

Promoting inclusive sexual health and livelihoods for young people in Nepal

Project timeline: September 2019 – September 2022

Project budget: £937,582

Capturing the power of collaboration: Disabled Empowerment Centre Surkhet, National Federation of the Deaf Nepal, Humanity & Inclusion, Light for the World, Sense International, BRAC (until January 2021), Nepal Health Training Centre, Municipalities of Birendranagar and Bheriganga

Sexual and reproductive health and rights (SRHR) are human rights everyone is entitled to. Yet people with disabilities are often denied these rights and face discrimination when trying to access health services – their sexuality may be treated as a taboo subject, or they may be desexualised. Women and girls with disabilities - almost one-fifth of the world's population of women - face further intersectional discrimination due to their gender¹. **Disability Inclusive Development - Inclusive Futures is working to make health systems accessible in line with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)** so people with disabilities can get access to the health care they need, when and where they need it.



The situation in Nepal

The Government of Nepal has committed to several key policy and legal provisions to advance SRHR, including the Right to Safe Motherhood and Reproductive Health Act (2018). However, there is little focus within these policies on the rights of people with disabilities. Research by the Nepal Disabled Women's Association has found that most women with

disabilities are unmarried, many have been subjected to forced sterilisation or abortion, and they are more likely to experience sexual and gender-based violence than women without disabilities. People with disabilities in Nepal face barriers to employment due to negative stereotyping and discrimination.

Tackling barriers and creating safe spaces

To address these challenges, we brought together a consortium of experts to improve SRHR and livelihoods for young people with disabilities in Nepal, including Organisations of Persons with Disabilities (OPDs), international non-governmental organisations and research institutes.

From household, to community, to system levels, we developed linkages between SRHR and livelihoods services to pilot innovative interventions and support young people with disabilities, breaking barriers and creating safe spaces.

The project began with an inclusive, participatory six-month design phase which identified the addition of livelihoods activities to an SRHR approach as an opportunity to further engage and benefit young people. The adjoining municipalities of Birendranagar and Bheriganga in Surket district, the capital of Karnali province, were targeted for support to optimise the participation and contribution of provincial and local authorities.

Locally led, replicable pillars of action included:

- **At community level** we established [Empowerment and Livelihoods of Adolescents clubs](#) for young people with disabilities aged 10 – 24, focused on developing life skills and awareness of SRHR and livelihoods using [UNFPA's Rupantaran module](#). Led by young people with and without disabilities, clubs were accessible, space spaces for young people to discuss issues affecting them. Following a livelihoods market assessment, we connected club members to vocational training, job-placement and enterprise support.
- **At system strengthening level** in partnership with local health authorities and OPDs, we assessed the accessibility of SRHR services and health centres for people with disabilities and supported sustainable structural and non-structural



“In my experience, women and girls find it difficult to take care of their menstrual needs with dignity. As a member of the Empowerment and Livelihoods for Adolescents club, I am much more confident. As a woman, I am happy!”

Sabita, Nepal

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modifications. Working with Nepal Health Training Centre, we trained health professionals on the provision of inclusive SRH services. This included training school nurses who were found to be valuable links to young people with disabilities in school. We developed materials on inclusive SRH services and distributed these in communities and health centres.

- **At governance and policy level** to enhance links between people with disabilities and municipalities, we worked closely with OPDs to support the establishment of “Vulnerable Focal Point” (VFP) roles based within municipality offices. VFPs operated help desks providing practical support on SRHR and accessing social services, as well as making regular community outreach visits.

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Project impact



SRHR services at 30 health centres became more inclusive, resulting in over 830 people with disabilities accessing services and new procedures being established for long term change. Seven Empowerment and Livelihoods of Adolescents clubs supported over 100 young people and, promisingly, local municipalities have since begun full or partial funding of four of these clubs. Fifty young people received vocational training with 38 going on to receive seed funding to start their own enterprises. [Watch Usha's story](#) to find out more.



Most significantly, the project's establishment of VFP roles proved ground-breaking. These were the first ever roles in the municipalities dedicated to serving the needs of people with disabilities. Feedback from people with disabilities was overwhelmingly positive and, crucially, **a sense of ownership of the VFP role was created among local government, with Bheriganga municipality deciding to continue the role moving forward.**

Discovering what works

The project produced learning resources and added to the global evidence base on disability inclusion through briefings, blogs and dissemination events. Read our [learning brief on the success of the VFP model](#) and a blog on the [key findings our project team presented at the International Conference on Family Planning 2022](#).

Breaking barriers for people with disabilities

Disability inclusion is critical for reaching the Global Goals and we have produced the evidence on what works in a range of different areas. We now need the allocation of resources for disability inclusion in health and economic empowerment to turn evidence into action.

To find out more visit

inclusivefutures.org/inclusive-health or contact Claire Walsh at cwalsh@sightsavers.org.

Endnotes

- 1 Women Enabled International, Fact Sheet: Sexual and Reproductive Health and Rights of Women and Girls with Disabilities.
Available online at: <https://womenenabled.org/reports/wei-fact-sheet-srhr/>

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