



Ipas-trained peer educators enjoy finding fun ways to share health information. photo © Ipas Nepal

## Improving sexual and reproductive health services for young people in Nepal

### Results and lessons learned from a youth-focused project in Kailali District

Between 2012 and 2014, Ipas Nepal implemented a project to enhance the ability of young women ages 15–24 to prevent unwanted pregnancy and obtain safe abortion services in Kailali District in the Far-Western Region of Nepal. The project also supported Nepal's National Adolescent Sexual and Reproductive Health (ASRH) Program and contributed to Ipas's longstanding collaboration with Nepal's government to increase young women's ability to access comprehensive abortion care. Key project objectives were to:

- Improve the availability and quality of safe abortion and related sexual and reproductive health services for young women
- Improve the capacity of community-based partner organizations to collaborate with and support youth leaders in referring young women for contraception and safe abortion
- Ensure young women ages 15–24 have the knowledge, skills and peer support to make and act upon their own reproductive health decisions
- Evaluate and document project success in order to share results and lessons learned with partners and enable future high-quality projects

### KEY ACCOMPLISHMENTS

At project completion, Ipas documented the following:

- **Enhanced youth-friendly reproductive health services** at 13 health-care facilities in Kailali District—including comprehensive abortion care now provided at 11 of these sites. Three facilities successfully used a youth-adult partnership model to improve their quality of services.
- **Educated more than 1,500 peer leaders and educators** from 31 Village Development Committees. They in turn reached nearly 25,000 young people with information to improve their sexual and reproductive health and rights.
- **Increased the capacity of the Family Planning Association of Nepal (FPAN)** to integrate young women's abortion-related needs into its work. Working with peer leaders and educators, FPAN used various outreach activities to reach nearly 5,000 adult community members with youth-focused information on sexual and reproductive, thus demonstrating their commitment to youth issues throughout the community.
- **Documented and shared project results** with Nepal's ASRH Sub-Committee members and other partners, thereby ensuring lessons from this project will inform future youth-focused programs on sexual and reproductive health in Nepal and elsewhere.

## SUPPORT AND COLLABORATION

Ipas completed this project with support from the German Federal Enterprise for International Cooperation. Project partners include:

- Ministry of Health and Population, Nepal; Family Health Division
- District Public Health Office, Kailali District
- Family Planning Association of Nepal, Kailali Branch
- 31 local Village Development Committees
- Young people throughout the district

## SPOTLIGHT ON WORK WITH HEALTH SYSTEMS

A main goal of Ipas's project in Kailali District was to improve the availability and quality of safe abortion and related sexual and reproductive health services for young women.

### Removing barriers to care in facilities and communities

Working with FPAN and the District Public Health Office, Ipas conducted a series of educational events to engage staff from 13 health facilities—health-care providers, facility managers, Health Facility Operation and Management Committee members, and female community health volunteers—on what constitutes youth-friendly services and how to help reduce barriers young women face in accessing abortion care. Through participatory exercises, health-care workers explored their comfort level with youth sexual, abortion and young women accessing abortion.

“We focus [now] on maintaining privacy of adolescents' problems.

—SERVICE PROVIDER

**Female community health volunteers**, who play a crucial role for women's health in Nepal's public health system, also received training on young women's right to access contraceptives and other sexual and reproductive health informa-

tion, as well as the importance of protecting young women's privacy and confidentiality. In project evaluations, these volunteers stated the training enabled them to better perform their role in the community. They now provide contraceptives even to unmarried women (something they hadn't done before), state they have stopped discriminating against unmarried pregnant girls, and provide private and confidential services.

“We were unaware of the issues of adolescents before. We did not realize that we had to support young people in such a serious way. The workshop has changed our understanding and practice.

—FEMALE COMMUNITY HEALTH VOLUNTEER

### Empowering young people to define quality youth-focused services

Using the innovative “co-defining quality” approach to improve youth-friendly services, Ipas conducted workshops in three primary care facilities that brought together health-care providers, program managers and young people from the surrounding communities. Workshop participants collaborated to define necessary features and characteristics of high-quality, youth-friendly comprehensive abortion care and contraception services. With an agreed-upon framework in place for quality youth-friendly services, participants then assessed services at their own facilities and created six-month action plans for improvement.

*Note: Ipas's “co-defining quality” approach is based on Save the Children's “Partnership Defined Quality for Youth” approach.*

**Quality Improvement Teams**—composed of health facility staff, youth peer leaders and educators, and representatives of the local Health Facility Operation and Management Committee—met monthly to ensure implementation of the action plans. Facility and service improvements they made include:

- Advertising sexual and reproductive health services on the local citizens' board
- Painting Nepal's designated logos for safe abortion and youth-friendly services on walls outside health facilities to raise community awareness

## Young women face barriers to abortion care

The legalization of abortion in Nepal in 2002 gave all women age 16 and older the right to terminate a pregnancy for any reason up to 12 weeks—and at even later gestations under certain conditions. Working with Nepal's government and partner organizations, Ipas has made significant progress informing women and health-care providers about the law and making safe abortion care both available and accessible throughout the country.

However, young women still face a number of unique barriers to accessing safe abortion care:

- Lack of knowledge about the legal status of abortion
- Parental consent required by law for girls younger than 16
- Abortion-related stigma
- Health-care providers' lack of sensitivity to young people's need for contraception and abortion services



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- Designating and comfortably furnishing separate waiting rooms for young people supplied with youth-friendly health information, televisions and board games
- Orienting community leaders on youth-friendly reproductive health services, including abortion
- Installing suggestion boxes in facilities

“When there is any sexual or reproductive health-related problem, we have the practice of sitting together with peer leaders, educators, health center staff and school teachers to find the best solution.

—YOUTH MEMBER OF QUALITY IMPROVEMENT TEAM

“It has been very easy and effective for both young and adult members working together in the same [Quality Improvement] Team.

—ADULT TEAM MEMBER

### Peer educators provide link between youth and health facilities

In coordination with the District Public Health Office, Ipas and FPAN established a network called “Didi Dai” (Big sister / Big brother) that trained young men and women from 31 Village Development Committees to serve as peer educators on safe abortion and other sexual and reproductive health and rights issues in their communities. These peer educators in turn conducted a wide variety of activities to reach young people and other community members with sexual and reproductive health information and referrals to care as appropriate.

Peer educators held classes for thousands of in-school and out-of-school youth, created quizzes and oratory/essay competitions, conducted door-to-door counseling visits and held more than 100 street drama performances. Throughout the course of the project, peer educators reported referring 163 women for comprehensive abortion care and 3,066 male and female community members for other reproductive health services, thereby creating a successful linkage between communities and health facilities.



A street drama performance spreads information on sexual and reproductive health throughout the village.  
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## RESULTS

Ipas Nepal’s project in Kailali District demonstrated that, working in consultation with health-care providers and other adults, young people can play a meaningful—even essential—role in improving the quality of sexual and reproductive health services for young people. In addition, results show that young people, with appropriate training and support, can effectively inform and counsel their peers about sexual and reproductive health and rights, including abortion.

The project evaluation revealed the following:

During the project period, 36 percent of abortion services at intervention facilities were received by women age 24 or younger. This age distribution of women served is slightly higher compared to the 32 percent of young women cumulatively served by Ipas Nepal-supported facilities. Due to the project’s short implementation period and evidence that suggests young women prefer to receive sexual and reproductive health services at private facilities, this project did not expect an increase in young women served. The project provided young women with information on all facilities in the community providing safe abortion services.

**Satisfaction with service:** Young women were overall very satisfied with services at the facilities, with 96 percent saying they were either satisfied or totally satisfied and 100 percent saying they would readily recommend that family or friends visit the facility for abortion services.

**Gains in youth knowledge:** Young people in the project areas made significant gains in knowledge about the legal status of abortion and where safe abortion is available. In project areas, 88 percent of youth knew where a woman could obtain safe abortion, compared to 77 percent in control areas. In addition, at project completion more young people knew that abortion is legal for married and unmarried women—an important shift in knowledge—and knew the gestational age limit for terminating a pregnancy.

**Peer educator impact:** A higher percentage of youth who had interaction with peer educators (86 percent) knew that abortion is legal in Nepal, compared to only 62 percent of youth with no peer interaction. A higher percentage of youth who interacted with peer educators could also correctly identify the legal gestational age limit for obtaining an abortion.

**Quality Improvement Team impact:** Health providers asking young women to obtain consent from a family member or husband before having an abortion, which is not required by law for women 16 and older, is a known barrier for young women to obtain an abortion. Only 25 percent of young women were asked to obtain consent at facilities with Quality Improvement Teams, whereas 67 percent of young women received these inappropriate requests at sites without Quality Improvement Teams. The additional sensitization health-care providers received on the abortion law and youth-friendly services at facilities with Quality Improvement Teams most likely explains this notable difference.

**Youth-friendly service provision:** The project not only increased health-care providers’ knowledge on youth-friendly comprehensive abortion care, but also caused providers to consider the barriers young women face in accessing care and to actually facilitate access to services instead of contributing to the barriers.

## LESSONS LEARNED

Key lessons learned through implementation of this project will help strengthen Nepal's National ASRH Program and can inform similar youth-focused projects in Nepal and around the world.

1. **Create an enabling environment for youth-friendly services** within the health system by increasing the knowledge of key stakeholders, such as health-care providers and facility managers, on the abortion law and need for accessible, youth-friendly sexual and reproductive health services. Begin with a thorough stakeholder analysis both within and outside of the health system to help identify potential contributors and obstacles to project success and sustainability.
  2. **Actively orient and engage a range of stakeholders outside the health system**, both to ensure an enabling environment in the community and to create effective links to health-care facilities. Because stigma has such a powerful inhibiting influence on young people's ability to talk openly about sexuality and reproductive health and to obtain related information and care, effective project design needs to consider the role of community gatekeepers, opinion leaders, elders, religious leaders, parents and others in perpetuating or dismantling such stigma.
- “We are aware that adolescents need special and different type[s] of youth-friendly services ... we do not neglect the problems of adolescents anymore. We are positive.”  
—SERVICE PROVIDER
3. **Account accurately for time needed** for effective project design, stakeholder engagement, training and implementation. Considerable time can be required for obtaining government approvals, conducting a situation assessment, and recruiting and training peer leaders and educators. This in turn can leave less budgeted project time for actual project activities—and youth participants in particular will require sufficient time to feel comfortable in their new roles.
  4. **Engage youth as partners throughout the project cycle.** Youth as partners—including out-of-school youth and those from disadvantaged backgrounds—will help ensure equitable programming and decisions that reflect diverse youth perspectives and meet diverse needs.

Photos top to bottom: A health provider sits with a young woman. A youth-friendly services marker indicates a clinic with youth-friendly reproductive health services. Markers for safe abortion and youth-friendly services appear on the outside of a health facility.  
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## LOOKING FORWARD

Ipas is committed to engaging young people as full partners in ongoing efforts to improve youth sexual and reproductive health and rights across Nepal. Since completion of the project in Kailali District, Ipas Nepal has included young people in the majority of its work with health facilities. Youth participants have joined Quality Improvement Teams, and the “co-defining quality” approach is being used to create youth-friendly services in additional facilities. The Kailali District project showed clearly the benefits of building young people's knowledge of sexual and reproductive health, including abortion, as a means of empowering youth to make their own health decisions and access services when needed. Ipas will continue working with young people in their communities to ensure they can access youth-friendly, high-quality abortion services.



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