- b) Will stakeholder engagement help address deeper underlying causes to the problem, so that solutions can be sustainable in the future?

Stakeholder Analysis Template

Public Sector	Private Sector	Civil Society
<ul style="list-style-type: none"> ✓ Ministers and advisors (executive) ✓ Civil servants and departments (bureaucracy) ✓ Elected representatives (Legislature, Courts (Judiciary)) ✓ Political parties ✓ Local governments/councils ✓ International bodies (World Bank, UN) 	<ul style="list-style-type: none"> ✓ Corporations and businesses ✓ Business associations ✓ Professional bodies ✓ Individual business leader ✓ Financial Institutions 	<ul style="list-style-type: none"> ✓ Media ✓ Schools and Universities ✓ Social movements and advocacy groups ✓ Trade unions National ✓ NGOs International NGOs ✓ Citizens Group

Activity 13.3: Power Mapping

Power Mapping

A stakeholder analysis should lead to a power analysis. This analysis helps in identifying the key decision makers (both institutional and individual) who hold power or influence over the issue. The task is to identify who makes the decisions and who can directly influence these decisions. These decision-makers can be allies or opponents. As your advocacy progresses, opponents may shift to become allies (or vice versa).

When developing an advocacy strategy, it is important to:

- a. Examine the capacities and abilities to influence the opponents to make them less opposed, passive opponents or even allies. Institutions and individuals that are neutral can also become allies through advocacy.
- b. Aim to increase the strength of allies without power.
- c. Persuade passive allies with power to provide levels of credible support and become active.

- d. Influence active opponents to become passive opponents.

Defining the targets

In an advocacy campaign, targets are people or groups that have the power to do something to make the changes that we are aiming for. There are 2 types of targets:

Primary Target

The person with the most power to directly address our problem.

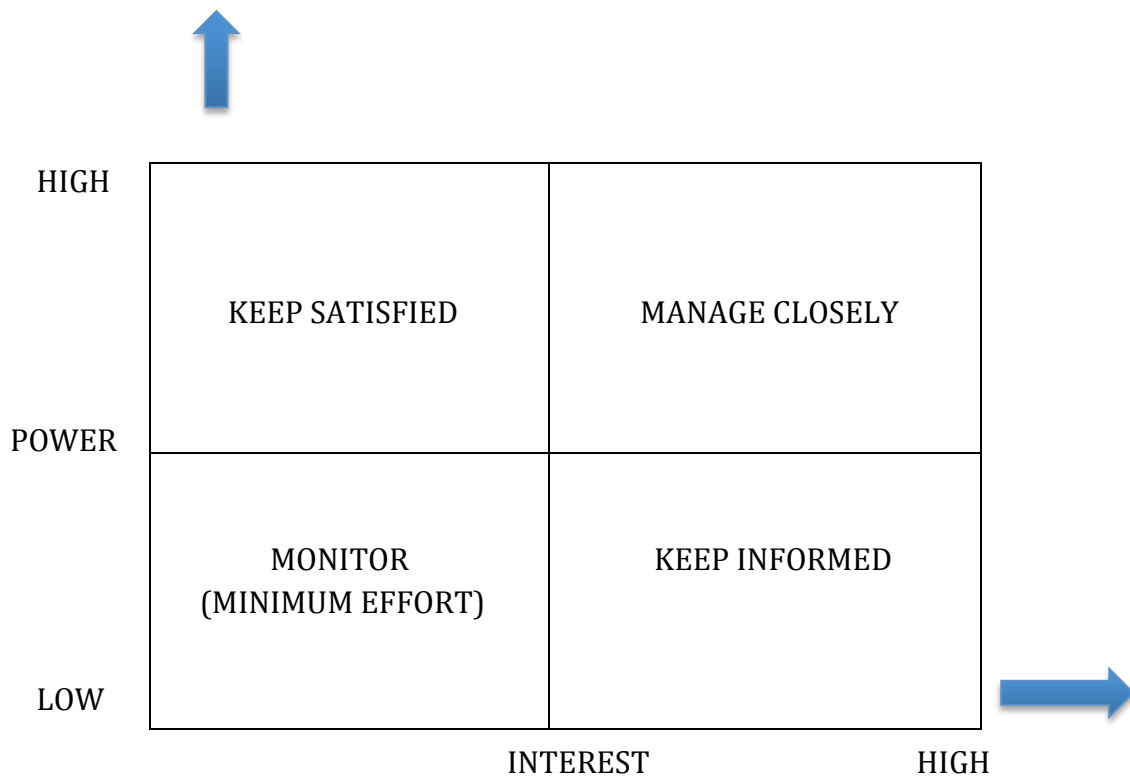
Secondary Target

A person who cannot solve the problem directly.

Power Mapping Template

- a. **High power, highly interested people (Manage Closely):** you must fully engage these people, and make the greatest efforts to satisfy them.
- b. **High power, less interested people (Keep Satisfied):** put enough work in with these people to keep them satisfied, but not so much that they become bored with your message.
- c. **Low power, highly interested people (Keep Informed):** adequately inform these people, and talk to them to ensure that no major issues are arising. People in this category can often be very helpful with the detail of your project.
- d. **Low power, less interested people (Monitor):** again, monitor these people, but don't bore them with excessive communication.

Power Mapping Template



Activity 13.4: Advocacy Tools

Advocacy Tool

S.No.	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

References

- ✓ UNICEF (2010): The Advocacy Toolkit
https://www.unicef.org/evaluation/files/Advocacy_Toolkit.pdf
- ✓ EvalPartners: Analyzing stakeholders and power to identify advocacy targets
https://www.evalpartners.org/sites/default/files/toolkit/q2/q2_guidance.pdf
- ✓ Mindtools (2002): Stakeholder analysis and power mapping
https://www.mindtools.com/pages/article/newPPM_07.htm
- ✓ Family Planning (2020): Advocacy Tools table retrieved from Advocacy, (Visible Impact)

SESSION 14: ADVOCACY SKILLS

Objectives

- ✓ *To enhance the capacity of youth advocates with various soft skills to lead advocacy campaigns and activities.*

Methodology	Required Materials
✓ Mini lecture	✓ News print and marker
✓ Group work and presentation	✓ copies of communication approaches example table
✓ Question answer	
✓ Brain storming	



Total time: 1 hour 30 min

Session Summary

S.No	Activity	Time Breakdown
14.1	Advocacy skills- how to become a youth advocate	20 min.
14.2	Communication Skills and Approaches in Advocacy	45 min.
14.3	Negotiation and Lobby Skills	20 min.
	Conclusion	5 min.

Process and Instructions

Activity 14.1: Advocacy skills- how to become a youth advocate

- Start the activity by asking the participants following questions.
 - ✓ Are you a youth advocate?
 - ✓ What skills does it require to be a youth advocate?
- Summarize the responses from participants and explain the basic skills required to be a youth advocate. *Refer to the content section of activity 14.1 for detailed information.*
- Encourage participants to share what kind of skills do they already possess and what skills do they need to acquire to become a youth advocate.

Activity 14.2: Communication Skills and Approaches in Advocacy

- Start the activity with a short energizer on Chinese whisper to introduce the importance of effective communication skills. After the energizer ask participants to share their reflection. Quickly highlight the importance of clear message delivery and active listening as important aspects of effective communication.
- Link the importance of effective communication in building advocacy strategies before moving on with next phase of this activity.
- Divide the participants into 5 different groups and assign a communication approach (from the spectrum) to each team. The spectrums are:
 - a. Engage
 - b. Persuade
 - c. Convince
 - d. Monitor
 - e. Neutralize
- The 5 teams will also be provided with 5 targets to develop a message based on their communication approach. The message will have to be developed using the CAR (Challenge, Action, and Result) model). *An example of the model has been given in the resource section of activity 14.2.* Provide an example so that participants can develop a message to deliver it to their target using their given communication approach.
- Give 10 min. for group work and 3 min. each for group presentation.

Activity 14.3: Negotiation and Lobby Skills

- Introduce the concept of negotiation and lobby skills with relevant examples. Refer to the information provided in the resource section of activity 14.3 to give a mini lecture to participants. After the explanation, ask participants about their understanding on the topic.
- Inform the participants that they will use negotiation and lobby skills in the role play next day.

Note to facilitator

- ✓ *Write down the various skills of youth advocate in newsprint for display.*
- ✓ *Print out 5 copies of communication approaches example table from the content section.*

Conclusion

Before closing the session, ask 2-3 participants about the key messages from the session. Advocacy refers to the efforts of an individual or group to effectively communicate, convey, negotiate or assert the interests, desires, needs and rights of an initiative, policy, program or even an individual or a group. Advocacy activities requires multi-dimensional approach, so a youth advocate should be equipped all the necessary skills to lead advocacy efforts.

Content for facilitator

Activity 14.1: Advocacy skills- how to become a youth advocate

Skills required for effective advocacy on issue of SRHR

- ✓ **Analytical Skills:** A youth advocate has excellent analytical skills and is able to readily make sense of a large volume of information.
- ✓ **Creativity:** S/he is creative and able to think of reasonable solutions when problems and unique situations arise or socially unfavourable circumstance arise.
- ✓ **Research Skills:** Preparing a common strategy generally requires an extensive amount of research. Anyone involved in the issue of SRHR should have excellent research skills to be able to find pertinent information
- ✓ **Interpersonal and Convincing Skills:** The youth should possess great trust building skills and should be able to convince the team, group or organizations s/he is working with.
- ✓ **Logical Thinking Ability:** A SRHR advocate should be able to work on root causes, effects and consequences on the one hand and activity outcome and impact level on the other.
- ✓ **Mass Mobilization Skills:** In order to create a positive pressure, constant and effective mass mobilization skills are required.
- ✓ **Perseverance and Hard Work:** Those working in the SRHR issue must have perseverance. Often, advocacy require many years of work with heavy research, evidence based advocacy initiatives and lots of patience.
- ✓ **Partnership Development and Public Speaking Skills:** An effort put by a single person and single organization may not bring the desired change. Hence, a good

SRHR advocate builds partnerships with many people and organizations. S/he also should possess public speaking ability.

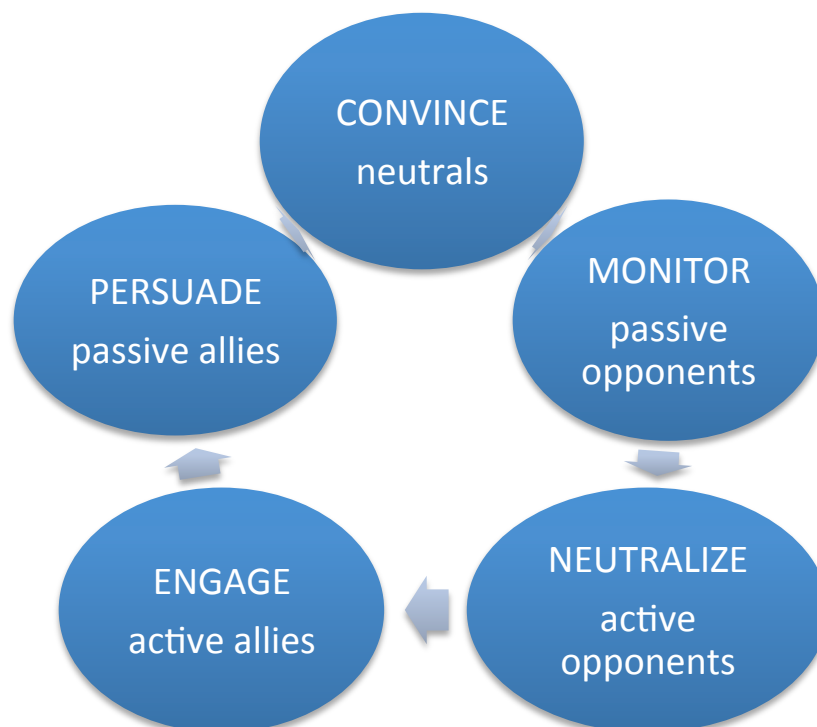
- ✓ **Understanding of Context:** A SRHR advocate should have greater level of understanding and knowledge of local context, situations and problems.
- ✓ **Introducing New Ideas and Use of variety of Tools:** A SRHR advocate should come up with new ideas on advocacy and also should be able to use different tools and techniques

How are all these possible?

- a. *Observe and Remove your fears*
- b. *Communicate properly: Language, Good voice and sound*
- c. *Raise questions*
- d. *Don't mess with the people those have different opinions*
- e. *Learn things which must not be said*
- f. *Be a good administrator*
- g. *Hold patience that is more than enough*
- h. *Maintain good relation with every one*

Activity 14.2: Communication Skills and Approaches in Advocacy

Communication skills and approaches



ENGAGE: if your target is fully in favor of your position and has high interest in the issue, you should seek to include them in your advocacy- planning network! They may be able to open valuable doors for you.

PERSUADE: if your target is interested and somewhat agrees with your advocacy goal, you should try to persuade them by increasing their knowledge and showing them that your advocacy objective is the appropriate solution.

CONVINCE: if your target is on the fence in relation to your advocacy goal but only has medium- to-little interest in it, you should try to convince them by showing that your cause is supported by people or institutions that are relevant to them. This can include constituents, other decision-makers, power groups or public opinion leaders.

MONITOR: if your target is against your position but has little interest in the issue, you might want to devote a bit of energy towards monitoring them, especially if they are powerful or influential. They may suddenly choose to move towards other sections of the spectrum, meaning you will need to rethink your approach.

NEUTRALIZE: if your target is against your position, has a lot of power and is interested in your issue, you may need to neutralize their influence. This can be difficult— you must avoid unethical practices and putting yourself (or others) at risk. This does not deserve a lot of your energy, so be careful how much you focus on this in your activities.

Example of developing clear and effective messages using various communication approaches for advocacy.

S.No	Target	Approach	Message
1	National Youth Network on Safe Abortion	Engage	
2	Province Level Government	Persuade	
3	Ministry of Health and Population at Central level	Convince	<p>CHALLENGE: Unsafe abortion related deaths among adolescents across the country have increased by 25% over the past seven years. Despite being a vulnerable population, there are no specific targets to increase access to safe abortion services and information amongst young people.</p> <p>ACTION: as the Minister of Health and Population, I ask you to encourage the government to actively support in increasing the access of young people to safe abortion services. The young people should also have access to updated and accurate information on sexual and reproductive health.</p> <p>RESULT: With effective policies and service delivery mechanisms at local and provincial level, young people and adolescents can have access to safe abortion information and services.</p>
4	Political party with belief in traditional practices and values	Monitor	
5	Religious groups	Neutralize	

Activity 14.3: Negotiation and Lobby Skills

Negotiation and Lobby Skills

Negotiation skills are qualities that allow two or more parties to reach a compromise. These are often soft skills and include abilities such as communication, persuasion, planning, strategizing and cooperating. Understanding these skills is the first step to becoming a stronger negotiator. The skills you'll need depend on your environment, your intended outcome and the parties involved.

When preparing for a negotiation, be sure to identify the following:

- ✓ What you want to gain
- ✓ Where you are willing to compromise
- ✓ Terms you refuse to accept
- ✓ Potential objections you may face
- ✓ All possible outcomes

Lobbying is a specialized form of advocacy. It is a strategic, planned and informal way of influencing decision-makers. Characteristics are: open (two-way) communication, influencing by linking the interests of different stakeholders, creating win-win situations and investing in long-term relationships with decision makers.

Examples of lobbying

- ✓ Personal letters
- ✓ Face-to-face meetings with decision-makers (such as MPs in Parliament)
- ✓ Informal contacts and communication
- ✓ Working visits with decision-makers
- ✓ Personal exchanges over the telephone
- ✓ Drafting of joint strategies

References

- ✓ A practical toolkit for young people who are passionate about advancing HIV and sexual and reproductive health and rights through national advocacy in the post-2015 agenda.

https://www.unaids.org/en/resources/documents/2014/advocacy_toolkit

- ✓ Negotiation and Lobby Skills

<https://www.indeed.com/career-advice/career-development/negotiation-skills>

http://www.ealliance.ch/fileadmin/user_upload/docs/Advocacy_Capacity/2011/8._ICCO_Guidelines_on_Lobby_and_Advocacy_2010.pdf

SESSION 15: ORIENTATION ON ROLE OF YOUTH ADVOCATE AND PROVINCE LEVEL ACTIVITIES ON SAFE ABORTION

Objectives

- ✓ To orient the youth advocates on their roles and responsibilities including Terms of Reference and code of ethics.
- ✓ To orient the participants on provisions and activities of safe abortion at province level.

Methodology	Required Materials
✓ Mini lecture	✓ Newsprint and marker
✓ Group work and discussion	✓ Newspaper copies with news on safe abortion
✓ Analysis of newspaper articles and informative materials	✓ Copies of youth advocates Terms of Reference (ToR) and Code of Ethics



Total time: 1 hour

Session Summary

S.No	Activity	Time Breakdown
15.1	Orientation on Terms of Reference (ToR) and Code of Ethics	30 min.
15.2	Orientation on province level activities on safe abortion	25 min.
Conclusion		5 min.

Process and Instructions

Activity 15.1: Orientation on Terms of Reference (ToR) and Code of Ethics

- In the previous session, participants had answered the question on what skills does it require to be a youth advocate? Now ask the participants what kind of roles and responsibilities does a youth advocate need to perform to lead advocacy campaigns and projects? Take responses from 3-4 participants.
- Inform the participants that as a youth advocate they will implement various activities and programs at local and province level in coordination with Visible

Impact. Moving forward, briefly orient the youth advocates about their Terms of Reference with reference to the ToR developed by Visible Impact. Use 15 min. to talk about the ToR. *Refer to the content section of activity 15.1 for the ToR.*

- The ToR will mostly talk about the roles and responsibilities of a youth advocate so adding on it, briefly orient the participants about the code of ethics they need to follow while working with people and communities. *Refer to the content section of activity 15.1 for the Code of Ethics.*

Activity 15.2: Orientation on province level activities on safe abortion

- Provide the Position papers prepared by Visible Impact to each of the participants and ask them to read the situational analysis.
- Prepare a presentation on the different scenarios of provinces with newspaper articles related to abortion. Highlight the situation of provinces while discussing the newspaper articles .
- Following the presentation ask at least one participant from each of the seven provinces to share the situations of their province in relation to safe abortion information, awareness and services.
- Summarize the activity by providing a brief overview of the province level scenario on safe abortion with focus on policies and situational analysis.

Note to facilitator

- ✓ *Print out the copies of Term of Reference (ToR) and Code of Ethics to be distributed to each participants.*
- ✓ *While talking about the roles and responsibilities, inform participants that emphasize on the significance of volunteerism as participants might have huge expectations regarding stipend and allowances.*
- ✓ *Collect newspaper copies and other documents reflecting information on safe abortion and programs being conducted at province/local level.*

Conclusion

Before closing the session, ask 2-3 participants about the key messages from the session. The youth advocates will be involved at their province level to implement various activities and programs at local and province level in coordination so they should follow a common guidelines in the form of Terms of Reference in coordination

with Visible Impact. They should be well oriented about their roles and responsibilities including the province level situation on safe abortion.

Content for facilitator

Activity 15.1: Orientation on Terms of Reference (ToR) and Code of Ethics

Title: Youth Champion

Reporting to: Senior Program Officer and M&E officer *Contract period: 13 months*

Project: SAAF

Location: *Itahari (Province 1), Janakpur (Province 2), Kathmandu (Province 3), Pokhara (Province 4), Butwal (Province 5), Surkhet (Province 6) and Dhangadi (Province 7)*

Overall purpose of the role:

A total of 21 young people aged (16-29) years; 3 from each of the 7 provinces will be selected as youth champions who will advocate for quality, stigma free and youth friendly safe abortion services at national and provincial level. The youth champion will work in close supervision and coordination with the Program team and shall be responsible for planning and implementing advocacy activities. S/he will regularly report progress through activity reports, share the number of beneficiaries reached and actively engage in community coordination.

Responsibilities

- ✓ Participate in a 3 day residential training in Kathmandu to enhance the capacity on advocacy of safe abortion.
- ✓ Develop an action plan for conducting advocacy activities for youth friendly and stigma free safe abortion services at national and provincial level.
- ✓ Plan and implement at least 2 orientation and peer sessions on youth friendly and stigma free safe abortion at the community level.
- ✓ Plan and implement at least 2 lobby meetings with the policy makers at the provincial level.
- ✓ Plan and implement the celebration of safe abortion day at the provincial level using innovative and youth friendly methodologies.
- ✓ Participate in a mid-term review in Kathmandu to update the progress and challenges on implementation of advocacy activities.
- ✓ Collect and document all required, relevant and important data regarding the activities conducted.
- ✓ Regularly communicate with the Program Officer and M&E officer regarding the

- progress and challenges.
- ✓ Maintain and report all the financial expenses incurred as part of the project activity.
 - ✓ Ensure Visible Impact's visibility, profiling and representation at all relevant forums in provincial level.
 - ✓ Any other tasks assigned by the supervisor

Experience and Technical competencies:

- ✓ Affiliated to a local level NGO at the provincial level
- ✓ Basic level of knowledge and expertise on SRHR.
- ✓ Fluency in Nepali & English.
- ✓ Commitment for a period of 13 months from March 2020 to March 2021.
- ✓ Ability to communicate via emails.
- ✓ Excellent communication and interpersonal skills, and demonstrated ability to engage with communities, authorities and other stakeholders.
- ✓ Ability to work sensitively with young people, taking into account gender and diversity.
- ✓ Demonstrated ability to collaborate and work as part of a team to achieve joint objectives.
- ✓ Willingness to work in the field and travel when needed.

Code of Ethics for youth advocates

Respect, promote, and protect human rights.

Carefully identify the appropriate human rights frameworks that relate to the programme and ensure that these principles are understood by staff, peer educators, partners, and participants.

Show cultural sensitivity.

Sensitivity to the cultural context should be maintained at any level or situation. No one is immune to insensitive behaviour, and people at all levels, from senior staff to peer educators, can benefit personally and professionally from activities that examine cultural sensitivities.

Respect diversity.

Youth advocates are encouraged to respect their own and their target audience's diversity of culture, ethnicity, sexual preference, race, language, socioeconomic context, and residence.

Promote gender equality and equity.

Gender awareness should be a theme in all programme activities and materials. This includes management, staffing, training, supervision, and peer-conducted activities.. Pay special attention to gender inequality and discrimination, including gender-based violence.

Assure and protect confidentiality.

Develop a clear, written policy on confidentiality and how this commitment is to be carried out. Frequently explain the distinction between keeping information confidential and reporting critical information to programme staff and other responsible adults.

Promote self-examination of value

Do not impose values. Youth advocates are encouraged to pursue an exploration of their own values. One person's values should not be forced on another. Programmes need to be sensitive to the values held by their audiences but are under no obligation to work with people who violate basic human rights and ethics.

Avoid personal misrepresentation, while respecting disclosure boundaries

Youth advocates are encouraged to be honest about their own situations but to recognize that they are not obligated to share personal experiences or issues.. The best response youth advocates can make to questions about their own behaviour is also the most honest: 'I am not here to talk about myself. I'm here to help you think for yourselves.'

Provide updated, correct, and unbiased information

The programme, through training, supervision, use of materials, and presentation of information, places a high priority on communicating accurate, current, and unbiased information. Avoid using existing, shared materials that are biased, reflect gender inequities, and otherwise promote positions or goals not consistent with your programme's.

Be aware of individual limits and how behaviour affects peers.

Youth advocates, through training and supervision, are helped to understand their own personal and professional limits and how their behavior can affect their peers. They should understand their limits and better deal with challenges they may face in their work. Youth advocates need regular emotional support in order to distinguish between the things they can and cannot change.

Refrain from abusing one's position with peers or programs

Youth advocates through training and supervision, are taught to understand group and power dynamics and to further the programme's goals while refraining from using their position at the expense of others. Programmes must be alert to youth advocates who, having acquired a sense of pride and power with their successes, risk abusing this new position, especially with young peers.

Activity 15.2: Orientation on province level activities on safe abortion

Province level scenario

Province 1: Ithari case: Bumped in the clinic after having self administer MA drug

Zero Unsafe abortion declaration:

<http://annapurnapost.com/news/71509>

Province 2: Death due to unsafe abortion news

<https://www.onlinekhabar.com/2019/07/782366>

Province 3:

<http://annapurnapost.com/news/55406>

<https://deshsanchar.com/2018/03/08/31428/>

Province 5: Ministerial level commitment to reduce unsafe abortion to zero.

<http://annapurnapost.com/news/127392>

<http://annapurnapost.com/news/127392>

Province 7: Accham Case : 12 yrs girls story who got pregnant in Maternity Hospital

<https://ekantipur.com/news/2019/06/09/15600517248434245.html>

References

- ✓ YPEER and FHI (2010) : Standards for Peer Education Programs
https://www.fhi360.org/sites/default/files/media/documents/Peer%20Education%20Toolkit_Standards%20for%20Peer%20Education%20Programmes.pdf

SESSION 16: INTRODUCTION TO PEER EDUCATION TOOLS AND TECHNIQUES

Objectives

- ✓ *To introduce the youth advocates with peer education tools and techniques for effective implementation of peer education sessions on advocacy at province level.*

Methodology	Required Materials
✓ Mini lecture	✓ News print and marker
✓ Discussion	✓ Copies of sample peer education sessions on safe education
✓ Question and answer	



Total time: 45 min.

Session Summary

S.No	Activity	Time Breakdown
16.1	Introduction to peer education and IMBR model	20 min.
16.2	Peer Education session- How to prepare and deliver	20 min.
Conclusion		5 min.

Process and Instructions

Activity 16.1: Introduction to peer education and IMBR model

- Ask the participants about the concept of peer education and the key words and responses will be written in newsprint. The facilitator will then summarize the concept of peer education along with relevant local examples and further highlight the importance of peer led approach and peer led methodologies.
- Summarize the importance of IMBR model of peer education while talking about safe abortion with their peer groups and in the community. A person might have correct and updated information on safe abortion. He/she might also be motivated to use the safe abortion services but without access to actual safe abortion, the person will not benefit with information and motivation only. *Refer to the content section of activity 16.1 for detailed information.*

Activity 16.2: Peer Education Session- How to prepare and deliver?

- Building upon the foundation of peer education from the previous activity, lead a discussion with the participants to learn appropriate methods of using peer education tools and techniques in orientation sessions. Lead the discussion in way that the participants are able to visualize the local scenario while leading orientation sessions and also realize their responsibility as a facilitator to conduct the orientation sessions at their local level.
- Provide a copy of sample peer education session on safe abortion to each participant and give 5 min. to quickly go through the sample session. Ask participants about their understanding from the sample session and also address questions and confusions related to the session, if any. *Refer to the content section of activity 16. 2 for the sample peer education session.*

Note to facilitator

- ✓ *Print out the copies of sample peer education sessions on safe abortion.*

Conclusion

Before closing the session, ask 2-3 participants about the key messages from the session. A young person's peer group has a strong influence on the way they behave. This is true of both risky and safe behaviours. Not surprisingly, young people get a great deal of information from their peers on issues that are especially sensitive or culturally taboo. Peer education makes use of peer influence in a positive way. Using peer education tools and techniques is an appropriate way for youth advocates to provide accurate information on safe abortion information and services.

Content for facilitator

Activity 16.1: Introduction to peer education and IMBR model

What is peer education?

In the context of this manual, peer education is the process whereby well-trained and motivated young people undertake informal or organized educational activities with their peers (those similar to themselves in age, background, or interests). These activities, occurring over an extended period of time, are aimed at developing young people's knowledge, attitudes, beliefs, and skills and at enabling them to be responsible

for and to protect their own health. Peer education can take place in small groups or through individual contact and in a variety of settings: schools, universities, clubs, workplaces, street settings, shelters, or wherever young people gather. Peer education is also a way to empower young people; it offers them the opportunity to participate in activities that affect them and to access the information and services they need to protect their health.

Peer education is important for youth reproductive health and safe abortion for many reasons, including:

- ✓ Peers are traditional providers of information to their peers. Young people tend to talk with their peers about most subjects, including sensitive issues such as reproductive health and safe abortion.
- ✓ Peer education programs are community-based. Peer education programs tend to be quite flexible, rooted in the realities of individual communities, and they can be used in a variety of settings and in combination with other activities and programs.
- ✓ Peer education programs can provide strong benefits to peer educators themselves. Peer education programs allow for direct participation of young people in programs designed to affect them, thereby promoting positive life skills such as leadership and communication and creating opportunities for mentoring and future job contacts.
- ✓ Peer education programs can be economical. Although the costs of peer programs are often underestimated, these activities can be implemented economically, especially as part of a larger system with management, supervisory, and monitoring systems already in place.

Examples of youth peer education activities include:

- ✓ Organized sessions with students in a secondary school, where peer educators might use interactive techniques such as game show quizzes, role plays, or stories.
- ✓ A theatre play in a youth club, followed by group discussions
- ✓ Informal conversations with young people at a discotheque, where they might talk about different types of behaviour that could put their health at risk and where they can find more information and practical help.

IMBR model: information, motivation, behavioral skills, and resources

The IMBR model addresses health-related behavior in a way that can be applied to and across different cultures. It focuses largely on the **information** (the 'what'), the **motivation** (the 'why'), the **behavioural skills** (the 'how'), and the **resources** (the 'where') that can be used to target at-risk behaviors. For example, if a young man knows that using condoms properly may prevent the spread of HIV, he may be motivated to use them and know how to employ them correctly, but he may not be able to purchase or find them. Thus, the concept of resources is important to this model.

Activity 16.2: Peer Education Session- How to prepare and delivery?

Sample peer education session on safe abortion

Session Schedule		
Total Time- 2 hour		
Time Breakdown	Session	Activity Details
20 min.	Introduction to SRHR	<ul style="list-style-type: none"> ✓ Explain the concept of sexual and reproductive health and various rights ✓ Why we need to know about SRHR (Life cycle approach)
20 min.	Introduction to abortion	<ul style="list-style-type: none"> ✓ Define abortion and its types ✓ Criteria of safe abortion sites and safe abortion service provider
20 min.	Methods of medical abortion	<ul style="list-style-type: none"> ✓ How to use MA pills ✓ Side effect of MA pills
20 min.	Safe abortion law	<ul style="list-style-type: none"> ✓ Different conditions under which safe abortion can be done
25 min.	Safe abortion stigma	<ul style="list-style-type: none"> ✓ What is stigma? ✓ What are its effect in daily life? ✓ Different ways to eliminate stigma from personal level
15 min.	Role of men in abortion	<ul style="list-style-type: none"> ✓ Different strategies to involve man in abortion

Objectives

- ✓ *To orient the participants with basic information on sexual and reproductive health and rights including safe abortion.*

Methodology	Required Materials
✓ Mini lecture	✓ News print and marker
✓ Group work and discussion	✓ Masking tape
✓ Question and Answer	✓ Handsout with information on safe abortion

Note: Youth advocates will be provided with separate handout with all the required information on safe abortion to lead peer sessions.

References

- ✓ YPEER (2005): Training of Trainers Manual on peer education tools and techniques

https://www.unfpa.org/sites/default/files/jahiapublications/documents/publications/2006/ypeer_tot.pdf

SESSION 17: PUBLIC SPEAKING AND FACILITATION SKILLS

Objectives

- ✓ To build the capacity of youth advocates by enhancing their skills and techniques of public speaking and facilitation.

Methodology	Required Materials
✓ Mini lecture	✓ Newsprint and marker
✓ Discussion	
✓ 30 seconds of fame exercise	
✓ Demonstration	



Total time: 1 hr 15 min.

Session Summary

S.No	Activity	Time Breakdown
17.1	Basics of public speaking and facilitation skills	20 min.
17.2	Demonstration and practice of facilitation skills	50 min.
	Conclusion	5 min.

Process and Instructions

Activity 17.1: Basics of public speaking and facilitation skills

- Ask the participants if anyone has ever spoken publicly or facilitated a training or workshop. If the participant raise their hand, listen to their experience on how did they prepare and deliver their speech or facilitate training session? Further ask them about the skills required for public speaking and facilitation. Take few responses and summarize by briefly talking about the basic skills of public speaking and facilitation. *Refer to the content section of 17.1 for detailed information.*

Activity 17.2: Demonstration and practice of facilitation skills

- Starting with the activity, take a minute to demonstrate bad skills of facilitation and public speaking and ask the participants to identify the mistakes of the facilitator.
- Inform participants that both public speaking and facilitation have their own dimensions and these skills should be acquired by the youth advocates to strongly present their ideas and opinions and also effectively facilitate peer education sessions.
- Inform the participants that they will perform a exercise called 30 seconds of fame to practice their public speaking skills. Walk through the following instructions before starting the exercise.
 - ✓ Form a semi circle in the shape of letter U and each participants will come in the center one after another to deliver their speech on any topic for 30 seconds. Tell the participants that: 'At the end of the 30 seconds, I will start to applaud to show appreciation for your effort. Don't be alarmed if you are in mid-sentence. My applause will be the signal for everyone else to begin applauding, which will show positive appreciation for your effort. During your 30 seconds, you can do whatever you want. However, even if you stop speaking, we will not begin to applaud until your 30 seconds are over. It is the job of everyone in the group to give each speaker their undivided attention and delighted, enthusiastic interest. Please do not interrupt any speaker in any way at all. Do not try to rescue them in any way. We should applaud as loudly for the last person as we did for the first, and for everyone in between.
- After everyone has had 30 seconds to speak, lead a group discussion in which participants talk about how they felt doing the exercise. Which speeches best displayed effective public-speaking skills? How can these skills be applied to advocacy campaigns and peer education sessions?

Note to facilitator

- ✓ *Some participant might show shyness and nervousness during the public speaking exercise so encourage them to speak and give second chance to few participants to build their confidence.*

Conclusion

Before closing the session, ask 2-3 participants about the key messages from the session. The skills of public speaking and facilitation skills are significant to clearly deliver the advocacy messages and lead young people at local level. Youth advocates should acquire these basic skills to lead advocacy campaigns and facilitate peer sessions on safe abortion at province level.

Content for facilitator

Activity 17.1: Basics of public speaking and facilitation skills

Discuss the major features of effective public speaking, such as:

- ✓ Use of engaging and interactive techniques
- ✓ Movement into and out of the audience
- ✓ Energetic body language and use of gestures
- ✓ Eye contact (of appropriate duration)
- ✓ Voice modulation and intonation
- ✓ Use of storytelling as a techniques to capture attention
- ✓ Caution about inappropriate use of slang terms or other unacceptable language
- ✓ Creation and maintenance of safe learning environment for the audience
- ✓ Positive ways to respond to incorrect answers from the audience.

What is the role of a facilitator?

A facilitator has a wide range of tasks to perform in order to 'make things easier' for people who participate in a facilitated discussion:

- ✓ Support individuals within a group in understanding their common objectives help people collectively move through a process.
- ✓ Structure conversations and apply appropriate group facilitation techniques to keep discussions effective.
- ✓ Foster participation and get people to come up with ideas, thoughts and perspectives that add value.
- ✓ Get all individuals in the room to feel like they are in a group with a shared interest.

References

- ✓ Session Lab(2019): Essential Facilitation Skills for an Effective Facilitator
<https://www.sessionlab.com/blog/facilitation-skills/>
- ✓ YPEER(2005): Training of Trainers education tools Manual on peer and techniques
https://www.unfpa.org/sites/default/files/jahia-publications/documents/publications/2006/ypeer_tot.pdf

Mock Session Preparation

- ✓ After the completion of sessions on day 4, inform the participants that they will have to deliver mock session on safe abortion on day 5.
- ✓ Divide the participants into 5 different groups and tell them that each group will get 20 min. to facilitate a session where every participant should get equal opportunity to facilitate for 5 min. each.
- ✓ Prepare 5 different topics on safe abortion and ask each group to pick a topic through lottery method.
- ✓ Tell the participants to do the preparation in the group and also divide facilitation responsibility.
- ✓ Provide necessary stationary materials to participants for the preparation work.

DAY 5

SESSION 18: MOCK SESSION

Objectives

- ✓ To provide platform for youth advocates to build their confidence through facilitation of peer sessions.

Methodology	Required Materials
✓ Demonstration	✓ Newsprint and marker
✓ Observation and feedback	✓ Meta card



Session Summary

Total time: 2 hr. 30 min.

S.No	Activity	Time Breakdown
18.1	Demonstration of mock session by facilitator	10 min.
18.2	Delivery of mock session by participants including feedback	2 hr. 15 min.
	Conclusion	5 min.

Process and Instructions

Activity 18.1: Demonstration of mock session by facilitator

- Present a demonstration of facilitating a peer session on safe abortion to guide the participants on how to conduct a session. The demonstration should focus on highlighting the major aspects of facilitating a session such as:
 - Starting the session and introducing the issue
 - Connecting with the participants
 - Focussing on the key message and getting into the core of the issue
 - Making the session interactive and participatory through question and answer and exercises
 - Concluding the session by highlighting the key message of the issue

Activity 18.2: Delivery of mock session by participants including feedback

- As per the group divided in the previous day, all the 5 groups will deliver their mock session. Instant feedback will also be provided to the participants after the completion of each mock session. As informed before, the group will get 20 min. to facilitate the session and 5 min. will be used to provide feedback after every session.
- Constructive feedback should be provided to the participants and the feedback should focus on the group as whole rather than pointing out on a particular participant. Individual feedback should be provided later in the evening as per the requirement and request of participants.

Note to facilitator

- ✓ *Support the participants to prepare for the mock session.*
- ✓ *Encourage the group members to support each other for the mock session. Some participants might have excellent facilitation skills and confidence and they might be dominating in the group. This will affect the mentality and confidence of the passive group members so it is very important to guide everyone on a common platform and positive spirit to create a learning environment.*

Conclusion

Appreciate the effort of participants to prepare and deliver mock peer session. Encourage the participants to lead peer sessions voluntarily at local level to enhance their facilitation skills. They can practice their skills formally and informally with their peer groups or also through platform such as schools, colleges, youth clubs and youth organizations.

SESSION 19: ACTION PLAN FORMULATION AND PRESENTATION

Objectives

- ✓ *To develop and present individual action plan for implementation at province level after the training.*

Methodology	Required Materials
✓ Demonstration	✓ News print and marker
✓ Observation and Feedback	✓ Meta card



Session Summary

Total time: 2 hr. 45 min.

S.No	Activity	Time Breakdown
19.1	Action plan formulation	1 hr 15 min.
19.2	Action plan presentation and feedback	1 hr 30 min.

Process and Instructions

Activity 19.1: Action plan formulation

- The action plan will be formulated in coordination with the Visible Impact team to match the planned programs and activities in accordance to the project goals and objectives.
- Divide the participants into 7 different groups according to their province and instruct them to develop their individual action plan. The staffs of Visible Impact will support the participants in the process.
- Provide each group with the sample action plan template to formulate their action plan. *Refer to the content section of activity 19.1 for the template.*

Activity 19.2: Action plan presentation and feedback

- Each participant will get 5 min. to present their action plan. The participants will also receive appropriate feedback quickly.

Note to facilitator

- ✓ *Print out the action plan template for action plan formulation activity (action plan template should be distributed to each participants).*

Conclusion

Appreciate the effort of participants to formulate and present their respective action plan. Encourage the participants to be committed to effectively implement the program and activities under the action plan. Finally, give a message to participants that participating in the training only will not make them a youth advocate. They will become successful youth advocates only after proper transfer of their knowledge and skills and implementation of their action plan.

Content for facilitator

Activity 19.1: Action plan formulation

Action Plan Template

Overall Goal	Specific Objectives	Expected Outcome

S.no	Activities (What)	Date and Location (When and Where)	Support and Partnership (Whom)	Means of Verification (MoV)	Resources Needs

Things to consider while formulating action plan

- ✓ Analyze the overall context including the needs assessment and prioritization of the issue you are going to focus.
- ✓ Start the action planning formulation by outlining goals and objectives and then clarifying outcomes. It is important to identify what you want achieve out of your effort.
- ✓ Make sure that your activities are clearly defined and achievable. Don't plan activities that are beyond your capacity and resource limit.
- ✓ Explore the possibilities of locally available resources and identify potential partners for collaboration.
- ✓ Follow the SMART rule while formulating the action plan.

ANNEX

PRE-TEST AND POST-TEST EVALUATION

1. What are sexual and reproductive health and rights?

- a. The right to equality and non-discrimination.
- b. The right to the highest attainable standard of health, including sexual health; with the possibility of pleasurable, satisfying, and safe sexual experiences.
- c. 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.
- d. All of the above

2. Abortion is

- a. a procedure for terminating the pregnancy by oneself outside a medical care setting.
- b. a procedure for terminating a pregnancy performed by persons lacking the necessary skills or in an environment not in conformity with minimal medical standards.
- c. the deliberate termination of a human pregnancy, most often performed during the first 28 weeks of pregnancy.
- d. the expulsion of a foetus from the womb before it is able to survive independently, especially spontaneously or as the result of accident.

3. Which of the following methods of contraceptives are the most effective ?

- a. IUCD, Vasectomy, Minilap and Norplant
- b. Condom and diaphragm
- c. Pills and Inj Depo
- d. Traditional methods of contraceptives

4. In Nepal, how late can a woman legally have an abortion by choice?

- a. Second trimester
- b. First Trimester
- c. 28 weeks
- d. Entire nine months.

5. What are the name of two drugs used in Medical Abortion?

- a. Mifiprestone and Misoprostol
- b. Oxytocin and Progesterone
- c. Progesteorne and Testostorone
- d. Ondesterone and progesterone

6. Immediately after abortion, how early conception can occur?

- a. 8 days
- b. 6 days
- c. 15 days
- d. 20 days

7. When was abortion legalized in Nepal?

- a. 2002 AD
- b. 2004 AD
- c. 2005 AD
- d. 2008 AD

8. Medical abortion can be done upto

- a. 9 weeks
- b. 73 days
- c. Second trimester
- d. Anytime

9. Which of the following statement is false about abortion stigma

- a. Abortion stigma is a shared understanding that it is morally wrong and/or socially unacceptable to abort the foetus
- b. Abortion stigma causes physical, psychological and economic impact
- c. Abortion stigma decreases utilization of safe abortion services.
- d. Abortion stigma is prevalent in our society and cannot be eliminated

10. What is advocacy?

- a. To use any kind of violent and non-violent means to fight for one's rights and issues.
- b. Action aimed at changing the policies, position and programs of governments, institutions or organizations involving an organized, systematic influencing process on matters of public interest.
- c. Thinking of an issue or problem which may or may not be in the community and making a plan to fight for the rights of the people.
- d. Gathering of people in the street

11. Which of the following are advocacy tools? Select all that apply.

- a. Position Paper
- b. Memorandum
- c. Threat
- d. Round Table discussion

12. While doing the Problem Tree Analysis which of the following should be focused in the first stage?

- a. Consequences
- b. Problem
- c. Causes
- d. all of the above

13. How confident are you right now to speak in front of mass?

- a. Very confident
- b. Confident
- c. Little confident
- d. Not confident

14. Can you lead and facilitate a training session for young people in your community?

- a. Yes. I can.
- b. Yes but with support from another person.
- c. I want to do but I still need to practice and enhance my skills.
- d. No, I can't.

15. Which of the following strategies would you use to lobby with a member of parliamentarian of your province?

- a. Personal Exchanges over the telephone
- b. Face-to-face meetings
- c. Conduct Local events
- d. Organize tweetathon

16. If a religious leader in your community is against abortion and is quite vocal about it. As a youth advocate what will be your communication strategy?

- a. Convince
- b. Persuade
- c. Monitor
- d. Neutralize

Attitude and perception about Safe Abortion

Statement	Agree	Disagree	Don't Know
Pregnant girls/ women should obtain consent of their partners before termination of pregnancy.			
Easy and free access of abortion leads to misutilization of safe abortion services.			
Abortion is violation of the right to life of a baby.			
Premarital sex should be discouraged as it is against our culture.			
If contraceptives are used there is no need of abortion.			
Pregnancy is better than abortion as abortion endangers pregnant persons' health.			
Only the person who commits unsafe abortion is responsible for any consequences due to it.			
Abortion is solely a women's issue. There is no active role of a man.			
Only women who were raped should be allowed to perform abortions.			

GUIDELINE TO AVOID STIGMATIZING LANGUAGE

Don't Use	More accurate Words	Explanation
Abort a child/baby	Termination of pregnancy.	Abort a child' is medically inaccurate, as the fetus is not yet a child. 'Terminate' a pregnancy is commonly used, however some people prefer to avoid this as terminate may have negative connotations (e.g. 'terminator' or 'assassinate') for some people. In some contexts, the word 'abortion' has negative connotations. In these situations, it may be helpful to avoid the word completely.
Abortionist	Safe abortion service provider	Abortionist is a term used by those opposed to abortion. Healthcare provider is usually a more accurate term to use than abortion provider, as most of those providing abortion care also provide other health services.
Promote abortion	Promote choice	
Female fetocide	Abortion on basis of fetal sex/sex selection and abortion	The suffix '-cide' denotes 'killing' which is not appropriate when describing abortion. When referring to sex-selective abortion, it is more accurate to describe the practice in terms of choosing to end the pregnancy based on the predicted sex of the fetus.
Keep the baby	Choosing to continue the pregnancy	The term 'keep' implies a positive outcome which may not accurately reflect the situation. In addition it is medically inaccurate to describe the pregnancy as a baby or child (see earlier for explanation). It is more accurate to describe the situation as a pregnant woman choosing to continue with the pregnancy.
Mother and father of baby	Pregnant women, partner of pregnant women.	Use of mother/father/parent during a pregnancy is value laden and assigns roles that the man or woman may not accept. It also implies that the fetus is a child, which is not accurate.
Pregnant mother	Pregnant women	Use of mother during a pregnancy is value laden and assigns roles that the woman may not accept especially in unwanted pregnancy. It also implies that the fetus is a child, which is not accurate.
Pro-life	Anti-choice/ Someone who is	Pro-life implies that those who support legal abortion access are 'anti-life', which is

	opposed to abortion	inaccurate. Instead use alternative terms to make it clear that you are referring to individuals opposed to anyone having an abortion.
Late term abortion	Abortion in second/third trimester/ Abortion at XX weeks gestation	Late term could refer to any time in the second or third trimester – instead, if necessary, use terms that indicate the specific trimester or gestation. Use of ‘late’ may also imply that a women is late (and thus irresponsible) in seeking an abortion.
Baby/ Dead foetus/ Unborn baby/ Unborn child	Embryo (up to week 10 gestation)/ Foetus (from week 10 gestation onwards) The pregnancy	The alternatives are medically accurate terms, as the embryo or fetus is not a baby. When referring to the tissue examined following a surgical abortion, an appropriate term is ‘products of conception’. However, this term is only useful for materials focused on medical details of abortion, as it is not commonly used or understood outside of medical or scientific contexts.

TRAINING SCHEDULE

DAY 1		
TIME	SESSION	ACTIVITY DETAILS
16:00-17:00	Introduction to the Training	<ul style="list-style-type: none"> ✓ Introduction to the training and objective sharing ✓ Introduction of participants and facilitators ✓ Expectation mapping
DAY 2		
9:00-9:30	Introduction to the Training: Continued	<ul style="list-style-type: none"> ✓ Pre-test evaluation ✓ Ground rules setting
9:30-11:00	Sexual and Reproductive Health and Rights	<ul style="list-style-type: none"> ✓ Introduction to Human Rights ✓ Human Rights and Women Rights ✓ Introduction to Sexual and Reproductive Health and its components ✓ Sexual and Reproductive Health and Rights: Introduction, group work and presentation ✓ Sexual and Reproductive Health and Rights: Case story analysis
11:00-11:15	Tea Break	
11:15-12:15	Life Cycle Approach	<ul style="list-style-type: none"> ✓ Visualization exercise and reflection ✓ Assembling the pictures in correct flow of life cycle ✓ Summary and reflection
12:15-13:15	Lunch	
13:15-14:00	Exploring Contraceptives related information	<ul style="list-style-type: none"> ✓ Observation of all contraceptive materials and informative posters ✓ Discussion and Orientation of contraceptive materials and informative posters
14:00-15:00	Understanding Abortion	<ul style="list-style-type: none"> ✓ Brainstorming on Abortion ✓ Introduction: Conception, abortion and its types

		<ul style="list-style-type: none"> ✓ Information on various dimension of safe abortion services.
15:00-16:00	Understanding methods of safe abortion	<ul style="list-style-type: none"> ✓ Medical abortion and Medical Abortion Pills ✓ Orientation about MVA and D&C ✓ Comprehensive Abortion Care
16:00-16:15	Tea Break	
16:15-17:00	Safe abortion ground reality and Universal Health coverage in context of Nepal	<ul style="list-style-type: none"> ✓ Video Presentation: Outside the newsroom by Dil Bhushan Pathak ✓ Discussion on the video ✓ Reflection by the facilitator
19:00-19:30	PSA Videos	<ul style="list-style-type: none"> ✓ Video session to watch PSA on safe abortion
DAY 3		
9:00-9:30	Review and reflection	
9:30- 10:30	Safe abortion law and related history	<ul style="list-style-type: none"> ✓ Discussion: Timeline of history of Safe Abortion ✓ Comparative Analysis : Recent and previous Safe Abortion Laws
10:30 - 10:45	Value clarification on safe abortion and attitude transformation on safe abortion	<ul style="list-style-type: none"> ✓ Value Clarification and Attitude Transformation
10:45-11:00	Tea Break	
11:00-11:45	Uma's Story: Why did she die?	<ul style="list-style-type: none"> ✓ Reading Uma's Story ✓ Listing persons responsible for Uma's Death ✓ Large group discussion
11:45-12:30	Last abortion	<ul style="list-style-type: none"> ✓ Reading different cases ✓ Prioritizing the cases ✓ Large group discussion
12:30-1:30	Lunch	
1:30-2:30	Understanding our values around safe abortion	<ul style="list-style-type: none"> ✓ Introducing ground rules ✓ Agree Disagree exercise
2:30-3:00	Stigma around abortion	<ul style="list-style-type: none"> ✓ Introduction: Stigma and its effects ✓ Debunking Stigma
15:00-	Role of men and boys in	<ul style="list-style-type: none"> ✓ Role of Men and Boys

15:30	safe abortion	✓ Achyut vs Government of Nepal case
15:30-15:45	Tea Break	
15:45-17:30	Advocacy and its process	<ul style="list-style-type: none"> ✓ Introduction to Advocacy: Setting the foundation ✓ Evidence Based Advocacy: Using evidence appropriately for doing effective advocacy ✓ Advocacy Process and Steps: Group work and discussion ✓ Advocacy Process and Steps: Presentation and Reflection
19:00-19:30	Web drama series	✓ Video session on web drama series produced by Visible Impact
DAY 4		
9:00-9:30	Review and Reflection	
9:30-11:00	Advocacy Strategy and Tools	<ul style="list-style-type: none"> ✓ Problem Tree Analysis ✓ Stakeholder Analysis ✓ Power Mapping ✓ Advocacy Tools
11:00-11:15	Tea Break	
11:15-12:45	Advocacy Skills	<ul style="list-style-type: none"> ✓ Advocacy skills: how to become a youth advocate ✓ Communication Skills and Approaches in Advocacy ✓ Negotiation and Lobby Skills
12:45-13:45	Lunch	
13:45-14:45	Oreintation on role of youth advocate and province level activities on safe abortion	<ul style="list-style-type: none"> ✓ Oreintation on Terms of Reference (ToR) and Code of Ethics ✓ Oreintation on province level activities on safe abortion
14:45-15:30	Introduction to Peer Education Tools and Techniques	<ul style="list-style-type: none"> ✓ Introduction to peer education and IMBR model ✓ Peer Education session: How to prepare and deliver
15:30-15:45	Tea Break	
15:45-17:00	Public speaking and facilitation skills	<ul style="list-style-type: none"> ✓ Basics of public speaking and facilitation skills ✓ Demonstration and practice of facilitation skills

DAY 5		
9:00-11:00	Mock session	<ul style="list-style-type: none"> ✓ Demonstration of mock session by facilitator ✓ Delivery of mock session by participants including feedback
11:00-11:15	Tea Break	
11:15-11:45	Mock session: continued	
11:45-12:30	Action plan formulation	✓ Action plan formulation
12:30-13:30	Lunch	
13:30-14:00	Action plan formulation	✓ Continued
14:00-15:30	Action plan presentation	✓ Action plan presentation and feedback
15:30-16:00	Post test evaluation	
16:00-16:15	Tea Break	
16:15-17:00	Training Evaluation and Closing ceremony	

TRAINING EVALUATION AND CLOSING CEREMONY

- After the completion of all sessions, provide each participant will an A4 size paper to write down their feedback on the following questions? Inform participants that this is an independent evaluation of the training, so the participants can provide feedback without any hesitation.
 - ✓ What did you like about the training? What are the three major things that you learned from this training? (eg. learning can be knowledge, skills or attitude)
 - ✓ What did you like about the facilitators? Do you have any feedback for improvement in their facilitation skills?
 - ✓ Do you have any feedback to Visible Impact regarding overall training management and logistics?
- Provide 15 min. to participants to answer the questions and instruct them to write down the answer individually.
- After the training evaluation, conduct closing ceremony in youth-friendly manner in coordination with Visible Impact team. Ask one male, one female and one participant from sexual and gender identities (if any) to share their experiences from the training and request them to share how the training helped them to shape their skills, knowledge and attitude.