

Legal Aid and Consultancy Centre

TRAINING MANUAL

on
Promotion of Sexual and Reproductive
Health Rights (SRHR)
and
Elimination of Chhaupadi

2021



TRAINING MANUAL
ON
PROMOTION OF SEXUAL AND
REPRODUCTIVE
HEALTH RIGHTS (SRHR)
AND
ELIMINATION OF CHHAUPADI

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ACKNOWLEDGEMENT

This Training manual has been developed for the promotion of Sexual Reproductive Health Rights (SRHR) and Ending Chhaupadi. This manual has been designed to build the capacity of health personnel, elected member of local government and concerned government employee.

Due to COVID 19 pandemic it was challenging to accomplish this assignment. However, despite of all the challenges, we were successful to develop and finalize the training manual within a short and tough period of time thanks to collective effort of highly professional and energetic team members of LACC.



We would like to acknowledge our LACC team, legal professional and Advocate Grishma Bista for her continues efforts in helping me out for writing and finalizing this manual. Last but not the least we would like to express our gratitude towards Amplify Change for the financial support that made this publication possible.

I hope this document will be useful to bring positive impact and promote overall **SRHR** and ending *Chhaupadi*.

A stylized handwritten signature in black ink, consisting of several loops and a long horizontal stroke.

Anita NeupaneThapalia
Executive Chair
LACC

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USERS OF THIS MANUAL

This manual has been developed for LACC or its partner's staffs or an external resource person, who is planning to train health personnel, elected local government, concerned government employee on the **Sexual and Reproductive Health and Rights (SRHR)** and *Chhaupadi*, it may well also be appropriate for social mobilizers, health mobilizers, reproductive rights and safe abortion right activists and community leaders.

PURPOSE OF THE MANUAL

The manual will help the participants to acknowledge issues of **SRHR** in the community. Further, it will help to conduct community interaction and awareness programs on **SRHR** issue. The TOT manual outlines the main themes which are: Gender and Sex, Gender based violence, National and International legal framework on **SRHR** and *Chhaupadi* that are going to be covered in training. It will help participants to develop communication skill for further quality services. In addition, it provides legal knowledge on **SRHR** and *Chhaupadi*. The training can be conducted in accordance with the sequences and content and structure mentioned in this manual.

INTRODUCTION OF MODULE

Manual contains 4 Modules, 11 sessions, 11 sub session, 49 page (including cover page and annex)

Module 1: Gender, Gender Based Violence (GBV)

Module 2: Legal and Institutional frameworks on SRHR

Module 3: Women's body politics and Adolescent's rights on SRHR and Dignified Menstruation

Module 4: Communication and leadership Skill

Module 1 focuses to develop conceptual understanding of gender, **Gender Based Violence (GBV)**, social norms and values, gender stereotype and remedial provisions on **GBV** and basic understanding of **SRHR**. Module 2 and 3 focused on legal and institutional frameworks on **SRHR**, practices of *Chhaupadi*, body politics of Women and adolescents' on **SRHR** and *Chhaupadi* whereas Module 4 is focused to develop basic understanding and skill communication and leadership skills of participants directly associated with key content of **Sexual and Reproductive Health Rights (SRHR)** and Dignified Menstruation. Entire training module is developed in line with right based approach.

LIMITATION OF THE MANUAL:

This **ToT** manual has been designed by considering the elected representatives of local government, health personnel, government employees and **SRHR** activist. The manual has tried to include the key training messages in simple and effective way. It seems that content understanding may require one to two days more to deliver this training contents than they actually planned now.

Therefore, the facilitators could contextualize the training methodology based on the capacity, and expectations of the participants.

TRAINING SESSION PLAN

Day -1	Content	Estimated Time	Methodology/ Tools
Module 1			
Gender and Gender Based Violence (GBV)			
Door Open	Registration	9:00am-9:30am (30 Minutes)	
Opening Session	Welcome and introduction/ Training objective sharing	9:30am-10:15am (45 Minutes)	
Sub-session 1	Ground Rule setting	10:15am-10:30am (15 Minutes)	
Sub-session 2	Role Division	10:30am-10:45am (15 Minutes)	
Sub-session 3	Expectation Collection	10:45am-11:00am (15 Minutes)	
Sub-session 4	Pre Test	11:00am-11:15am (15 Minutes)	
Lunch Break		11:15am-11:45am (30 minutes)	
Session -1	Gender transformation and power relation	11:45am-12:15pm (30 Minutes)	Plenary Discussion/PPT
Sub-session -1	Gender and Sex	12:15pm-1:15pm (60 Minutes)	Work sheet/ Plenary Discussion
Sub-session -2	Gender Based Violence (GBV)	1:15pm-1:45pm (30 Minutes)	Documentary show / plenary discussion
Refreshment Time		1:45pm-2:15pm (30 Minutes)	
Session 2	Violence Against Women (VAW)	2:15pm-3:15pm (60 Minutes)	PPT / Plenary discussion
Sub-Session-1	Legal Remedies related to GBV and Women's Right	3:15pm-4:15pm (60 Minutes)	PPT/ Justice games and discussion
Refreshment Time		4:15pm-4:45pm (30 Minutes)	
	Reflection and Conclusion of Day 1	4:45pm-5:00pm (15 Minutes)	

OPENING SESSION:

Introduction, objective sharing, ground rules setting, expectation collection and pre-test

Learning objectives: At the end of the session participants will be able to:

- ✓ Recognize each other
- ✓ Learn training objectives
- ✓ Clear on role and responsibilities for team work in the training
- ✓ Share expectations from the training
- ✓ Share their pre-course understanding on subjects

Time required	1 hour 45 minute (105 minutes)
Methodology/Tools	Brainstorming, group discussion and individual sharing
Materials required	Note-book, pen, (laptop, desktop or mobile device in virtual event)
Activity Description/process	<p>Welcome and introduction / Training objective sharing (45 minutes)</p> <p>Welcome (20 Minutes)</p> <p>Step- 1: Welcome participants in the training by staff of LACC/Partner.</p> <p>Step- 3: Training objectives</p> <p>Step- 4: Summarize sharing by reflecting major points/special thank.</p> <p>Introduction (25 Minutes)</p> <p>Step-1: If the training is meant to be physical, Hot potato game method will be incorporated</p> <p>Step-2: If the training is meant to be virtually, introduction will be done in an alphabetical order.</p> <p>Sub-session 1 : Ground rule setting and (15 Minutes)</p> <p>Step-1: Request participants to brainstorm and note down the ideas to make training effective</p> <p>Step-2: Collect the ideas via private message in the chat box from Zoom (if the training is virtual). (Please conclude the points such as ‘dos and don’ts in training and time schedule (starting, closing, and breaks). <i>Please explain to the participants that respecting each other and maintaining personal privacy/confidentiality is most important during and even after the training.</i></p> <p>Sub-session-2 role division: (15 Minutes)</p> <p>Step-1: Form 4 groups including 5 persons from the same district so that it is easier for individuals to communicate with each other. The group is divided for overall management and team building such as report writing team, evaluation team, management team and entertainment team.</p> <p>Step-2: Explain the role of groups such as:</p> <ul style="list-style-type: none"> ✓ Management Team: Time and logistics management ✓ Report writing team: Note major contents, method/tools, and lesson learned of the day and share next day reflection session. ✓ Evaluation Team: Write down strength and improvement areas on content, method/tools, facilitation skills and management of the training and share on next day reflection session. ✓ Entertainment team: Energizing to the participant through various entertainment. <p><i>(Please clarify that the role of team will be rotated and team leader must be change every day. Refer reporting templates as <u>annex 1&2</u></i></p> <p>Step-3: Prepare a separate document file for all groups and hand over through email for further actions with special thanks.</p> <p>Sub-session 3: Expectation Collections (15 Minutes)</p>

	<p>Step-1: Explain participants about the objective of the session</p> <p>Step-2: Request participants to brainstorm on what they expect from the training.</p> <p>Step-3: Note down the ideas from the brainstorming on the 2 separate word document by categorizing knowledge/attitude one place and skills in another.</p> <p>Step-4: Compare the expectations against the training objectives.</p> <p>On the last day of training, participants will have a chance to compare and discuss whether or not their preliminary expectations have been met during the training.</p> <p>Step-5: Summarize the session by reflecting major points.</p> <p>Sub-session-4:Pre-test (15 minutes)</p> <p>Step-1: Explain participants about the objective of pre-test</p> <p>Step-2: Ask participants to share their understanding about the issues by answering the pre-test questionnaire.</p> <p>Step-3: Explain to them that they need to answer same questions that would be compared with post-test to measure their understanding, and that would also be used for reporting.</p> <p><i>Please refer to <u>annex 3</u> for pre-test questionnaire.</i></p>
Tips for Facilitator	Alternatively, facilitators can use other different innovative methods and tools in the introduction, ground rule settings, team formation and expectation collections, including game, group work, etc.

MODULE-1: GENDER, GENDER BASED VIOLENCE (GBV)

Module objectives: Increase understanding on gender, **Gender Based Violence**, women's human rights and legal remedies of **GBV**.

Session-1 - Gender transformation and power relation

Learning objectives: At the end of the session, participants will be able to:

- Discover and internalize the gender role through their own experiences.
- Understand the difference between biological sex, sexual minorities and social constructions of gender.
- Explore one's beliefs concerning what it means to be a boy/a girl in the society we live in.
- Understand the power dynamic and inter-sectionality and its effect in the social constructions of gender and development.
- To reflect and clarify about the different forms of **GBV** in our society and relevant laws.
- To analyze the perceived and root causes of **GBV** and identify ways of quashing

Instruction for facilitator:

Time required	120 minutes
Key methods/tools	Critical reflection, group work, plenary discussion, game, " videos, Power point presentation (PPT),
Materials required	Note-book, pen, laptop, desktop or mobile device, short movies
Activities description/Process	<p>Session -1: Gender transformation and power relation (30 Minutes)</p> <p>Power walk game is to be played with the participants. In this game individuals are supposed to step forward (if she/he agrees) after a gender and power relation question is asked.If it's not possible to play game out side, it can be done by clicking yes/no in annex 4. Individually and facilitator can evaluate the results for further discussion.</p> <p>Sub-Session-1: Gender and sex (60 minutes)</p> <p>Step-1: Start with a short definition of gender and sex:</p> <p>Step-2: Send a document file with different statement in the virtual meeting.</p> <p>Step-3: Give them a task to identify whether each statement in the provided document refers to gender or sex and advise them to share their screen with their input in the document. (Give the participants at least 10 minutes to complete this activity) After they complete it, they need to share their screen with the facilitator.</p> <p>Step-4: Discuss each statement in plenary.</p> <p>Step-5: Ask the participants to fill the up worksheet present in annex 5 and question them why they classify each statement under “gender” or “sex”.</p> <p>Sub-Session-2: Gender based Violence (GBV) – (30 Minutes)</p> <p>Step-1: Introduce to the group the concept of gender based violence.</p> <p>Step-2: Explain to them that GBV can manifest itself in physical, sexual, and psychological forms. Make a short discussion as necessary.</p> <p>Step-3: Divide participants into small groups of five people and ask them to work on group (In their own separate zoom sessions which is created by their team leader) on following questions. 15 minutes</p> <ul style="list-style-type: none"> ➤ Causes of Gender Based Violence ➤ Types of Gender Based Violence ➤ Effect s of GBV especially focuses on SRHR rights ➤ Our role to end Gender based violence. <p>Step-4: Allow the participants to share some of their own thoughts. One individual will be giving their views representing their whole group.</p>

	<p>Step-5: Give examples of each kind of manifestation of GBV, to make sure that all of the participants understand the different forms, causes, effects and possible measure to end GBV in society and their own life.</p> <p>Step-6: Present the list of existing laws to address GBV.</p>
Tips for facilitator	<p>For Session 1: If the game is possible to be conducted in an open ground, individuals who agree or choose ‘yes’ shall take one step forwards whereas individuals who choose ‘no’ or disagree will stay at his/her initial position. This in-return at the end of the game would help establish the discrimination an individual is facing in the society.</p> <p>For sub-session-1: Gender and sex Work sheet statement can be changed as per the level of participants.</p> <p>For sub-session-2: Gender Based Violence (GBV) You can also email or share terms below already written down in the document to each group. As an example, try to use different methods, as they could be videos, pictures, lectures, etc.</p>

Content Description for Facilitator:

Sub-Session-1: Gender and sex

Sex (biological): This refers to biological attributes that men, women and sexual minorities are born with. They are universal and generally permanent, e.g. men cannot breastfeed; women menstruate. In general terms, “sex” refers to the set of biological attribute and biological differences between males, females and sexual minorities, such as the genitalia and genetic differences.

Gender (social): This refers to the socially constructed roles and responsibilities assigned to men and women by society. Gender norms are not biological facts; girls and boys are not born knowing how they should look, dress, speak, behave, think or react. Gender differences are created by our culture-not nature and can be changed. “Gender” is more difficult to define, it refers to the socially constructed roles, behaviors, expressions and identities of girls, women, boys, men, and gender diverse people, known as a gender role, or an individual's concept of themselves, or gender identity.

Inter-sectionality: Inter-sectionality is a framework for conceptualizing a person, group of people, or social problem as affected by a number of discriminations and disadvantages. It takes into account people's overlapping identities and experiences in order to understand the complexity of prejudices they face.

Sexual minorities: Sexual minorities are a group whose sexual identity, orientation or practices differ from the majority of the surrounding society. Usually, Sexual minorities comprise of lesbian, gay, bisexual and transgender individuals¹

Answer for Annex-5 : Gender and sex

Be sure that after this activity the participants are able to classify all of the following statements:

- Women can give birth but men cannot (Sex).
- Girls are not as good as boys in math (Gender).
- Women can breast feed whereas men cannot (Sex).
- Girls are modest, timid and cute, while boys are hard and tough (Gender).
- Sports are more important for boys than girls (Gender).
- Girls need to find a good husband; boys need to find a good job (Gender).
- Women can get pregnant but men cannot (Sex).
- Women do not drive trains (Gender).
- Women are more patient than men (Gender).
- Sexuality is more important for men than for women (Gender).
- Women should not ask to have sexual relationship. (Gender)
- Women can menstruate, men cannot (Sex).

Sub-session-2: Gender Based Violence (GBV)

Gender Based Violence (GBV):

Violence against women and girls is one of the most prevalent human rights violations in the world. It knows no social, economic or national boundaries. Worldwide, an estimated one in three women will experience physical or sexual abuse in her lifetime and almost one third (30%) of women who have been in a relationship report that they have experienced some form of physical and/or sexual violence by their intimate partner (**Violence Against Women**, WHO, 2017).

Globally, as many as 38% of murders of women are committed by an intimate partner. **Gender Based Violence** directly affects to **SRHR** based on the notion that any end to discrimination against women and girls, by targeted action to achieve gender equality and women's empowerment, will help them enjoy their **Sexual and Reproductive Rights**. This was also underlined in a study on the State of African Women, which identified four core rights areas: **Gender-Based Violence**, harmful practices, **SRHR** and HIV/AIDS (Eerderwijk et al. 2018).

Gender-Based Violence is violence directed against a person (men women and sexual minority) because of their gender. Both women men and sexual minority experience **Gender-Based Violence** but the majority of victims are women, girls and sexual minority. Therefore, **Gender-Based Violence** and **Violence Against Women** are terms that are often used interchangeably as it has been widely acknowledged that most **Gender-Based Violence** affects women disproportionately.

GBV is rooted in and reinforces gender inequalities and it cannot be understood outside the social structures, gender norms and roles that support and justify it. **GBV** harms women, families, communities and societies. It is a human rights violation and one of the most pervasive forms of gender-based inequality. The elimination of **Violence Against Women** involves challenging the unequal division of social, political, and economic power among women and

men, and the ways in which this inequality is perpetuated through institutions at all levels of society.

List of existing laws to address violence against women

- Constitution of Nepal 2072
- Domestic violence (offence and Punishment Act-2066 /Regulation-2067
- The Anti-Witch craft (Crime and Punishment) Act-2014
- Caste based discrimination and Untouchability offence and Punishment Act-2068
- Sexual harassment in workplace (Elimination) Act-2071
- Human trafficking and transportation (control and punishment) Act-2064 and Regulation-2065
- Civil Code-2074
- Penal Code 2074

Session-2: Violence against women:

Learning objectives: To reflect and clarify about the different forms of **GBV** in our society

Instruction for facilitator:

Time required	60 Minutes
Key methods/tools	Conceptual clarity on different forms of Violence Against Women (VAW)
Materials required	Note-book, pen, (laptop, desktop or mobile device in virtual training)
Activities description/Process	<p>Step-1: Introduce to the group the concept of Gender-Based Violence(GBV). Explain to them that GBV can manifest itself in physical, sexual, and psychological forms. Make a short discussion as necessary.</p> <p>Step-2: Divide participants into small groups of four people and ask them to explain how those forms are manifested through:</p> <ul style="list-style-type: none"> • Intimate partner violence • Sexual Violence and harassment • Human trafficking • Dowry • Child marriage <p>Step-3: Give participants 30 minutes for group discussion.</p> <p>Step-4: Allow the participants to share some of their own thoughts.</p> <p>Step-5: Give examples of each kind of manifestation of GBV, to make sure that all of the participants understand the different forms, and identify GBV in society and their own life.</p>
Tips for facilitator	Short PPT can be used to further clarify.

Content Description for Facilitator:

Violence Against Women (VAW):

Violence Against Women is understood as a violation of human rights and a form of discrimination against women and shall mean all acts of **Gender-Based Violence** that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Sub-Session 1: Legal Remedies related to GBV and Women's Right

Learning objectives: At the end of the session, participants will be able to:

- ✓ Understand the legal remedies related **GBV** and Women rights. (Domestic violence, civil code, criminal code, social, cultural, economic and political rights)

Instruction for facilitator:

Time required	60 Minutes
Key methods/tools	Justice game/interaction, plenary discussion
Materials required	Note-book, pen, laptop, desktop or mobile device, Blue and white clothing
Activities description/Process	<p>Step-1: Participants need to get there colored clothing in place which would act as a tool for division of groups.</p> <p>Step-2: Read out the statement from Annex 6 worksheet.</p> <p>Step-3: If they agreed they can lift up the side of a placard which says yes or a piece of a paper which says yes. If they disagreed they can flip the side of a placard/paper which says no, if they are confused they can rotate the card or the piece of paper.</p> <p>Step-4: Make a list of individuals who agreed, disagreed or were confused. Ask participants why they agreed and why they are disagreed and why they are in the middle.</p> <p>Step-5: If anyone convinced with the logic of participants they can change the group.</p> <p>Step-6: When they finished their logic, tell the right answer and explain about the rights.</p> <p>Step-7: Explain in plenary about legal remedies. Give them some examples to clarify it.</p>
Tips for facilitator	Short PPT can be used to further clarify.

Content Description for Facilitator:

This is Answer to Annex 6 worksheet: Legal Remedies related to GBV and women rights

- Victim of Domestic violence can make complain in National Women commission or police or court or local government. (Agree)
- Domestic violence includes physical, mental, economic and sexual violence. (Agree)
- Victim of Domestic violence should make complain within 3 months of the incident. (Disagree, 90 days)
- Husband has right to have sex whenever he wants or even if wife is not interested he can do forcefully. (Disagree, it is marital rape/ 5 years jail)
- If man did not put his penis in her private part but put in a mouth forcefully called rape.(Agree)
- Marriage can be arranged by parents without the consent of candidate. (Disagree, Consent is compulsory/ if not taken marriage can be void/ 2 years jail and 20 thousand penalty).
- Discrimination on the basis of caste is normal. (Disagree / its crime/ 3 years jail or 30 thousand penalty or both)

Reflection of Day-1:

Learning objectives: At the end of the session, participants will be able to:

- ✓ Internalize the major learning of the day.

Instruction for facilitator:

Time required	15 minutes
Methodology/Tools	Plenary discussion
Materials required	Note-book, pen, (laptop, desktop or mobile device if the training is virtual)
Activity Description/process	<p>Step-1: Welcome to the participants in the reflection session and share the objective of reflection.</p> <p>Step-2: Request to the participants to note down at least “one lesson learned point and one confusion or interested area to learn”. Note down the points shared by the participant in separate word document.</p> <p>Step-3: Summarize the participants learning and clarify the confusion points/put in parking lot for their learning expectation.</p> <p>Step-4: Request to Team leader of Management Team for the declaration of session completion for the day.</p>
Tips for Facilitator	Encourage participants to express their learning by linking with content/sub-content, methodology/tools and create environment to openly evaluate the sessions from their perspective.

Note: The day reflection can be done same as this process every day.

TRAINING SESSION PLAN

Day- 2	Content	Estimated Time	Methodology/ Tool
Module 2			
Legal and institutional frameworks on SRHR			
Door Open	Registration	9:00am-9:30am (30 Minutes)	
Recap of the Day -1		9:30am- 10:00am (30 Minutes)	Participants
Session -1	Conceptual clarity on Sexual Reproductive Health Right (SRHR)		
Sub-session -1	Conceptual Clarity on SRHR	10:00am- 11:00am (60 Minutes)	Lecture/ PPTPlenary discussion/PPT
Sub-session -2	Scope and Dimension of SRHR	11:00am-12:00pm (60 Minutes)	Video show/ Plenary discussion/ PPT
Lunch Break		12:00pm-12:30pm (30 Minutes)	
Session -2	Institutional Frameworks and Institutional Mechanism to ensure SRHR		
Sub-session-1	National legal and institutional frameworks on SRHR	12:30pm-1:30pm (60 Minutes)	Plenary discussion/ PPT/Group work
Sub-session-2	Institutional mechanism to ensure SRHR	1:30pm-2:00pm (30 Minutes)	Plenary discussion/ PPT/Group work
Refreshment Time		2:00pm-2:30pm (30 Minutes)	
Session -3	Role of Local Government on SRHR and Health worker	2:30pm-4:00pm (90 Minutes)	Group work/ discussion/ Presentation
Refreshment Time		4:00pm-4:30pm (30 Minutes)	
Reflection and Conclusion of Day 2		4:30pm-5:30pm (30 Minutes)	

MODULE-2: LEGAL AND INSTITUTIONAL FRAMEWORKS ON SRHR

Session-1: Conceptual clarity on Sexual and Reproductive Health Right (SRHR)

Learning objectives: At the end of the session, participants will be able to:

- ✓ Understand the concept of sexual and reproductive health rights (**SRHR**).
- ✓ Discover and internalize the gender role through their own experiences
- ✓ Have in-depth understanding about the **SRHR**, its scope and dimensions

Instruction for facilitator:

Time required	2 hour (120 Minutes)
Key methods/tools	Plenary discussion, PPT, group work, brainstorming and discussion, video, worksheet
Materials required	Note-book, pen, (laptop, desktop or mobile device in virtual training)

Activities description/Process	<p>Session 1: Conceptual clarity on Sexual and Reproductive Health Right (SRHR) (120 Minutes)</p> <p>Sub-session 1: Conceptual clarity on Sexual and Reproductive Health Right (SRHR) (60 Minutes)</p> <p>Step 1: Establish clarity on what SRHR is and how it is important for girls and women especially keeping in mind <i>Chhaupadi</i> Pratha in Nepal.</p> <p>Step 2: Focus on Nine components of SRHR. Ask participants question like: What do you understand by sexual and reproductive health rights?</p> <p>Step-3: Listen to their view point and further clarify and give some examples of SRHR.</p> <p>Step-4: Present 9 component of SRHR and Dimension and scope of SRHR on PPT</p> <p>Step-5: Facilitate a short discussion after presentation.</p> <p>Step-6: Let individual form their questions and opinion and let them share it.</p> <p>Sub-session-2: Dimension and scope of Sexual and Reproductive Rights (60 minutes)</p> <p>Step-1: Advice participants that in this session they will be going in-depth to understand SRHR, its scope and dimensions and how it impacts to a person's sexual and reproductive life if rights are violated or not fulfilled:</p> <p>Step-2: Ask participants if they recall the key words/ideas [or definition] of SRHR discussed in sub-session 1 above.</p> <p>Step-3: Show a short video to further clarify the ideas of SRHR</p> <p>Step-4: Ask participant what they understand and briefly interpret the ideas reflected in the video.</p> <p><u>Links for Video:</u> https://www.youtube.com/watch?v=jsnusO0T2-0 https://www.youtube.com/watch?v=Q7BmM8d4jVk</p> <p>Step-5: Wrap up the discussion by saying that SRHR is fundamental rights of a person and the state should respect, protect and fulfill these rights.</p>
Tips for facilitator	<p>For sub-session-2: As a preparation, all the fundamental rights and their key concepts should be written in larger pieces of paper and hang on to the wall. A table with three columns can be made where the first column is written with 12 points of fundamental rights and second column with their concept. Third column should be left with blank for the participants to fill-up the information (This can only be done if the training is done in a physical form).</p>

Content Description for Facilitator:

Session 1: Conceptual Clarity on Sexual and reproductive health rights

Sub-Session 1: Conceptual Clarity on Sexual and reproductive health rights (60 Minutes)

"**Sexual and Reproductive Health and Rights** encompass efforts to eliminate preventable maternal and neonatal mortality and morbidity, to ensure quality sexual and reproductive health services, including contraceptive services, and to address Sexually Transmitted Infections (STI) and cervical cancer, **Violence Against Women** and girls, and **Sexual and Reproductive Health** needs of adolescents. Universal access to sexual and reproductive health is essential not only to achieve sustainable development but also to ensure that this new framework speaks to the needs and aspirations of people around the world and leads to realization of their health and human rights".(WHO)

Nine components of SRHR

1. Safe motherhood
2. Family Planning / access to contraception
3. Child health prevention and management
4. Safe abortion and its complication
5. RTI/STI/HIV
6. Infertility its prevention and treatment
7. Adolescent reproductive health
8. Elderly people's reproductive health
9. Gender Based Violence

Sub-Session -2: Scope and dimension on Sexual and Reproductive Health Rights (SRHR) (60 Minutes):

Sexual and Reproductive Health Rights are a prerequisite for gender equality and there are core elements that are integral to individual autonomy. **SRHR** represents four separate areas like Reproductive health, reproductive rights, sexual health and sexual rights. **SRHR** are nonnegotiable rights. According to *The Right to Safe Motherhood and Reproductive Health Act, (SMRHA) 2075 (2018)*.

1. **Reproductive health include:** Physical, mental and social health condition related to reproductive system, process and function.
2. **Reproductive health rights includes:**
 - Right to obtain education, information, counseling and service relating to sexual and reproductive health.
 - Right to obtain service, counseling and information relating to reproductive health.
 - Right to safe motherhood and reproductive health.
 - Right to determine the gap between births or the number of children.
 - Right to get information regarding contraceptives and use them.

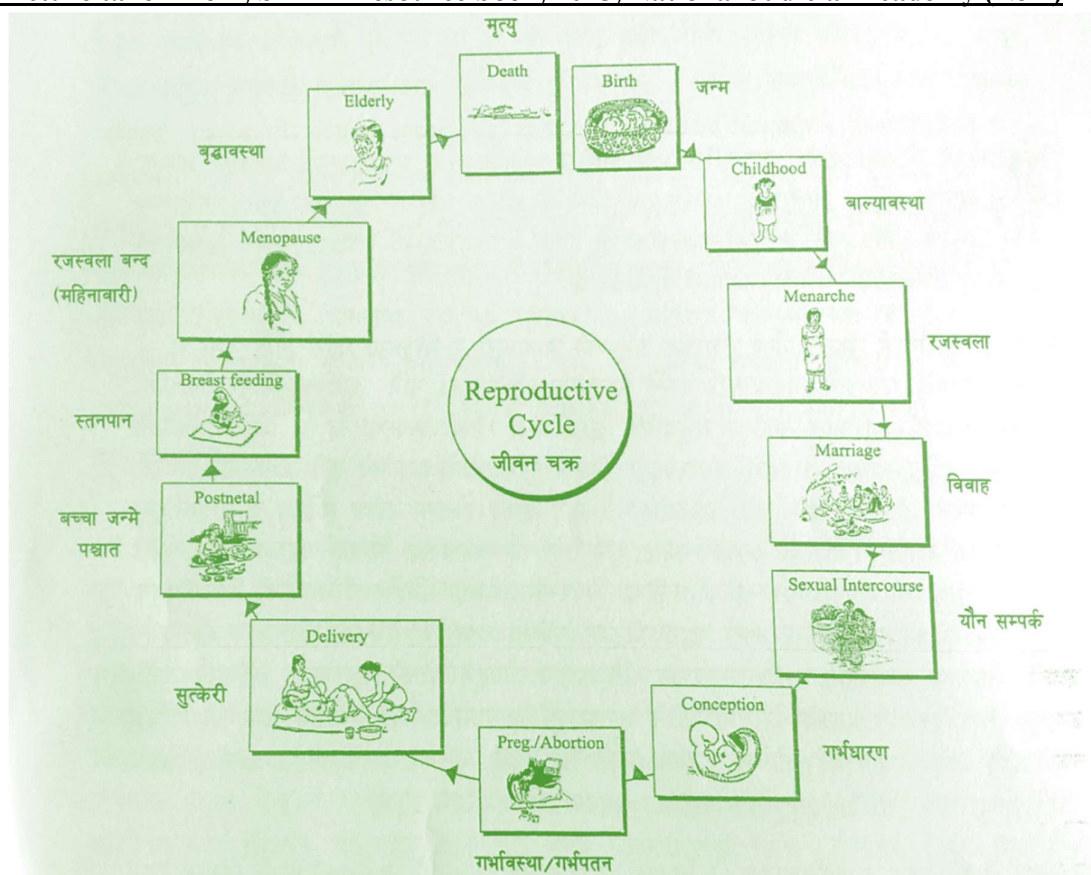
- Right to obtain abortion service pursuant to this Act.
- Right to nutritious, balanced diet and physical rest during the condition of pregnancy and child birth and morbidity.
- Right to get necessary counseling, obstetric care, and postpartum contraceptive service.
- Right to get emergency obstetric care, basic emergency obstetric care, comprehensive emergency obstetric care, essential care for the new born baby and emergency care of the new born baby.
- Right to get reproductive health service needed during different situation of his/her lifecycle, in easily available, acceptable and safe manner.
- Right to make a choice of reproductive health service.

3. **Confidentiality:** The reproductive health service obtained and information regarding this shall remain confidential.

Reproductive Cycle

Reproductive age is known since 15-49 year, however, The ICPD defined "Reproductive health is a complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant." So the reproductive cycle starts from birth to death. Women's reproductive health needs are different than others, sometime it could be associated with mother's Reproductive Health Right **RHR** during birth to childhood and post menopause effects till the death, so it cannot be discriminated/ excluded on the basis of age group.

Picture taken from, SRHR Resource book, 2075, National Judicial Academy (NJA)



Reproductive Cycle

Session -2: Institutional Frameworks and Institutional Mechanism to ensure SRHR

Sub-Session 1: National Legal Frame Works on SRHR (60 Minutes)

Learning objectives: At the end of the session, participants will be able to:

- ✓ Understand national legal framework, policies and plan related to **SRHR**
- ✓ Increase the level of understanding on national legal frameworks and institutional mechanism and role of government to protect rights of **SRHR** and elimination of *Chhaupadi*.

Instruction for facilitator:

Time required	60 minutes
Key methods/tools	Plenary discussion and PPT

Materials required	Note-book, pen, (laptop, desktop or mobile device if the training is done in a virtual method)
Activities description/Process	<p>Step-1: Start with a short generic question, Have you heard about any law policy that are related to SRHR?</p> <p>Step-2: Listen to the participant's view in plenary.</p> <p>Step-3: Give short introduction of national Legal frameworks, list of 31 fundamental rights and provisions related to relate to SRHR.</p> <p>Step-4: Explain each question through PPT and plenary discussion.</p>
Tips for facilitator	You can change question and modality of interaction. Be sure that after this activity the participants are able to understand the general concept of National laws related to SRHR , and reporting process.

Content Description for Facilitator:

1. Constitution of Nepal 2072

The constitution of Nepal 2072 adopted 31 fundamental rights

1. Right to live with dignity	17. Right to language and culture
2. Right to freedom	18. Right to employment
3. Right to equality	19. Right to labor
4. Right to communication	20. Right relating to food
5. Rights relating to justice	21. Right to housing
6. Right of victim of crime	22. Rights of women
7. Right against torture	23. Rights of the child
8. Right against preventive detention	24. Rights of Dalit
9. Right against untouchability and discrimination	25. Rights of senior citizens
10. Right relating to property	26. Right to social justice
11. Right to freedom of religion	27. Right to social security
12. Right to information	28. Rights of the consumer
13. Right to privacy	29. Right against exile
14. Right against exploitation	30. Right to constitutional remedies
15. Right to clean environment	31. Implementation of fundamental rights
16. Right relating to education	

The constitution has explicitly adopted the right related to health (Article 34) and reproductive rights as fundamental rights for the first time in legal history. Article 38 (2) has provisioned that “every woman shall have the right to safe motherhood and reproductive health”. Government of Nepal has enforced the SMRHR Act-2075 BS (2018) to implement this fundamental right.

2. Safe Motherhood and Reproductive Health Right (SMRHR) Act-2075 BS (2018):

Safe Motherhood and Reproductive Health Right (SMRHR) Act-2075 BS (2018) has enforced as a comprehensive and umbrella Act to respect, protect and fulfill the right to safe motherhood, safe abortion and **SRHR** in Nepal. The current Act, respects rights and principles recognized by

the Nepalese Supreme Court and in International Human Rights treaties that Nepal has ratified. It has also progressive provision and consistent with liberal legal stances countries on abortion of around the world. This current Act strongly supports for women's human rights, including, right to make autonomous decisions to terminate their unplanned and inappropriate pregnancies, reproductive self-determination, reproductive health care, access to contraception and reproductive health services and gender equality. This Act has defined Reproductive health as overall physical, mental and social health condition related to reproductive system, process and function and also provided twelve most important rights as follows

Rights

- Right to obtain education, information, counseling and service relating to sexual and reproductive health.
- Right to obtain service, counseling and information relating to reproductive health.
- Right to safe motherhood and reproductive health.
- Right to determine the gap between births or the number of children.
- Right to get information regarding contraceptives and use them.
- Right to obtain abortion service pursuant to this Act.
- Right to nutritious, balanced diet and physical rest during the condition of pregnancy and child birth and morbidity.
- Right to get necessary counseling, obstetric care, and postpartum contraceptive service.
- Right to get emergency obstetric care, basic emergency obstetric care, comprehensive emergency obstetric care, essential care for the new born baby and emergency care of the new born baby.
- Right to get reproductive health service needed during different situation of his/her lifecycle, in easily available, acceptable and safe manner.
- Right to make a choice of reproductive health service.
- Right to confidentiality

To perform Safe abortion:

The pregnant woman have the right to get safe abortion performed in any of the following circumstances:

- Up to twelve weeks, with the consent of the pregnant woman,
- Up to twenty-eight weeks, as per the consent of such woman, after the opinion of the licensed doctor that there may be danger upon the life of the pregnant woman or her physical or mental health may deteriorate or disabled infant may be born in case the abortion is not performed,
- Up to twenty-eight weeks with the consent of the pregnant woman, if the fetus (gestation) remained due to rape or incest, fetus (gestation)
- Up to twenty-eight weeks with the consent of the woman who is suffering from H.I.V. or other incurable disease of such nature,

- Up to twenty eight weeks with the consent of the woman, as per the opinion of the health worker involved in the treatment that damage may occur in the womb due to defects occurred in the fetus (gestation), or that there is such defect in the fetus of the womb that it cannot live even after the birth, that there is condition of disability in the fetus (gestation) due to genetic defect or any other cause.

Not to commit abortion upon identifying sex:

Conducting abortion or causing it to be conducted, by identifying the sex pursuant following, is prohibited.

- No one shall commit or cause to be committed an act to identify the sex of the fetus in the womb.
- A pregnant woman shall not be pressurized or compelled or intimidated or coerced or enticed or entrapped in undue influence to identify the sex of the fetus.

Safe abortion service:

- The licensed health worker who has fulfilled the prescribed standards and qualification shall have to provide the pregnant woman with safe abortion service in the licensed health institution. Appropriate technology and process of the service to be provided, shall be as prescribed.
- The pregnant woman who wants to obtain the safe abortion service shall have to give consent in the prescribed format to the health institution which has obtained a license, or to the health worker who has obtained a license.
- In the case of a woman who is an insane, 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.

Budget Allocation

- **The Government of Nepal** has to allocate appropriate grant amount through its budget every year for every Local Level for the purpose of motherhood and reproductive health service.
- **The Provincial Government** have to allocate appropriate certain amount through its budget as grant every year, as per the Provincial law, for the Local Level for the purpose of motherhood and reproductive health service.
- **Budget allocation by Local Level:**
The Local Level has to allocate / appropriate necessary budget from its annual budget for the purposes of motherhood and reproductive health service. The allocated budget has to be appropriated in such a way that governmental and community health institutions providing motherhood and reproductive health service receive it.

The Local Level has to spend the amount appropriated /allocated by the Nepal government and Provincial, as for the motherhood and reproductive health of the economically extremely destitute women as prescribed.

Offence and Punishment

Offence	Punishment
<ul style="list-style-type: none"> To deprive women? of receiving the obstetric care Refusal to provide obstetric care by any health institution providing obstetric care pursuant to Section 6, Referral to other health institution deliberately even upon the treatment being possible in his or her health institution, or, Non-issuance of birth certificate by the health institution pursuant to Section 9, Making discrimination contrary to the provision of Section 29. 	<ul style="list-style-type: none"> Imprisonment for a term not exceeding six months or fine not exceeding fifty thousand rupees or both the penalties for committing or getting committed the offence
<p>Forceful conduction of family planning</p> <p>Making forceful use of contraceptive</p>	<p>Imprisonment for three months to six months and fine not exceeding fifty thousand rupees for committing or getting committed the offence</p>
<p>Conduction of abortion</p> <p>Commission of any act to identify sex of the fetus by herself or make her forced do so</p> <p>Causing abortion upon identifying sex</p>	<p>Punishment referred to in Section 188 of National Criminal Code, 2074 (2017) for committing or causing to be committed the offence referred</p> <p>(a) A sentence of imprisonment for a term not exceeding one year and a fine not exceeding ten thousand rupees in the case of pregnancy of up to twelve weeks,</p> <p>(b) A sentence of imprisonment for a term not exceeding three years and a fine not exceeding thirty thousand rupees in the case of pregnancy of more than twelve weeks and up to twenty-five weeks,</p>

	<p>(c) A sentence of imprisonment for a term not exceeding five years and a fine not exceeding fifty thousand rupees in the case of pregnancy of more than twenty-five weeks.</p> <p><u>sex identification</u></p> <p>(a) A sentence of imprisonment for a term of three months to six months, in the case of the offence of identifying, or causing identification of, the sex of the fetus with the intention of causing abortion, and</p> <p>(b) A sentence of imprisonment for a term not exceeding one year, in addition to the sentence specified in subsection (3), in the case of the offence of aborting or causing abortion after identifying the sex.</p>
Breaching, or causing to be breached of, confidentiality	Fine not exceeding fifty thousand rupees for committing or causing to be committed the offence
Making or causing to be made displacement due to morbidity	Imprisonment for a term not exceeding one year and fine not exceeding one hundred thousand rupees or both the penalties for committing or causing to be committed

Compensation: A person who is victimized from the offence under this Act shall be provided with reasonable compensation by the perpetrator.

3. Public Health Act 2075:

Public Health Act 2075, is enacted for implementing the right to get free basic health service and emergency health service guaranteed by the Constitution of Nepal and establishing access of the citizens to health service by making it regular, effective, qualitative and easily available. The Act guarantees the right to get free integrated Service related to reproductive health, safe abortion, newborn child health services and nutrition and family planning services.

4. Child Rights Act 2075:

Child rights Act 2075 has provisioned related to Reproductive health are as following,

- Every child has right to be free from violence and sexual harassment and exploitation,
- Right to proper nutrition, clean drinking water and the child up to two years of age shall also have the right to breast feeding.
- Pregnant women and children shall have the right to get necessary vaccination to prevent diseases and allow utilizing the physical and mental health services according

to the national standards, to get information about body, reproduction and reproductive health according to age and maturity.

- Every child has right to obtain free basic health service.

National Policies

1. National Health Policy 2076

National Health Policy has provisioned to launch the programs for making health care and reproductive health services affordable, accessible and high quality. It also talks about strengthen and expansion of midwife and nursing services that targeted to the neonatal, Children's Health, Adolescent-Adolescent Health, Adult and Senior Citizen and vulnerable groups. It envisioned the placement of trained midwife in each ward and women health related programs will be conducted with the coordination of stakeholders. Safe abortion services will be made effective and efficient and Infertility-related health services will be expanded across the Province.

2. Nepal's every Newborn Action Plan 2016:

The Action plan was endorsed by the Nepal Government with vision of "A Nepal in which there are no preventable deaths of newborns or stillbirths, where every pregnancy is wanted, every birth celebrated, and women, babies and children survive, thrive and reach their full potential". Strategic Objective of Action plan are

- Rebuild and strengthen health systems: infrastructure, HRH management, procurement and supply chain management
- Improve quality of care at point-of-delivery
- Equitable utilization of health care services
- Strengthen decentralized planning and budgeting
- Improve sector management and governance
- Improve sustainability of health sector financing
- Improve healthy lifestyles and environment
- Strengthen management of public health emergencies
- Improve availability and use of evidence in decision-making processes at all levels

3. 15th development plan (076/077-080/081):

The government of Nepal has enforced 15th 5 years development plan 076/077-080/081 recently. In which responsibilities of health have been distributed within federal, provincial and local government as per the mandate of the Constitution. The plan has taken comprehensive approach in terms of promoting and protecting the reproductive rights. It states that, "**Address health needs of population of all age groups based on life cycle approach with more focus on maternal and child health, adolescent health and family management services.**" to achieve above mentioned strategy following plan of action has been taken into account :

- Service related to maternal and neonatal health; child health and adolescent health; and family management services will be further strengthened and expanded.
- Health service will be made gender, elderly and disabled friendly.
- Provision will be done for screening and diagnosis facilities for timely identification of health risks.
- Provision will be made for free screening and diagnosis of diseases like breast cancer and cervical cancer.
- Evidence based midwife education and services as well as special programs will be developed and implemented for reduction of maternal mortality.

4. Multi-sector Nutrition Plan II(2018-2022)

The government of Nepal launched the Multi-sector Nutrition Plan II on 14th December 2017 as a continuation to the achievements of Multi-sector Nutrition Plan (2013-2017) to increase the number of service deliveries and to scale up nutrition specific as well as nutrition sensitive intervention

5. Adolescent Health and development Strategy-2018

The Adolescent health and strategy developing 2018 was launched on 2018 with the objectives, to increase the availability and access to information about adolescent health and development, and provide opportunities to build skills of adolescents, service providers and educators. Adolescent Health Strategy and to create safe and supportive environments for adolescents in order to improve their legal, social and economic status.

Sub-session 2: Institutional mechanism to ensure SRHR (30 Minutes)

Learning objectives: At the end of the session, participants will be able to:

- Mapping the institutions and services related to **SRHR**
- Understand the role of local government in **SRHR**.

Instruction for facilitator:

Time required	30 minutes
Key methods/tools	Group work, plenary discussion
Materials required	Note-book, (pen, laptop, desktop or mobile device if the session is virtual)
Activities description/Process	<p>Step-1: Start with a short generic question, if someone having reproductive health related problems where do they go? What kind of services does the mechanism provide? Do they have to pay for services? What will the role of local Government in SRHR?</p> <p>Step-2: Listen to the participant's view in the plenary.</p> <p>Step-3: Give short introduction of existing institutional mechanism and services related to SRHR.</p>

	<p>Step-4: Make a short discussion as necessary in each question.</p> <p>Step-5: 15 minutes for discussion and clarifications.</p> <p>Step-6: Allow the participants to share their point of views,</p>
Tips for facilitator	Facilitator can share short PPT after the discussion. Make sure that after this activity, the participants are able to understand their own role

Content description for Facilitator

1. Institutional mechanism:

- ✓ Ministry of Health and Population
- ✓ Department of health
- ✓ District Public Health Office
- ✓ District Hospitals
- ✓ Primary Health Care Centre
- ✓ Health Posts/sub-health post

2. SRHR and SAS related programs:

Family planning Service Availability:

The services are available at all public institutions:

- ✓ District hospitals
- ✓ Primary Healthcare Centers
- ✓ Health Posts
- ✓ Female Community Health Volunteers (FCHVs) also conduct community based programs for family planning

Safe motherhood

- ✓ Available in all public health facilities with birthing facility
- ✓ Newborn are eligible to receive the free sick newborn care in the program implemented major hospitals. The plan is to roll out throughout the country
- ✓ District Health Office
- ✓ District Hospital
- ✓ Primary Health Care Centre
- ✓ Health Posts

Adolescent services mechanism

- ✓ District hospitals
- ✓ Primary Healthcare Centers
- ✓ Health Posts
- ✓ Female Community Health Volunteers (FCHVs) also conduct community based programs for ASRH

Safe aborting service mechanism availability

Comprehensive Abortion Care-CAC (Manual Vacuum Aspiration-MVA and Medical Abortion (MA) services have been expanded to all 77 districts hospital and to over 50% of the Primary Health Care Corporation (PHCC). Additionally, 2nd trimester abortion services are available in 77 hospitals where Comprehensive Emergency Obstetric and Neonatal Care (CEONC) Service

also available and Medical abortion services being expanded at health post with additional training to the Skill Birth attendance (SBA) .

One stop crisis management center (OCMC):

The Ministry of Health and Population (MoHP) has established OCMC aiming to provide an integrated package of services for survivors of Domestic violence and **Gender Based Violence** through a 'one-door' system. OCMCs are designed to follow an integrated approach to provide survivors with a comprehensive services including health care, psycho-social counselling, shelter, legal services, and security.

Session 3: Role of local government to ensure SRHR

Learning objectives: At the end of the session, participants will be able to:

- Understand the role of local government as well as natural leaders in **SRHR**.

Instruction for facilitator:

Time required	90 Minutes
Key methods/tools	Group work, plenary discussion
Materials required	News print, markers, cardboard papers, laptop, projector (other electronic devices if it is virtual)
Activities description/Process	<p>Step-1: Start with a short generic question, What will be the role of local Government in SRHR?</p> <p>Step-2: Listen in participant's view in the plenary.</p> <p>Step 3: Divide participants into small groups and ask them work on group on following question. If the training is being done in a virtual method, groups divided can make their own virtual room for in-depth discussions. Role of following actors on SRHR</p> <ul style="list-style-type: none"> • Group no.1- Role of National/Provincial Government on SRHR • Group no.2-Role of Local organization including NGO, groups, on SRHR • Group no.3-Role of local government in SRHR • Group no.4-Role of civil society in planning process, budgeting in local government. <p>Step-4:Time needs to be given for group discussion and make presentation.</p> <p>Step-5: Allow the participants to share their Presentation,</p>

	Step-6: Allow other participants to share some of their own thoughts.
Tips for facilitator	Facilitator can share short PPT after the presentation of participants to clarifying role of local government. Make sure that after this activity, the participants are able to understand their own role too.

Content description for Facilitator

1. Role of local Governments in SRHR

Local government operation Act 2074 has given responsibilities as follows

- Promotion and operation of primary health, reproduction health and nutrition service.
- Establishment and operation of hospital and other health organization
- Development and management of infrastructure related to health

According to National health policy 2076, trained midwife has to be in placed in each ward.

According to SMRHR Act 2074:

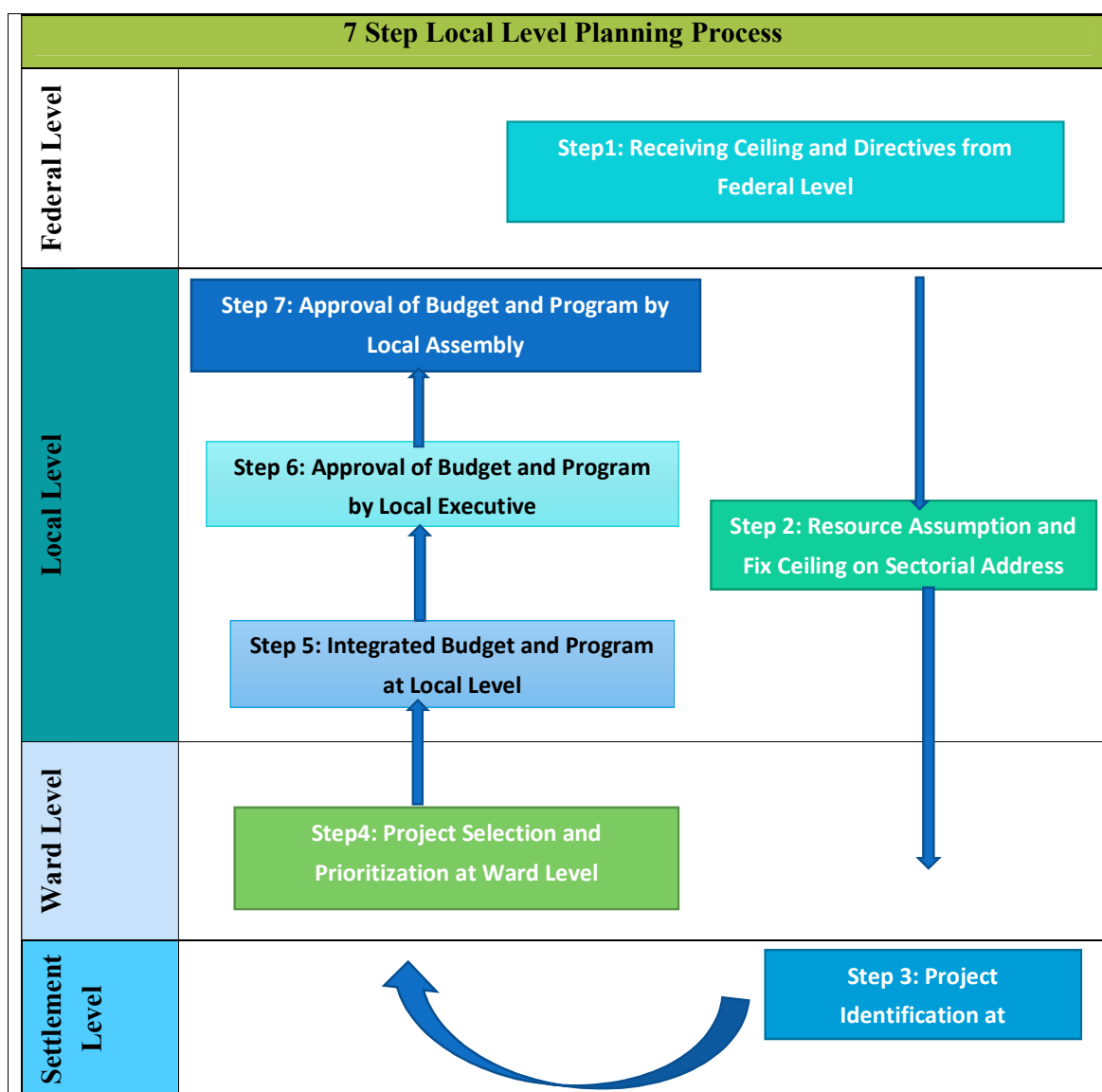
- The Local government has to spend the amount appropriated /allocated by the Nepal government and Provincial, as for the motherhood and reproductive health of the economically extremely destitute women as prescribed.
- The local level has to allocate/appropriate necessary budget from its annual budget for the purposes of motherhood and reproductive health service. The allocated budget has to be appropriated in such a way that governmental and community health institutions providing motherhood and reproductive health service receive it.

Local government planning process:

Under the federal structure, the planning process was reduced to seven steps from fourteen steps. Federal and provincial acts and regulations provide local governments with budget allocation and implementation guidelines. Municipalities and rural municipalities play decisive roles in budget planning, allocation, and implementation.

7 step planning process of local government

1. Receive an outline of fiscal transfers and budget and planning guideline (mid-January) and receive budget ceiling from the federal and provincial government (mid - March)
2. Estimating resources and determining budget ceiling (around April 25)
3. Ward and settlement level meetings for selection of projects and programs (by mid-May)
4. Prioritization of projects that came through wards (by end of May)
5. Formulating budget and programs (around June 20)
6. Approving budget and programs form the municipal executive (around June 25)
7. Approval of budget and programs from the municipal assembly (around June 25).



Planning process in public health:

- The Local Level Plan and Budget Formulation Guideline, 2017 requires local governments to allocate budgets by thematic area.
- A study conducted in 2018 found that local residents prioritized infrastructure development, with roads and electricity being identified as major needs.
- Champions' role to influence on local planning process to ensure inclusive and needs-based planning on **Sexual and Reproductive Health Rights**.
- Support on access, availability, acceptability and quality of sexual and reproductive health services.
- For system improvement on Sexual Reproductive Health (SRH)
- Capacity building of rights holders and duty bearers on SRH
- Improving infra -structure for SRH

Reflection of Day-2:

Learning objectives: At the end of the session, participants will be able to:

- ✓ Internalize the major learning of the day.

Instruction for facilitator:

Time required	30 minutes
Methodology/Tools	Plenary discussion
Materials required	Note-book, pen, (laptop, desktop or mobile device if the training is done in a virtual method)
Activity Description/process	<p>Step-1: Welcome to the participants in the reflection session and share the objective of reflection.</p> <p>Step-2: Request to the participants to note down at least “one lesson learned point and one confusion or interested area to learn”. Note down the points shared by the participant in separate word document.</p> <p>Step-3: Summarize the participants learning and clarify the confusion points/put in parking lot for their learning expectation.</p> <p>Step-4: Request to Team leader of Management Team for the declaration of session completion for the day.</p>
Tips for Facilitator	Encourage participants to express their learning by linking with content/sub-content, methodology/tools and create environment to openly evaluate the sessions from their perspective.

TRAINING SESSION PLAN

Note: The 2 day reflection can be done same as this process every day.

MODULE-3: WOMEN’S BODY POLITICS ON SRHR & DIGNIFIED MENSTRUATION

Session-1: Women's body politics on SRHR

Learning objectives: At the end of the session, participants will be able to:

- ✓ To detect that how primitive belief lead to the politics in women's body, how it causes the barrier of human development.

Instruction for Facilitator

Time required	60 minutes
Methodology/tools	Plenary discussion, videos
Materials required	Note-book, pen, (laptop, desktop or mobile device if it is done through virtual method)
Activity description/process	<p>Step-1: Ask Generic question e.g: what do you know about women's body politics? Have you ever heard this word? Let them think and discuss in buzz group for 15 minutes and ask them to write at least one example of women's body politics.</p>

Day -3	Content	Estimated Time	Methodology/ Tool
Module 3: Women's body politics on SRHR and Dignified Menstruation			
Door Open	Registration	9:00am-9:30am (30 Minutes)	
Recap of Day-2		9:30am-10:00am (30 minutes)	
Session -1	Women's body politics on SRHR	10:00am-11:00am (60 Minutes)	Work sheet / Plenary discussion/ PPT
Session 2	Dignified menstruation : <i>Chhaupadi</i> Pratha and its effect on women's life and Legal Provisions	11:00am-12:30pm (90 Minutes)	Video Show / PPT Group Work/Plenary discussion
Lunch Break		12:30pm-1:00pm (30 Minutes)	
Session 3	Adolescent and SRHR	1:00pm-2:00pm (60 Minutes)	Work sheet/ Plenary discussion/ PPT
Module 4	Communication and Leadership Skill		
Session -1	Communication Skills	2:00pm-2:30pm (30 Minutes)	PPT/Game/Plenary discussion
Session- 2	Leadership Skills	2:30pm-3:00pm (30 Minutes)	PPT/Game/Plenary discussion
Refreshment Time		3:00pm-3:30pm (30 Minutes)	
Closing Session	Recap of the Day 3	3:30pm-3:50pm (20 Minutes)	
	Post Test	3:50pm-4:10pm (20 Minutes)	
	Closing day 3	4:10pm-4:30pm (20 Minutes)	
Closing Session: Reflection of Overall Training (Annex-8)		4:30pm-5:00pm (30 Minutes)	
	Step-2: Let them share their views and discuss each point. Step-3: Do short reviews of how the primitive believes lead to women's body politics and that causes the barriers of human development.		
Tips for facilitator	Use small PPT and discuss in plenary.		

Content description for Facilitator

Session 1: Women's body politics on SRHR

Top ten examples of Women's Body politics statement

- If you don't want to get pregnant, use contraception, or pills.
- I don't feel pleasure using condom so you take pill, if you want birth control.
- Menstruating and giving birth is just a natural process.
- After giving birth a child women get fat and unattractive
- A woman has to sacrifice her career to take care of child.
- Reproductive issue is only women's issue.
- We are done with kids, if you don't want to get pregnant again, you should do family planning.
- If I did family planning, I will lose sexual pleasure.
- I need children, so you cannot use birth controlling pill or contraception.
- Rearing and caring children is mother's duty.

- You are free to pursue your career, but in the name of career you cannot escape from your household and children's responsibility.

Session-2: Dignified menstruation

Learning objectives: At the end of the session, participants will be able to:

- ✓ To detect that how primitive belief promote harmful practices, how it causes the barrier of human development. .
- ✓ To understand the Legal Provisions

Instruction for Facilitator

Time required	90 minutes
Methodology/tools	Plenary discussion, videos
Materials required	Note-book, pen, (laptop, desktop or mobile device if the training is done virtually), Short movies, cards
Activity description/process	<p>Step-1: Play a short movies related to <i>Chhaupadi</i></p> <p>Step-2: Do short reviews of how the primitive believes drive harmful practice and harmful practices cause the barriers of human development and lead to crime.</p> <p>Step-3: Ask them to relate to their own life and how it affected in their personal and professional life.</p> <p>Step-4: Listen carefully and analyze all their experience and sum up the session</p>
Tips for facilitator	Choose some short movies that are related to menstrual discrimination and harmful practice. Case study also can be present during the session. Group work also can be done to identify the effect of menstruation in development.

Content description for Facilitator

Chhaupadi

A custom in which girls and women are forced to stay in lonely and unsafe sheds during their period time. During each menstruation cycle, women and girls are secluded outside their homes and forced to live in cow shed. It is a traditional practice prevalent especially in the villages of far western part of Nepal. Menstruating women and girls are considered impure, are banned from touching family members or things in the house. This practice is deeply associated with religious beliefs. During the menstruation, they are not allowed to eat nutritious food and also not allowed to touch tap. They are forced to do hard work in field.

Types of Chhaupadi

- Major *Chhaupadi*: During childbirth (11days with new-born)

- ▶ Minor **Chhaupadi**: During menstruation (5 days), however the girls experiencing menstruation for the first time are expected to remain in *chhau* sheds for at least 14 days.

Legal Provision

- ▶ The constitution of Nepal has made special provisions relating to gender based discrimination and violence, it states that “no one shall be exploited in the name of any custom, tradition and usage or in any manner whatsoever”.
- ▶ The penal code 2074 has criminalized the **Chhaupadi**, no one can keep a woman in cowshed during the menstruation and nobody can discriminate a woman on the basis menstruation. If someone commits this offence, s/he will be punished for 3 months jail or 3 thousand Penalty or both. If the accused is civil servant s/he will three additional months jail. The victim will get reasonable compensation. The time limitation for the application is within six months of the incident.
- ▶ In May 2005 directive issued by the Supreme Court to the Nepalese government for the formulation of laws to eliminate **Chhaupadi**,

After the supreme court's verdict in 2005, the government formulated **Chhaupadi** Practice Elimination Directive in 2008. The government for the first time celebrated National Dignified Menstruation Day in May 28, 2018 by organizing a special program here today to promote menstruation dignity. Menstruation remains a taboo, and it is rarely discussed. The government, therefore, has taken the initiative to raise awareness about menstruation hygiene so that women can be saved from infections and inflammation of the reproductive organ.

Judicial activism

DilBahadurBishwokarma vs. Nepal government: In this case, The Supreme Court of Nepal made a landmark decision ruling on **Chhaupadi** custom declaring it a malpractice and issued a directive to the government to eliminate it.

Session-3: Adolescent Sexual and Reproductive health (ASRH)

Learning objectives: At the end of the session, participants will be able to:

- ✓ Understand about adolescent, challenges, barriers and their rights related to **SRHR**.

Instruction for facilitator:

Time required	60 minutes
Methodology/tools	Plenary, group work
Materials required	Note-book, (pen, laptop, desktop or mobile device if the training is Virtual)
Activity description/process	Step-1: Start with a short generic question, who is adolescent? What kind of changes do they come across during this time period? Do

	<p>they need reproductive health services? If yes What kind of services do they need? What kind of SRHR rights do they need/have?</p> <p>Step-2: Listen to participant's view in plenary.</p> <p>Step-3: Make clarification in each question raised during the discussion as necessary in each question</p> <p>Step-4:Put different color's 3 flip chart on a power point presentation, and note down separately</p> <ul style="list-style-type: none"> Challenges/barriers the adolescent are facing in terms of SRHR (mental, social and institutional) (Ask participants to analyze, the available services are AAAQ or not.) The Changes they experiences during the time period (adolescent) , Physical, mental and social <p>Step-5:Help participants to find out the solution of above mentioned problems and note down and discuss in each point.</p> <p>Step-6: Divide participants into 4 groups ask them work on group on following question. Give each group 1 Rights of Adolescent (worksheet) attached in annex 7.</p> <p>Step-6: Provide 30 minutes for group discussion/ work. (which they will do in their own Zoom room)</p> <p>Step-6: Allow Group 1 to present their worksheet presentation.</p> <p>Step-7: Discusses each point, why it falls under this right, and ask other groups ,what they have done and why.</p> <p>Step-7: Other participants to share some of their own thoughts on regarding rights.</p>
Tips for facilitator	<p>Give worksheet attached in <u>annex-7</u>to participants and ask them to select the rights that fall under adolescent Sexual and Reproductive Right. Please refer to content for facilitator section for right answer</p>

Content description for Facilitator

Adolescent

Adolescent are in between the age of 10-19 years (WHO), in other terms the age in between the childhood and adulthood falls under this categories. In this age, the person experiences many changes physically, socially, emotionally as well as mentally, so this stage of life known as a transitional period. During this time period, they feel that they are grown up by physically however they are not mature enough mentally and legally. They notice and experience numerous changes in their body, which they cannot express and discuss so they might get worried. They are curious about their development of body part, sexual organs, sexual information; they feel attraction and so on. It is during adolescence that the individual learns to control and direct sexual urges.

Adolescent sexual and reproductive health refers to the physical and emotional wellbeing of adolescents and includes their ability to remain free from unwanted pregnancy, unsafe abortion, STIs (including HIV/AIDS), and all forms of sexual violence and coercion.

Adolescent have the following rights under the SMRHR act 2074

- Right to obtain education, information, counseling and service relating to sexual and reproductive health.
- Right to obtain service, counseling and information relating to reproductive health.
- Right to safe motherhood and reproductive health.
- Right to get information regarding contraceptives and use them.
- Right to obtain safe abortion service.
- Right to get reproductive health service needed during different situation of his/her lifecycle, in easily available, acceptable and safe manner.
- Right to make a choice of reproductive health service.
- Right to confidentiality
- **Right not to be discriminated**
- Right to have **disability friendly and adolescent friendly service**
- Right to have compensation

MODULE-4: COMMUNICATION & LEADERSHIP SKILLS

Learning objectives: At the end of the session, participants will be able to:

- ✓ Understand the concept, verbal and non-verbal communication,
- ✓ Internalize gender, caste, religion and disability sensitive communication

Session 1: Communication Skills

Instruction for facilitator:

Time required	60 minute
Method/Tools	Video show, plenary discussion,
Materials required	Note-book, pen, (laptop, desktop or mobile device if the training is Virtual)
Activities description	<p>Step-1: Welcome the participants and share the objectives of session</p> <p>Step-2: Conduct plenary discussion by asking participants what are the means of communication in your community? Why do we need effective communication? Note down the points in card board paper</p> <p>Step-3: Demonstrate ‘a video clip’ which is relevant to communication for development and social change.</p> <p>https://www.youtube.com/watch?v=q1MWcLFFYn8</p> <p>Step-4: Request participants to share the learning from the video by focusing “Audience, Message/content of message, Means of communication and Potential Effect”</p>

	<p>Step-5: Conduct plenary discussion on communication methods, Common barriers to effective communication and Gender, caste, religion and disability sensitive communication.</p> <p>Step-6: Conclude the session by reflecting key learning points.</p>
Facilitator's Tips	There will be time constraint. Therefore, you should facilitate the session tactfully by focusing on the discussion topics.

Content Description for Facilitator:

Session 1: Communication and leadership skills

Communication for development

1. What is communication for development?

The imparting or exchanging of information by speaking, writing, or using some other medium. The successful conveying or sharing of ideas and feelings. - Oxford English Dictionary. Communication is simply the act of transferring information from one place, person or group to another. Every communication involves at least one sender, a message and a recipient. The transmission of the message from sender to recipient can be affected by a huge range of things. These include our emotions, the cultural situation, the medium used to communicate, and even our location.

2. Categories of communication

The different categories of communication include:

- **Verbal Communication**, which includes face-to-face, telephone, radio or television and other media.
- **Non-Verbal Communication**, covering body language, gestures, how we dress or act, where we stand, and even our scent. Appearing relaxed
- Communication which includes letters, e-mails, social media, books, magazines, the Internet and other media.
- **Visualizations:** graphs and charts, maps, logos and other visualizations can all communicate messages.

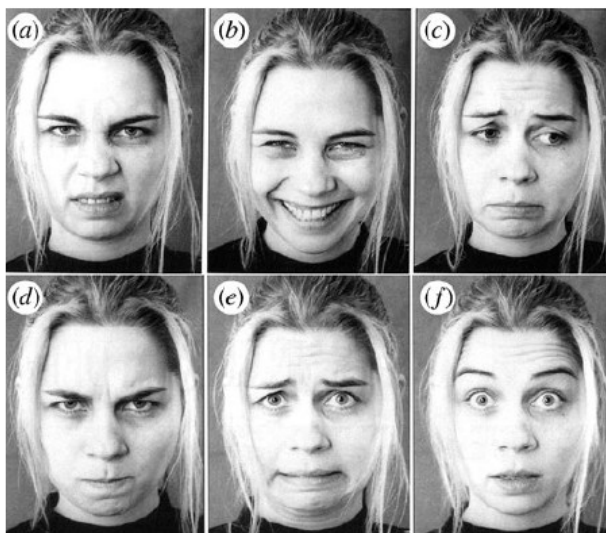


Figure 1 Non-verbal communication

3. Common barriers to effective communication:

- The use of jargons
- Emotional barriers and taboos
- Lack of attention, interest, distractions, or irrelevance to the receiver.

- Differences in perception and viewpoint.
- Physical disabilities such as hearing problems or speech difficulties.
- Physical barriers to non-verbal communication.
- Language differences and the difficulty in understanding unfamiliar accents.
- Expectations and prejudices which may lead to false assumptions or stereotyping.
- Cultural differences.

4. Gender, caste, religion and disability sensitive communication:

There are many words and expressions in Nepali language and culture. NLs must understand the words and expression which dominate women, caste and religion. Some examples;

Avoid	Prefer
A representative must listen to his supporters.	Representatives must listen to their supporters.
Each participant must present his ID badge.	Each participant must present their ID badge.
Mastering a skill	Being competent in a skill
John and Mary both have full-time jobs; He helps her with the housework.	John and Mary both have full-time jobs; they share the housework.
The Conference participants and their wives are invited.	The Conference participants and their Spouses/partners/guests are invited.
Cleaning lady	Cleaner
Male nurse	Nurse
Female doctor	Doctor
Female politician	Politician
Miss, Mrs.	Ms. (unless the woman herself prefers the courtesy title Mrs. or Miss). A woman's marital status is generally irrelevant to the matter at hand
Mr. and Mrs. John Smith	Jane and John Smith; Ms. Jane and Mr. John Smith; Mrs. and Mr. Smith (When the woman herself prefers the courtesy title Mrs.).

Session 2: Leadership Skills

Learning objectives: At the end of the session, participants will be able to:

- ✓ Internalize the importance of leadership on SRHR and SAS.
- ✓ Understand the essential leadership skills and roles for the practice.

Instruction for facilitator:

Time required	30 minutes
Method/Tool	Plenary discussion, self-reflection, group work, PPT
Materials required	Cardboard paper, marker, cello tape, pin, (laptop, mobile and other electronic devices if it is virtual) projector, etc.

Activities description/ Process	<p>Step-1:Ask ‘who are the leaders in your community?’ Request list out the types of leader such as ward chair/member, women group chair, chair of community forest, etc.</p> <p>Step-2:Conclude the list of community leaders.</p> <p>Step 3:Divide participants into 4 groups with minimum 5 or more persons in each group and allocate the tasks as below.</p> <p>Group-1: Why do we need community leaders? List out maximum 10 points.</p>
	<p>Group-2: Categorize and write characteristics/behaviors of your community leaders</p> <p>Group-3: What could be the essential skills to be a good leader?</p> <p>Group-4: What could be the roles of community leaders in the field of SRHR and SAS in the community? Write max. 10 major roles.</p> <p>Step-4:Request participants to present their points and add or remove the points as suggestions of participants.</p> <p>Step-6:Summarize the session by highlighting the basic concept of leadership and essential leadership skills by focusing negotiation and collaboration skills through power point presentation or card board paper.</p>
Tips for facilitator	Leaders must have various skills however you can highlights the negotiation and collaboration skills during the discussion. This is an important role of NLs.

Content Description for Facilitator:

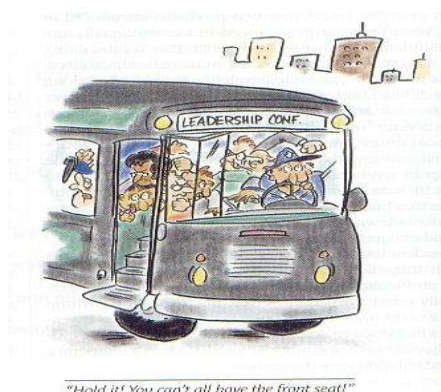
1. Basic concept of leadership and essential leadership skills:

1.1 What is a leader?

A leader is a person who leads or commands a group, organisation or community or society or country. Leaders always combine the efforts to achieve certain objectives which are publicly concerned.

1.2 What is Leadership?

Leadership is an influence relationship among leaders and followers who intend real changes and reflect their mutual purpose. Leadership is set of actions including process. Leadership create a vision that connects followers who might have different individual goal.



1.3. Why do we need Leadership?

To make unity

For better vision and guidance

For the development of a person or community or society

To protect collective interests and rights

"Hold on ! You can't all

1.4. Types of Leadership:

Democratic leadership	Participative leadership, trust team, and listen the views of others, give satisfaction to followers, having vision and strategy, etc.
Autocratic leadership	Dominating nature, create pressure to other, do not trust, do not follow participatory approach, give only own decision, lack of tolerance, etc.
Passive leadership	Not to take responsibility, risk avoider, selfish, unbelievable, etc.

1.5.Essential elements, quality and role of good leader



Area of skills	Elaboration
1. Strategic thinking	Leaders must have an idea or vision which can be achieved. Vision always shows you to find out the pathway to reach your destination.
2. Planning and delivery	Leader required good planning and delivery skills. Best planning ensure the 60% work completion. If you prepare good planning, you can implement the program easily in line with your vision.
3. People management	Leaders need followers. Therefore, leaders need skills in working with others on a one-to-one and group. Leaders require negotiation and collaboration skills to deal with others.

4. Change management	Context may change due to various reasons time to time. Therefore, leaders require context analysis skills and change the actions accordingly.
5. Communication	Leaders also need to know how to give others views on personal performance in a way that will be constructive rather than destructive, and also hear others' opinions of them.
6. Persuasion and influence	Leaders need to understand the way that others behave, and create positive interactions. As a first step, it may be helpful to understand more about emotional intelligence . In addition, trust and ownership building is also important parts. Therefore, Leaders ensure accountability and transparency of works.

Source: <https://www.skillsyouneed.com/leadership-skills.html>

1.5. 1 Negotiation and collaboration skills:

Leaders need to identify the allies and opponent in regards to the issues of sexual and reproductive health and safe abortion services.

Who are your opponent?

An opponent is your competitors who competes or fight against you. The leaders must recognize the opponent including all the people, group of people and organizations that may have something to lose directly or indirectly in you win. Identifying your opponent and anticipating their opposition should increase your chance of success.

How do you know tactics of your opponent?

Some tactics your opponents may use are:

- **Deflect** - they could divert the issue to a lesser, side issue; or could "pass the buck" to a lower official who has no real power.
- **Delay** - your opponent could make you think they are addressing the issue, when nothing is really being done. For example, forming a "study commission" that has no real power to give you the change you want.
- **Deny** - your opponent may say your claims and your proposed solutions, or both, are invalid.
- **Discount** - your opponent may try to minimize the importance of the problem, question your legitimacy as an agent of change or both.
- **Deceive** - your opponent may deliberately try to make you and your group feel like they are taking meaningful action, when they in fact have not; they may never have had any real intention to consider your issues.
- **Divide** - your opponent may sow the seeds of dissent into your group's ranks, and use a "Divide and conquer" strategy.
- **Dulcify** - your opponent may try to appease or pacify your group, or people who are undecided about the issue, through offers of jobs, services, and other benefits.
- **Discredit** - your opponent may try to cast doubt on your group's motives and methods.
- **Destroy** - your opponents may try to destabilize or eliminate your group through legal, economic, or scare tactics.
- **Deal** - your opponent may decide to avoid conflict by offering a deal, working with your group towards a mutually acceptable solution.
- **Surrender** - the opposition may agree to your demands. If this is the case, you should remember that the victory is not complete until the opposition follows through with its promises.

How can you deal with opponent?

- Meet with your opponent
- Discuss your differences, it could be the opposition is caused by miscommunication or a lack of understanding about the issue
- Know when to negotiate
- Develop win-win solution

Negotiation and collaboration skill of a leader

Your best alternative to a negotiated agreement, or Best Alternative To a Negotiated Agreement (BATNA), is often your best source of bargaining power.

- Powerful Negotiators Take Action
- Good negotiators are confidence and under control
- Good Negotiators are Creative Risk Takers
- Think on and respect their counterpart's perspective
- Reinterpret a demand or ultimatum
- Address the underlying concern
- Acknowledge and reframe
- Brainstorm and decide
- Manage wins and losses

Who are your allies?

- Beneficiaries, individuals or organizations who will directly benefit or who can be persuaded to support your advocacy effort because of sympathetic concerns and similar values.
- Individuals or organizations that have the power to effect the policy change or change in implementation of a policy or practice that is outlined in your advocacy objective.
- Collaborative strategy to work with allies:
- Build alliances (with allies)
- Persuading the stakeholder that the issue is important (mainly for allies with high influence but low interest)
- Persuading the stakeholder that your position is right (mainly for influential neutrals, targets and soft opponents)
- Helping to increase the influence of the stakeholder (mainly for allies with low influence)
- Reducing the influence of the stakeholder (mainly for opponents with high influence)
- You will need to prioritize the stakeholder groups you can target, and plan strategically according to available human and financial resources.

Reflection of Day-3: Post Test and Closing

Learning objectives: At the end of the session, participants will be able to:

- ✓ Internalize the major learning of the day.

Instruction for facilitator:

Time required	60 minutes
Methodology/Tools	Plenary discussion
Materials required	Note-book, pen, laptop, desktop or mobile device
Activity	Step-1 : Welcome to the participants in the reflection session and share the objective of reflection.
Description/process	

	<p>Step-2: Request to the participants to note down at least “one lesson learned point and one confusion or interested area to learn”. Note down the points shared by the participant in separate word document.</p> <p>Step-3: Summarize the participants learning and clarify the confusion points/put in parking lot for their learning expectation.</p> <p>Step-4: Request to Team leader of Management Team for the declaration of session completion for the day.</p> <p>Step- 5: Take Post-test with the help of submission of word document in Zoom session itself.</p> <p>Step-6: Take 15 Minutes for observation of post-test and conclude the whole 3 day session.</p> <p>Step-7: Take feedback from all the participants and acknowledge their presence in the training program and show them correct part for guidance.</p>
Tips for Facilitator	Encourage participants to express their learning by linking with content/sub-content, methodology/tools and create environment to openly evaluate the sessions from their perspective.

Note: The day reflection can be done same as this process every day.

ANNEX 1: REPORT WRITING TEMPLATE FOR REPORTING TEAM (MANAGEMENT TEAM, REPORT TEAM AND ENTERTAINMENT TEAM)

1. Session/sub-session wise learning:

S.N	Session/sub-session	Major learning
1.		
2.		
3.		
4.		

2. Methodology or tools wise learning

S.N	Methodology/tools	Major learning
1.		
2.		
3.		
4.		

3. Facilitation skills learnt from facilitator's presentation

S.N	Name of facilitators	Major learning
1.		
2.		
3.		
4.		

4. Name of the Team Members

1.	4.
2.	5.
3.	

ANNEX 2: REPORTING TEMPLATE FOR EVALUATION TEAM

1. Session/sub-session wise evaluation:

S.N	Session/sub-session	Area of improvement
1.		
2.		
3.		

2. Methodology or Tools

S.N	Methodology/tools	Area of improvement
1.		
2.		
3.		

3. Presentation style of Facilitators

S.N	Facilitator's name	Area of improvement
1.		
2.		
3.		

4. Logistic Management

S,N	Action	Area of improvement
1.		
2.		
3.		

5. Name of the Team Members

1.		4.	
2.		5.	
3.			

ANNEX 3: PRE-TEST AND POST TEST QUESTIONNAIRES

1. Common questions for Pre-Test and Post-Test

S.N	Statement	Answer	
		Yes / ✓	No / x
1	Human rights are rights inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status.		
2	Sex refers to biological attributes that men women and sexual minorities are born with.		
3	Gender refers to the socially constructed roles and responsibilities assigned to men and women by society.		
4	What is the age of marriage to woman according to the act of Nepal?		
5	What is the reproductive age?		
6	What is the age range of adolescent?		
7	Domestic violence includes physical, mental, economic and sexual violence.		
8	Husband has right to have sex whenever he wants or even if wife is not interested he can do forcefully.		
9	Women can decide whether to have children or not according to act of Nepal.		
10	Woman has rights to decide to use the contraception or not.		
11	Woman has rights to abort fetus up to 12 weeks according to act of Nepal?		
12	Woman can decide not to follow chhaupadi during menstruation.		
13	Municipal is a key stakeholder for SRHR and SA in the local level.		
14	Local Government follows the 20 steps planning process during the budgeting finalization.		
15	Advocacy always creates the problem in the community.		
16	Leaders always combine the efforts to achieve certain objectives which are publicly concerned.		
17	Every communication involves at least one sender, a message and a recipient.		
18	We must consider gender and caste sensitive words during community discussion.		
19	Session plan preparation is not necessary to make training effective		
20	Natural Leaders work as volunteer in the community to carry on SRHR and SA related issues.		

2. Additional questions for Post-Test (please tick ✓ the relevant answer)

S.N	Questions	Fully	Mostly	Some-what	Not at all
1	Were your expectations met?				
2	Were the methodologies used suitable and aided in your learning?				

3	How effective was the facilitation?				
4	The duration of the training is	(Just right)	(Needs to be longer)	(Needs to be Shorter)	
5	How did you feel about the logistical arrangement for the meeting?	(Highly Satisfactory)	(Just okay)	(Highly unsatisfactory)	
6	Do you have any additional feedback for the facilitators and organisers? (Yes or No, If yes, please write the feedback)	(Please write your feedback in the space below)			

ANNEX 4: GENDER TRANSFORMATION AND POWER RELATION WORKSHEET

S.N	statement	Answer	
		Yes / ✓	No / x
1	I did not have any barriers to go to school		
2.	I did not have any problem to leave house /place to go for further studies		
3.	I am able to study as much as I can		
4	I am free to take decisions for my family.		
5	I can decide whether to marry or not		
6	I can decide whether to have children or not		
7	I can decide whether to have sexual relation or not		
8.	I can say no if I am not ready for sexual relation		
(9	I can decide to use the contra septic or not		
10=	I can decide whether to keep fetus or not (abortion)		
11	I can decide to travel/ field/ another city/county		
12	I can decide to buy things/property at home		
13	I can decide to sell things/property at home		
14	I can decide to use my own income /property		
15	I feel safe to go outside whenever I want.		
16	I can decide to go whenever/wherever I want.		
17	I can decide not to follow chhaoupadi during menstruation.		
18	I am not discriminated due to chhoupad/ menstruation		
19	I am not discriminated due to my education		
20	I am not discriminated due to my economic status		
21	I am not discriminated due to so called caste system.		
22	I am not responsible to cook and feed for family		
23	I can go to work/ outside even my household work has not been done.		
	Total		

ANNEX 5: WORKSHEET ON GENDER AND SEX

Statement	Gender	Sex
Women can give birth but men cannot.		
Girls are not as good as boys in math		
Women can breast feed whereas men cannot.		
Girls are modest, timid and cute, while boys are hard and tough		
Sports are more important for boys than girls		
Girls need to find a good husband; boys need to find a good job		
Women can get pregnant but men cannot.		
Women do not drive trains.		
Women are more patient than men.		
Sexuality is more important for men than for women.		
Women should not ask to have sexual relationship. (Gender)		
Women can menstruate, men cannot.		

Annex 6: Legal Remedies related to GBV and Women Rights worksheet

S.N	Statement	Answer	
		Agree/ ✓	Disagree/ x
1	Victim of Domestic violence can make complain in National Women commission or police or court or local government		
2	Domestic violence includes physical, mental, economic and sexual violence.		
3	Victim of Domestic violence should make complain within 3 months of the incident		
4	Husband has right to have sex whenever he wants or even if wife is not interested he can do forcefully		
5	If man did not put his penis in her private part but put in a mouth forcefully called rape.		
6	Marriage can be arranged by parents without the consent of candidate.		
7	Discrimination on the basis of caste is normal.		

Annex 7: WORKSHEET RELATED TO ASRH AND SAFE MOTHERHOOD & ACCESS TO CONTRACEPTION

S.N	Rights	Falls under Adolescent SRHR
1	Right to obtain education, information, counseling and service relating to sexual and reproductive health.	
2	Right to obtain service, counseling and information relating to reproductive health.	
3	Right to safe motherhood and reproductive health.	
4	Right to determine the gap between births or the number of children.	
5	Right to get information regarding contraceptives and use them.	
6	Right to obtain abortion service.	
7	Right to nutritious, balanced diet and physical rest during the condition of pregnancy and child birth and morbidity.	
8	Right to get necessary counseling, obstetric care, and postpartum contraceptive service.	
9	Right to get emergency obstetric care, basic emergency obstetric care, comprehensive emergency obstetric care, essential care for the new born baby and emergency care of the new born baby.	
10	Right to get reproductive health service needed during different situation of his/her lifecycle, in easily available, acceptable and safe manner.	
11	Right to make a choice of reproductive health service.	
12	Right to privacy /confidentiality	
13	Right to have compensation	
14	Right to have disability friendly and Adolescent friendly service	
15	Right not to be discriminated	
16	Right to get obstetric service:	
17	Obstetric allowance	
18	Right to obstetric leave	
19	Right to obtain family planning service	
20	Not to get contraceptives used forcefully	
21	Not to get family planning performed forcefully	
22	Right to obtain morbidity care	
23	Not to be displaced, divorced and expelled on the basis of morbidity	
24	Right to get safe abortion	



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