Working with Young People On Sexual & Reproductive Health Family Planning Association, Nepal

Location: Kathmandu, Nepal
Target groups: Young people aged 13-24
Strategic approach: Increasing young people’s knowledge of sexual and reproductive health (SRH) and utilisation of SRH services
Area of operation: Originally 72 villages in five districts
Working with Young People
On Sexual & Reproductive Health

Background and rationale

Slightly built and small for his age, 17 year-old Vinod Khadka is the leader of a boys’ peer educator group in Nasika village, in the hills about an hour’s drive northeast of Kathmandu. There are also two girls’ groups in the village. All three groups meet separately in the local Youth Information Centre (YIC). The boys in Vinod’s group are all 16 or 17 year-olds attending secondary school in the nearby town of Kavre.

Vinod was selected for training as a peer educator through a process of debate organised by the local Family Planning Association of Nepal (FPAN) office for High School students. He enjoyed the five-day training course:

“I learned a lot, but what struck me most was the knowledge I got about all the physical and emotional changes that happen to young people during adolescence. After the course I did more reading at the YIC so I could prepare myself to give talks to groups of youth, and also in public. At first I was shy and nervous talking about such things, especially with girls, but I got used to it. Now I give a talk to the girls’ group every month. Before, I didn’t know about any of these things. Now that I do, I want to pass on my knowledge to others.”

The Youth Information Centre (YIC) in Nasika is one of 15 set up by FPAN as part of its project ‘Working with Young People on Sexual and Reproductive Health’, which was implemented in five districts from April 1999 until December 2002. The first of its kind in Nepal, this innovative project blazed a trail which has since been followed by all of FPAN’s programmes to promote the sexual and reproductive health (SRH) of young people.

FPAN defines the term ‘sexual and reproductive health’ (SRH) as “freedom from gender discrimination and violence; healthy sexual and family relationships; the ability to enjoy sexual relationships without fear of infecion, unwanted pregnancy or coercion; the ability to regulate fertility without risk of unpleasant or dangerous side-effects; the ability to go safely through pregnancy and childbirth; and the ability to bear and raise healthy children.”
There is no doubt about the need of young people in Nepal for more SRH education and services. Most young people in Nepal lack the knowledge, the life skills, the social support and the necessary services needed to make informed, responsible and healthy choices about their sexual and reproductive health. Socio-cultural and religious traditions are major factors in the high prevalence of pregnancies amongst adolescent girls. Nearly half of 15-19 year-old girls are married, but only 12 percent practice contraception. One in every four girls between the ages of 15 and 19 is either pregnant or has already had a child, and is likely to have experienced problems during her first delivery.\(^2\)

The mean age of first sexual intercourse is 16.4 years for males and 16 for females.\(^3\) Despite the likelihood of sexual encounters during adolescence, many young men and women are unaware of the consequences of their sexual behaviour or its impact on their partners. They also lack access to ‘youth-friendly’ SRH services such as counselling and treatment for sexually transmitted infections as well as for condoms. As a result, adolescent girls in Nepal are at risk of unwanted pregnancy and unsafe abortion, and are equally vulnerable to STIs including HIV. Young men - many of whom migrate to India and other countries in search of work - are increasingly likely to be in situations which put them at risk to HIV infections and other STIs. The migrant labourers in many countries form the bridge population bringing these infections to their sexual partners on their return.

Based on this background, the target group for the project are male and female adolescents and young people aged 13-24, both married and unmarried. The project was implemented in 72 villages in five of Nepal’s 75 districts, with a total population of 950,000. The project started in April 1999, was originally planned to run until June 2002 but was extended to December 2002.

**Goal and objectives**

The goal of FPAN project ‘Working with Young People on SRH’ was “to empower young people in selected districts of Nepal to adopt safe sexual and reproductive health behaviour and practices”. The project adopted a two-pronged strategy to increase:

- young people’s knowledge of sexual and reproductive health (SRH), and

- young people’s utilisation of SRH services.

The objectives of the project, in terms of benefits for young people, were:

- Increased participation of young people in the design of SRH strategic plans and activities.

- Enhanced availability of appropriate SRH information and services for young people.

- Enhanced awareness of SRH among young people.

- Enhanced linkages and co-ordination with community leaders, parents, CBOs, line agencies etc for creating a favourable support system to improve SRH of young people.
Programme components

An assessment of adolescent sexual and reproductive health needs was carried out prior to implementation of the project in 1999.\textsuperscript{4} This was followed by a baseline survey and focus group discussions with adolescents and young people in five districts in 2000.\textsuperscript{5,6} These studies provided the project with the baseline data required for planning, implementation and evaluation. The programme was implemented through four main components.

1. Advocacy and community mobilisation

When FPAN designed the project *Working with Young People*, in 1998/99, it was breaking new ground. At the time, no other organisation in Nepal had attempted to provide sexual and reproductive health information and services designed with and for young people. The Ministry of Health had developed a National Reproductive Health Strategy, which included adolescent reproductive health as a component, but the implementation of this component of the Adolescent Strategy had not yet begun.

The FPAN project, from the outset, focused on the ‘sexual’ as well as the ‘reproductive’ health of young people. This was based on study reports, which showed that young people - unmarried as well as married - engage in sexual activities for different reasons, including fertility expectations as well as for pleasure. The project was designed to give young people the lead role. They were trained as peer educators to organise SRH educational activities within their own communities and schools.

To win official and public support for the project, advocacy activities were carried out on two levels: with policy makers, mainly before the implementation of the project; and at the community level, particularly during the first year of the project but also in subsequent years.

**Policy makers:** The first task faced by FPAN was to convince policy makers at national level that the new project was in accordance with government policies. Seminars were organised with high-level officials from the National Planning Commission, the Ministry of Health and the Ministry of Finance. FPAN officials argued successfully that the project was consistent with the new National Reproductive Health Strategy and would supplement the government’s efforts to implement the adolescent reproductive health component of the strategy. Subsequent seminars and other meetings were held to keep national level policy makers informed about the direction of the project. For example, the results of the baseline study and the implication of the needs assessment carried out in 1999 were discussed with government policy makers.

**Community level:** Many people in the communities were initially opposed to the idea of unmarried adolescents learning about sexual and reproductive health, and perhaps even having access to contraceptive services. Parents felt especially protective about their daughters who, they believed, would lose their ‘purity’ by being exposed to SRH information and services. Girls, for their part, felt very hesitant about the prospect of discussing issues such as menstruation, pregnancy and contraception in public, especially if boys were present.
The project therefore undertook a huge advocacy effort with parents, community leaders, community-based organisations (CBOs) and local government authorities. Young organisers and counsellors, both females and males from the project organised meetings with groups of parents and community leaders to explain the purpose of the project and how the activities could be organised. These meetings helped to allay many fears and misconceptions about the project. The FPAN youth organisers also held meetings with village level young people and women’s groups, which helped to create mutual understanding and good working relationships. In 2001, for example, a total of 2,359 people attended such meetings.

At district level, bi-monthly meetings were held with Rural Health Coordinating Committees, which coordinate the activities of government health services, CBOs and NGOs. These helped to identify opportunities for collaboration, avoid overlapping activities and deal with potential problems. FPAN’s own networks also helped to create goodwill for the project at community level. For example, 216 Reproductive Health Female Volunteers previously trained by FPAN were given an additional three days of training, after which they played a key role in persuading parents of adolescents to allow their children to participate in the project.

Through these advocacy efforts, resistance to the project at community level declined rapidly and was replaced by strong support. Families and communities were particularly supportive of the Youth Information Centres (YIC), 15 of which were established by the project. When external funding for the project stopped as planned in December 2002, all but one of the communities where a YIC had been started by the project had made plans to continue its activities, using their own resources.1

2. Information, Education and Communication (IEC)

Production and distribution of materials: The project has produced and distributed a wide range of IEC materials in the national language, Nepali. The topics covered include issues related to growing up and adolescence; sexuality, reproductive rights and family planning; abortion; menstruation and menarche; wet dreams and masturbation; pregnancy, marriage and infertility; STIs and HIV/AIDS.

One of the most attractive materials produced by the project is a question-and-answer game on SRH issues, played with cards, a ball and a target on a piece of soft cloth. The project also developed and printed a SRH wall chart and flip chart, as well as several training manuals and guidelines for school teachers, peer educators, youth organisers and laboratory assistants. The project also used various ‘small media’, such as roadside billboards and wall paintings, to communicate SRH messages.

All these materials were introduced to their respective target audiences at training workshops and other meetings, and distributed via YICs, family planning clinics, FPAN branch offices and schools, a mobile film screening. Street theatre was used to reach a wider audience at community level. In 2001 an estimated 20,801 people watched street theatre performances by peer groups from the YICs.

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1. The YIC in Achham District was closed down because of the activities of Maoist rebels.
Information through Peer Educators

There were a total of 216 peer educator groups with three peer educator groups in each of the 72 villages where the project operated with a total membership of about 2,000. The great majority of the participants are unmarried and under 20 year olds. For many girls, being in a peer educator group provided an opportunity to do something useful and interesting during the ‘empty’ time in their lives between leaving school and getting married.

Each peer educator group has eight to twelve members. Group leaders are trained by FPAN over a five-day period in adolescent sexual health and physical development, pregnancy, contraception, HIV/AIDS and other STIs. Issues such as child abuse, rape, early marriage, and gender discrimination within the family and wider society were also included. Group leaders also received training in communication and organisational skills.

When the first peer educator groups were started in 1999, many parents objected to FPAN’s original concept of mixed groups of boys and girls. FPAN, then encouraged young people aged between 14 and 19 to form same-sex groups, but promoted the idea of mixed groups for 20 to 24 year-olds. The single-sex groups, however, proved to be more successful than the mixed groups, and no mixed groups were formed after 2000. By the end of 2001 there were 99 all-female groups, 89 all-male groups and 28 mixed groups.

The peer educator groups each meet at least once a month for a talk and discussion, usually with a speaker from FPAN, who leads the discussion in an informal, participatory way. Individual peer educators are expected to talk with friends and family members about adolescent SRH issues, including HIV/AIDS. It is difficult to estimate how many young people have been reached in this way, but an external evaluation carried out in August 2002 put the figure at between 8,000 and 12,000 - equivalent to 4 percent of the 13-24 year-old population in the project districts. In addition, the groups perform street theatre in local communities and skits in schools, covering not only SRH topics but also human rights issues such as discrimination against girls within the family and society.

Teacher training

The project has helped to strengthen the teaching of SRH in secondary schools, which was introduced in the late 1990s but for which teachers were generally unprepared and lacked teaching materials. In 2000/2001 the project trained 672 teachers from 148 schools in SRH issues, and also provided teachers with supplies of IEC materials. This has been one of the most important activities carried out by the project, reaching almost every secondary school in the five project districts. The teachers trained have since taught 10,000 students each year in SRH issues, using the knowledge and materials obtained from the project.

3. Youth Information Centres

The operational base of the peer groups is the Youth Information Centre (YIC) of which there are a total of 15. This is a one-room building where young people can meet safely, amongst themselves,
for recreation and social activities but also to learn about SRH and other health and development issues. The YICs are open for 8-12 hours a day, six days a week, and are run by a Youth Organiser assisted by Peer Group Leaders and Reproductive Health Female Volunteers.

The YICs also have a small library of books, newspapers and magazines. In response to the wish of parents that the YICs should not focus exclusively on SRH issues, these materials cover a wide range of topics, including health, nutrition, the environment, sanitation, development, agriculture and current affairs. Each centre also has a video player and a stock of tapes on health, environmental and development issues. In 2001 the 15 YICs in the project carried out a total of 591 video showings on SRH and other health and development issues to nearly 9,000 young people.

Some YICs also have a question box, where young people can put anonymous letters about personal issues which they are too shy to discuss with a health worker, a teacher or a parent. FPAN staff regularly collect the letters from the question box and take them to the local branch office, where the counsellor, staff nurse and youth organisers prepare individual replies. These are then posted on the notice board in the YIC, along with the original unsigned letter. This seems to be an effective way of responding to the information needs of particular individuals, and at the same time educating a larger group of young people.

One particularly innovative aspect of the YICs is their role as a distribution point for condoms. Usually a box of condoms is attached to a wall near the entrance to the building, at a height convenient for adolescents but too high for young children to reach. Visitors to the centre can help themselves to condoms free of charge, without registering their names, which ensures that young women as well as young men have equal access to them. In practice, however, young women - even those who are married - still feel inhibited about taking condoms from the box at the door of the YIC.

Apart from their educational activities, the YICs also perform an important function as a place where young people can meet socially and play games such as badminton and volleyball. This is particularly important for girls, who otherwise have few, if any, recreational facilities of their own.

4. Provision of Sexual and Reproductive Health Services

The project provided SRH services through clinics at five FPAN district branch offices, 72 outreach clinics attached to village development committees and 15 YICs. A total of 28 staff (10 counsellors, five laboratory assistants, five staff nurses and eight Auxiliary Nurse Midwives) was employed to provide the following services:

Counselling: Two counsellors - one male and one female - were employed at each of the five FPAN district branch offices so young people could be counselled by someone of their own sex if they wished. The counsellors, all in their twenties, were mostly from non-health backgrounds but received special training from FPAN to prepare them for their role. Although based at the FPAN branch office at district headquarters, counsellors frequently travelled to YICs and outreach family planning clinics to provide services. Each
counsellor, however, carried out only one individual counselling session per day on average. Most of their time was spent on health education at YICs, advocacy at community and local government levels, training teachers in SRH, and writing reports for FPAN branch offices.

**Contraceptive services:** The main method of contraception provided by the project to young people was the condom, which was available free of charge from FPAN branch office clinics, project outreach clinics and YICs. A small number of unmarried adolescents received the contraceptive pill at FPAN and outreach clinics, but on a more or less secretive basis. Many young people preferred to collect condoms from a box at the YIC, where there was no need to disclose their personal details. In 2001 the project distributed a total of 47,966 condoms to young people.

**Laboratory testing facilities:** The project had five laboratories - one in each district - to carry out blood, urine, stool, semen and sputum tests to assist in the diagnosis of SRH-related conditions, including pregnancy, in young people. The numbers involved, however, were small.

We never talk with our parents about anything to do with sex.

"Young people around here do practice unsafe sex. There are teenage pregnancies before marriage. Whenever that happens the girls’ parents either arrange for the girl to have an abortion, which is against the law, or they force the boy to marry the girl.

Vinod Khadka, peer educator

**Funding**

The project was part of the Reproductive Health Initiative (RHI) in Asia, supported by the European Union and UNFPA, which was designed to accelerate implementation of the Programme of Action of the International Conference on Population and Development in 1994. Projects in the RHI are funded by the European Union and coordinated by UNFPA. The ‘executing agency’ was the Netherlands-based NGO, the World Population Foundation, which provided technical support to the project. The implementing agency, the Family Planning Association of Nepal (FPAN), is the Nepalese member organisation of the International Planned Parenthood Federation, which provided indirect support to the project via FPAN.

The total cost of the project for the period April 1999 - December 2002 was US$749,000. The unit cost of the project per beneficiary has not been calculated.

**Achievements and lessons learned**

An external evaluation of the project carried out in May 2002 assessed its achievements based on the outputs it set out to meet. The following is a summary of the findings of this evaluation and the lessons learned in strategic approaches adopted towards meeting the outputs of the project:

1. **Increased participation of young people in the design of SRH strategic plans and activities:** Through formation of the peer educators groups the project increased the direct participation of young people. Members of the peer groups had ample opportunity to express their concerns at monthly
meetings and through focus group discussions. Although they have had no direct input into project decision-making at district or national level, youth organisers and counsellors from the project have fed the views of peer educators into the decision-making processes of the project. The decision to increase the frequency of peer group meetings - from quarterly to monthly - was made in response to a request from peer educators.

Increased participation of peer educators led project implementers to recognise the differential needs of young people. The project assumed that all young people had SRH problems and needs, but found itself catering mainly to the needs of unmarried, educated adolescents between the ages of 15 and 19 because they were attracted especially to the peer educator groups and the YIC. These young people, however, were generally not yet sexually active and had little need to visit the outreach clinics, which were greatly under-utilised. Similarly the IEC materials, though attractive and technically accurate, were not meeting the needs of married and unmarried young people. The project design did not take into account the fact that married and unmarried young people, that young people in their early twenties, in their mid-teens are likely to have different SRH interests, experiences, needs and problems. Programmes need to be designed to take into account these differences.

2. **Enhanced availability of appropriate SRH information for young people**: All YICs are well stocked with SRH materials produced by the project. The project aimed to reach ten percent of adolescents and young people in the project area with SRH information via peer group members, video shows, theatre and schools. The total reached through all these channels of communication, however, probably exceeds 20 percent, mainly because all existing means of communication were fully exploited simultaneously – bill boards, small media, street theatre\(^\text{13}\); the showing of videos in the Youth Information Centres.

YICs provided ‘safe spaces’, where young people can meet, amongst themselves, for group counselling, education about sexual and reproductive health, recreation and the discreet distribution of condoms. This is the kind of ‘safe’ environment which is conducive for provision of SRH services to unmarried young people. The conventional family planning clinics are not perceived as discreet and sensitive to their particular needs and problems.

The project achieved wide coverage by forming partnerships, especially with all the secondary schools in the five project districts. In these districts school teachers were supposed to teach SRH but were poorly prepared and equipped to do so. FPAN worked with the schools thereby reaching all the children in schools. Other valuable allies were the Reproductive Health Female Volunteers already trained by FPAN in the past, as well as women’s groups and local government officials.

3. **Enhanced availability of appropriate SRH services for young people**: Free condom distribution at YICs, with no questions asked, has been generally accepted - not only by young people but also by local communities. Other SRH services are still greatly under-utilised. The lesson learned in condom distribution was that discretion in condom
distribution facilitates its use. Placing free supplies of condoms in the YICs, where they can be picked up anonymously, is a more effective means of distributing them to unmarried young people than via FPAN clinics and outreach centres.

4. Increased awareness on SRH among young people: The evaluation found that, in view of the scope, breadth and depth of information available through the project, “it is very likely that those who have been involved in the project do have correct knowledge and sound opinions” about SRH issues affecting young people. This was confirmed in interviews with peer educators from the project and with secondary school students taught by teachers trained by the project.14 Amongst all these issues, however, the one which predominated in the minds of most young people was HIV/AIDS prevention. The evaluator concluded that at least 75 percent of young people involved in the project knew at least four means of protection against HIV.15

Young people involved in the project were able to speak easily, without embarrassment, about issues such as menstruation, sexual behaviour, sexual abuse, HIV prevention, age at marriage and preferred number of children. The project began by encouraging the formation of mixed groups of boys and girls, but this was not acceptable to parents, and many girls also were not comfortable with this form of organisation. When the project switched to same-sex groups, especially for adolescents between 15 and 19, it attracted much greater participation by both boys and girls. It is important to recognise the local cultures and what will be accepted by the both young people and adults when designing and implementing projects.

5. Sustainability through mobilisation of community-based support: The success of the project depended largely on forging strong links with community leaders, parents, CBOs, schools and local government officials. This component of the project has been enormously successful: positive and active links have been established with all these groups. In contrast with the situation at the start of the project, virtually no parents expressed any objections any more to the teaching of SRH issues in the school classroom after teachers were trained in 1999/2000. The project aimed to reach 75 percent of secondary schools but almost 100 percent coverage was achieved. Nine of the 13 active YICs were taken over by the Village Development Committees at the end of the project in December 2002. This was an impressive expression of community support for the continuation of the project and a major contribution to its sustainability. In most cases the local community formed a registered society, with a membership of nine to eleven people. Most have also raised Rs 25,000-50,000 from membership fees, individual donations and contributions for the village development committees. This degree of community support for the project clearly demonstrates that local communities regard it as serving a useful purpose. FPAN will continue, via its local branch offices, to provide technical support to the YICs and peer groups at village level.

Challenges for the way forward

The first ever project to make SRH information and services available to young people in Nepal can contribute further to moving the agenda of SRH including HIV/AIDS
prevention. This will require the refinement and expansion of strategies that have worked and a re-think about those that have not been as effective.

- **Further strengthening the capabilities of young people to protect themselves:** FPAN has increased awareness on SRH among young people and increased availability of appropriate SRH services for young people. There is a growing recognition and evidence that promotion of sexual and reproductive health for young people works best when life skills-based education (LSBE) is provided in addition to sexual health information and services. As young people grow from their earliest years through childhood, adolescence, and into young adulthood, developing psycho-social and interpersonal skills can protect them from health threats, build competencies to adopt positive behaviours, and foster healthy relationships. From a programming point of view, LSBE for sexual and reproductive health promotion and in particular for HIV/AIDS prevention is effective because it focuses specifically on HIV/AIDS and the related health and social issues affecting young people within their own context and needs. It is geared towards behaviour development and change using interactive teaching and learning methods to internalize knowledge, attitudes and skills that make education enjoyable, relevant and useful. The process lays stress on the gender dynamics to make it gender-fair throughout.ii

- **Ensuring true participation of young people in all phases of project implementation:** FPAN used peer educators to provide information and through the establishment of YICs created ‘safe space’ for young people to meet among themselves. For the genuine participation of young people they should be involved in all phases of the development of the information material as well as in planning their use.iii Young people themselves can be trained as counsellors. The Youth Information Centres already established and popular with young people could be further exploited as space for young people’s participation and for the institutionalisation of participation. YIC could be strengthened as safe space for services - bringing services to young people instead of them having to go to the services will go a long way to their use.

- **Integration of research and action for design, planning, monitoring and evaluation:** The needs assessment in 1999 conducted identified the many constraints which unmarried young people face in accessing SRH servicesiv. Monitoring of the SRH services confirmed their low utilisation by young people. Project staff attribute this to the inhibition felt by unmarried young people about attending family planning clinics which are also used by married people who might be their neighbours and relatives.

A study on health seeking behaviours would contribute to overcoming a certain number of barriers and to ensure that services meet the differential needs of adolescents, and young people both married and unmarried. The findings will also enable the

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i Annex 4: ‘At a Glance: Life Skills Based Education and Young People’
ii Annex 10: ‘At a Glance: Participation of Young People’
project to deal with issues which will influence sexual and overall health and development such as dynamics and communication within families, power relations and violence among males between sexes, alcohol and drug use, harmful traditional practices. Such a study should include community perceptions and attitudes to young people’s sex and sexuality and risk taking behaviours and to HIV/AIDS/STIs.

The benefits of using participatory action research as well as young people centred approaches are being increasingly recognised. To what extent might young people themselves be appropriate researchers to not only suggest questions and approaches but also to interviewing their peers to understand the differing response of males and females to health and use of services? What gender factors need to be taken into consideration when planning responses? The incidence of mother to child transmission is becoming an increasing issue in the countries of the region, the involvement of young mothers will add a critical dimension.

Health seeking behaviour study should provide information on preferred locations and sources of services. Projects should explore alternative ways to bring services to young people. The findings of the operational research would, in general, contribute to more evidence and results based agenda setting. For example the findings can also be used to build on and adapt traditional customs that promote health. A Zambian project positioned its health facility staff to be regarded as “grandparents,” the group traditionally tasked with discussing sex and reproduction with youth.\(^7\) The findings of operational research in addition to available epidemiological data will be invaluable information to convince policy makers and public health providers that young people have a right to information and services.

### Reaching all those in need of information and services:

The project appears to have reached mainly adolescents who are relatively well educated.\(^7\) It has already been noted that the project has been particularly successful in reaching young people in schools. The main users of the Youth Information Centres are girls and boys aged 14-19 who are either still studying at secondary school or who have recently left school. There appear to be several reasons for this bias towards educated adolescents. First, many young people, especially girls, with little education are already married and are busy in full-time employment or occupied with family responsibilities. This is particularly the case with those in the 20-24 year-old age group. Second, many young men - and some young women - in their early twenties work for long periods of time in India or other in the Gulf States. Third, many young people with little education probably feel intimidated by the prospect of joining a group of educated young people who read well and are able to make full use of all the printed materials at the YIC.

A particular challenge will be to reach those poorly placed to

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access the SRH information and services such as those working full-time or have heavy domestic responsibilities. Currently married adolescent girls and young women who, due to traditional values, lack of mobility and domestic demands on their time, have little or no access to SRH information and services. A particularly crucial group to reach are young male and female migrant workers, who spend long periods of time abroad. Many of these migrant workers are vulnerable and at risk to HIV/STIs, which they then transmit to their sexual partners when they return home.

Several innovative ways have been used to transform service to make it more friendly. For example the Banja La Mtsogolo (BLM) Malawi\(^{v}\) encouraged young people to come through outreach activities, training community-based workers who were selected by community and their peers, and the training of everyone from guards to clinicians. But in addition: opened the backdoor of the clinic to encourage young people to ‘hang out’ and played music for them, painted the clinic to make it visually more appealing, and most important made peer educators available to make referrals for other services and to accompany shy, hesitant young clients to the clinic. Alternative ways to make services more accessible should also be explored such as public-private sector partnerships. For example, exploring how pharmacies could be better equipped with information and skills to serve young people.\(^{vi}\)

- **A supportive environment through policy development and implementation:** One of the major challenges facing not only this project but others attempting to provide services is the lack of a policy climate which will ensure access to all young people friendly services which will best meet their needs. A policy that specifically aims to meet all the health and overall development needs of young people will also contribute to creating a supportive environment to enable young people to protect themselves from HIV/AIDS, other sexually transmitted diseases and drug use. Policies affecting the health and development of young people should not be centrally set by officials but should be done through the involvement of young people if it is to address the real needs of young people. Nepal is one of the few countries in the region which already has an adolescent strategy and policy (included attached CD ROM). Efforts need to be taken for a review of this policy by young people and to advocate for its immediate implementation.

- **Sustainability:** By the end of 2002, most\(^{vii}\) of the YICs established by the project have been handed over either to the local Village Development Committee or in a few cases the local branch of the FPAN. A number of constraints, however, will need to be overcome to ensure its continued effectiveness in meeting the needs of the community. For example, the loss of staff - such as counsellors, nurses, youth organisers and village workers - will limit the

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\(^{vi}\) Annex 5: ‘At a Glance: Young People Friendly Heath Services Framework’

\(^{vii}\) The two YICs in Achham district had to be closed down due to the activities of Maoist insurgents in the area.
scope of the work that can be done at community level. During the hand over of the project, it would have been important to have established a sustainable mechanism to provide technical assistance and capacity building to ensure that the project meets the continuing as well as the changing needs of young people. This could be done through establishing effective partnerships and linkages with community groups and technical professionals working in the same area.

A major challenge is to keep the 216 young people trained as peer group leaders, who have been the backbone of the project at community level, but have so far not received monetary incentives. The needs assessment had proposed that the project should give peer educators some small tokens of recognition. The newly formed NGOs which will manage most of the YICs - the organisational base for the peer educators’ activities - will have to deal with the question of how to provide peer educators with adequate recognition, within the strict financial limits of a community-owned and managed project.

One important step would be for the project to do a cost benefit analysis. The decision for payments can then be determined on the basis of the benefit which peer educators bring to the project in terms of achieving the outputs. Cost benefit analysis are particularly important in resource poor settings as well as to guide decisions with respect to sustainability and scaling up. The cost benefit analysis should compare the effectiveness and costs of different combinations of interventions/services in different contexts bearing in mind young people’s limited ability to pay for services.

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