RHRN II

ENSURING ACCESS, UNDERSTANDING AND EXERCISE OF BODILY AUTONOMY FOR ALL

Developed by Blind Youth Association Nepal (BYAN)
Sukedhara, Kathmandu, Nepal

BYAN Blind Youth Association Nepal

RIGHT HERE
RIGHT NOW

What's Inside ?

Acronyms and Abbreviations

APFSD	Asia Pacific Forum on Sustainable Development
APPC	Asia Pacific Population Conferance
BYAN	Blind Youth Association Nepal
CDC	Curriculum Development Center
FP	Family Planning
CSE	Comprehensive Sexuality Education
FWD	Family Welfare Division
GDS	Global Disability Summit
IDI	In-Depth Interview
IEC	Information, Education, and Communication
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer
KII	Key Informant Interviews
NHEICC	National Health Education, Information and Communication Center
NHTC	National Health Training Center
PEC	Picture Exchange Communication
RHRN II	Right Here Right Now 2
SRHR	Sexual and Reproductive Health and Rights
ToT	Training of Trainers
UN	United Nations
FP	Family Planning
GDS	Global Distribution System

Acknowledgement

Blind Youth Association Nepal (BYAN) has been working since 2012 with the vision of empowering persons with disabilities and ensuring their rights and inclusion in all spheres of life. Over the years, we have addressed various cross-cutting issues and are proud to have achieved significant outcomes at the individual, community, and institutional levels.

Since 2022, BYAN has been implementing the Right Here, Right Now II (RHRN II) project, which focuses on ensuring access to Comprehensive Sexuality Education (CSE) so that young people with disabilities can fully exercise their Sexual and Reproductive Health and Rights (SRHR). As we reach the final stage of this project in 2025, we felt it essential to document its achievements, lessons learned, best practices, and inspiring impact stories through this booklet.

We would like to express our heartfelt gratitude to Right Here, Right Now Nepal and our esteemed partners for their continuous guidance, collaboration, and financial support throughout this journey. We also extend our sincere thanks to our members, young champions, local stakeholders, and communities who shared their experiences and actively contributed to these meaningful changes.

Our special thanks go to the Nepal Language and Research Solutions (NLRS) for their technical expertise and dedicated support in documenting and shaping these stories into this publication.

Finally, we remain deeply grateful to everyone who has been part of this journey and supported BYAN's mission of building an inclusive, rights-based, and equitable society for persons with disabilities.

With gratitude,
Ram Chandra Gaire,
President
Blind Youth Association Nepal (BYAN)

Executive Summary

Blind Youth Association Nepal (BYAN) is a national organization led by blind and visually impaired youth working for children and youth with disabilities, dedicated to promoting their rights, empowerment, and inclusion in all spheres of life. BYAN partnered in the Right Here Right Now II (RHRN II) project to champion the sexual and reproductive health and rights (SRHR) of young people with disabilities. Through this collaboration, BYAN brought forward the voices and experiences of young people with disabilities and visually impaired youth, ensuring disability inclusion in advocacy, education, and policy-making.

Since 2021, the RHRN II project has pioneered disability-inclusive sexual and reproductive health and rights (SRHR) in Nepal. By centering youth with disabilities aged 15–30, RHRN II developed few materials such as Easy-to-Read document of CSE, Picture Exchange Communication (PEC) Materials of CSE contents, etc. which are considered as pioneer materials in the context of Nepal. The project trained over 40 CSE champions who overcame intersectional barriers of disability, gender, and geography to become community leaders, reaching almost a thousand adolescents and over 500 parents and educators through peer-led sessions, educational materials and CSE Corners in schools.

RHRN II's multi-pronged approach, spanning SRHR education, social norm change, movement building, and policy advocacy, transformed perceptions and systems. Digital campaigns, including TikTok and youth festivals, engaged over 500,000 people, challenging stigma around sexuality and disability. Advocacy with government bodies, such as the Curriculum Development Center, National Health Education, Information and Communication Center (NHEICC), Family Welfare Division, and local governments secured budget allocations and policy revisions, embedding disability inclusion in national SRHR programs/strategies and documents directives. Youth champions' participation in global forums like the Asia-Pacific Forum on Sustainable Development and Deafblind International Regional Conference amplified intersectional voices, fostering a national movement for inclusive SRHR.

Key findings highlight RHRN II's transformative impact on youth with disabilities, who shifted from marginalization to leadership, embracing rights-based concepts like bodily autonomy. Families and educators, initially hesitant, adopted supportive roles, while organizations like the Yuwa and Blue Diamond Society integrated sign language support for LGBTIQ youth with disabilities. Peer-led models and accessible CSE Corners fostered emotional safety, enabling youth to challenge taboos and influence communities. The cultural stigma, however, persisted, with misconceptions of asexuality and resistance to CSE as a "foreign agenda" limiting progress.

Systemic challenges constrained RHRN II's scalability. Limited early government collaboration during planning phases reduced alignment with national priorities, while bureaucratic reassignment necessitated repeated advocacy. The shift of health education from compulsory to an optional subject, insufficient teacher training, and lack of disability-focused data further hindered inclusive CSE delivery. Logistical issues, such as aligning with academic calendars, required constant adaptation, underscoring the need for sustained government ownership to reach beyond NGO efforts.

To sustain and scale RHRN II's impact, recommendations include embedding inclusive CSE in national curricula, strengthening multi-sectoral partnerships, and prioritizing intersectional advocacy for gender and disability. Specific actions involve expanding CSE Corners, enhancing peer-led training for underrepresented groups like those with deafblindness, securing local funding, and developing caregiver training modules. Documenting best practices in a public repository can guide global SRHR frameworks. By fostering youth leadership and government collaboration, RHRN II's replicable model ensures youth with disabilities exercise their SRHR as a fundamental right.

CHAPTER 1
Introduction

1.1. Context

In Nepal, young persons with disabilities remain one of the most marginalized groups when it comes to claiming their sexual and reproductive health and rights (SRHR). Despite progressive constitutional provisions and legal commitments, significant barriers persist. These include widespread social stigma, lack of accessible education, inadequate service provision, and the misconception that persons with disabilities are either asexual or incapable of making informed choices about their bodies. Comprehensive Sexuality Education (CSE), though present in the curriculum, remains largely inaccessible to young people with disabilities due to a lack of inclusive delivery methods, trained educators, and supportive systems.

The RHRN project is a strategic partnership which addresses the limited respect, protection, and the hindered fulfillment of the Sexual and Reproductive Health and Rights (SRHR) of young people in 10 countries in Africa, Asia and Latin America and one sub-region, the Caribbean. The platform is currently on its second phase. This project, a multi-year, multi-partner initiative, directly addresses these gaps by placing young people, especially those with disabilities, at the center of a national movement for inclusive SRHR.

In Nepal, RHRN II is a coalition of six youth-led and rights-based organizations with YUWA serving as the platform secretariat. The coalition includes Yuwa, Blue Diamond Society (BDS), Beyond Beijing Committee

President of BYAN demonstrating FP Board to Visually Impaired Person during GDS

(BBC), CDS-PARK Mugu, Blind Youth Association Nepal (BYAN) and Youth Alliance for Development (YARD). The project aims to create enabling environments where diverse young people can access accurate, age-appropriate, and disability-inclusive sexuality education. RHRN II works across multiple sectors, combining grassroots engagement, public campaigning, and policy advocacy to bring about structural change.

Since 2021, RHRN II has focused on building the confidence, knowledge, and leadership of young people with disabilities aged 15 to 30, helping them make informed decisions

about their sexual and reproductive health. At the same time, the project has engaged key actors—parents, teachers, health workers, government officials, and civil society—to shift harmful norms, strengthen support systems, and institutionalize inclusion in policies and programs. The project emphasizes a human-rights-based approach, in line with the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and Nepal's constitutional guarantees.

Core interventions have taken place across four main pathways: SRHR information and education, public support and social norm change, movement building, and policy advocacy. On the education front, RHRN II developed disability-inclusive CSE Toolkit, trained SRHR champions in integrated schools, and established adolescent clubs and CSE corners equipped with accessible materials in Braille, sign language, large print, and easy-to-read formats. Digital tools, including e-learning courses on Disability Study, have further expanded access to CSE for both in-school and out-of-school youth.

To transform public attitudes, the project has launched vibrant media and community engagement campaigns. These include youth festivals and partnerships with Social Media influencers to mainstream positive messages on CSE and SRHR. Days of significance such as International Youth Day, Pride Month, and the International Day of Persons with Disabilities have been leveraged to spotlight the SRHR needs of youth with disabilities and amplify their voices through art, storytelling, and social media outreach. National and local media personnel have been trained and mobilized to promote inclusive narratives around youth sexuality and disability.

At the policy level, RHRN II has advocated for systemic change through direct engagement with the Ministry of Health and Population (MOHP), Ministry of Education, Science and Technology (MOEST) and other relevant agencies. This includes policy dialogues, workshops with curriculum developers and health departments, and consultation processes tied to the National Youth Policy revision.

Notably, RHRN II has contributed to building momentum for disability-inclusive SRHR programming within government institutions, gaining support from key agencies such as the National Health Education, Information, and Communication Center (NHEICC), National Health Training Center (NHTC) and the Family Welfare Division (FWD).

Through this layered approach, RHRN II has not only improved individual awareness and confidence among young people with disabilities but also worked to influence the systems around them: the schools, families, communities, media, and policy. Its work has resulted in greater recognition of the rights of youth with disabilities, more accessible CSE delivery, and an expanding network of youth champions and allies across the country.

1.2. Introduction of the Organization

Blind Youth Association Nepal (in short, BYAN) is an organization established by the Blind and Partially Sighted Youth of Nepal. With the vision of children and youths with disabilities of Nepal enjoying a dignified life in an inclusive society. BYAN is a rights-based organization established to advocate and promote the rights of children and youths with disabilities in general and blind and partially sighted youth in specific across Nepal. Its members include visually impaired youths aged between 16 to 40 years old. Currently it has 10 chapters covering all the provinces including Jhapa and Morang in Koshi Province, Bara in Madhesh Province, Kathmandu and Chitwan in Bagmati Province, Kaski in Gandaki province, Rupandehi and Banke in Lumbini Province, Surkhet in Karnali Province and Kailali in Sudur Pashchim Province. Altogether, there are 850+ members affiliated with this organization. BYAN is currently working in the areas of policy advocacy, inclusive education, employment, and self-employment, health equity including sexual and reproductive health and rights (SRHR) and mental health, political participation, civic engagement and accessible electoral system and inclusive climate justice and DRR.

As a partner in the Right Here Right Now II (RHRN II) project, BYAN has been instrumental in ensuring that disability perspectives are integrated into advocacy, education, and policy-making. As the project enters its final phase in 2025, a key priority is to capture and document the impact of this journey, both the visible transformations and the underlying shifts in attitudes and systems. This documentation attempts to consolidate learning, celebrate achievements, and share powerful impact stories, serving as tools for advocacy, reflection, and replication, while ensuring that the voices of young people with disabilities remain central in shaping the future of SRHR in Nepal and beyond.

1.3. Objectives

The RHRN project aimed that young people in all their diversity enjoy their sexual and reproductive health and rights (SRHR) in gender just societies and it achieved this aim through various innovative steps, collaborations, and advocacy.

This documentation, a collection of best practices and stories of RHRN II, has the following objectives:

1. Showcases BYAN's best practices and success stories during the implementation of RHRN project.
2. Documents positive impacts on beneficiaries, communities, and stakeholders.
3. Identifies challenges and gaps encountered during project implementation.
4. Provides insights to guide future advocacy efforts for inclusive CSE and SRHR.

1.4. Methodology

The collection of impact stories was based on a participatory and inclusive process, involving key stakeholders, beneficiaries, and project staff to gather diverse perspectives on the RHRN II project's outcomes

Document Review:
Initially, we reviewed project reports, including monthly, annual, and event reports, to identify key interventions, achievements, and challenges that informed the development of impact stories. This also provided a foundation for understanding the project's overall outcomes and the beneficiaries' needs.

Stakeholder Engagement:
To ensure comprehensive collection of impact stories, we conducted focus group discussions (FGDs) and key informant interviews (KIIs) with a range of stakeholders, including BYAN's board, RHRN II secretariat representative, project staff, and external partners. These discussions helped capture a wide array of perspectives on the effectiveness and challenges of the project's implementation. Various stakeholders including government agencies, CSOs, teachers, local government, etc were reached for KII and FGDs.

Beneficiary Testimonials:
For this study, the beneficiaries of the project, including young people with disabilities were directly engaged. A total of ten individual interviews were conducted to collect their personal stories, reflecting their experiences with CSE, SRHR, and the changes they have observed in their lives due to the project's interventions. Emphasis was placed on ensuring that these stories are inclusive, accessible, and representative of the diverse groups engaged by the RHRN II project.

Data Compilation and Analysis:
After the primary data was collected, we analyzed the collected data to identify key themes and stories that reflect the project's impact. These were then organized and presented in a coherent and engaging manner in the final booklet, ensuring that the stories are representative of the project's overall objectives and outcomes.

1.5. Limitation

This document is based on the accounts of what was collected as part of the study. Reaching out to the persons with disability, finding the right time and environment to conduct the interviews, and engaging them long enough for the stories to come through was a challenge. Therefore, the results and analysis presented in this document may not be generalized.

CHAPTER 2

Best Practices of the Project

BYAN tried out multiple approaches and worked with various ideas to figure out the best way to impart the CSE and SRHR knowledge among various groups. This section offers brief consolidation of the best practices under RHRN II project, especially those led by BYAN.

2.1. Development and Dissemination of Accessible CSE Materials in Multiple Formats

One of BYAN's existing practices is the development and distribution of Comprehensive Sexuality Education (CSE) materials in multiple accessible formats including Braille, large prints, easy-to-read booklets, and pictorial communication cards.

A few exemplary practices adopted for the RHRN project include the picture exchange materials and the easy-to-read document developed out of the CSE flipchart made by the government and also endorsing it through National Health Education, Information, and Communication Center (NHEICC). The PEC (Picture Exchange Communication) materials, in particular, were a notable innovation in making CSE contents inclusive for children with autism and intellectual disabilities.

SRHR Youth Champion demonstrating FP Flipchart to Visually impaired students during resource orientation session

Other similar innovative practices include the Teachers' Resource Book on teaching CSE content to young people with autism and intellectual disabilities. Developed as a reference for parents, teachers, and guardians of children/young people with autism and intellectual disabilities, this resource book has been instrumental in expanding the knowledge about bodily autonomy and personal hygiene among other things to the young people with autism and intellectual disabilities. This tailored approach ensured that young people with visual, hearing, intellectual, and autism-related disabilities can access SRHR information in ways suited to their communication needs.

These materials were developed in partnership with relevant stakeholders and organizations working for the respective groups such as Parents Federation of Persons with Intellectual Disabilities (PFPID) Nepal, Easy Checking Group composed of self-advocates of intellectual disability group and Autism Care Nepal Society, which has been the key factor in their success. BYAN also consulted the real beneficiaries in designing and developing these materials. This integrated the concept of "Nothing about us without us" throughout the process. Multiple levels of consultation were conducted with the youths with intellectual disability and autism to understand whether the content was comprehensible to them. Their level of understanding was weighed in at every step of development of this content which also fulfills the key teaching requirements of CSE SRHR.

2.2. Inclusive Capacity Building and Empowerment of Parents and Teachers of Children with Autism and Intellectual Disabilities

BYAN designed and implemented specialized trainings for parents and teachers of children with autism and intellectual disabilities based on the newly developed CSE Teacher's Resource booklet. These sessions, conducted in Kathmandu, Chitwan, and Kailali, used demonstration-based and participatory teaching strategies to build adult capacity to deliver sensitive, age-appropriate CSE at home and in classrooms. The strong turnout, positive feedback, and commitment to applying the learnings demonstrate both relevance and effectiveness.

Unlike earlier programs that mostly focused on physical, hearing, and visual disabilities, the RHRN initiative distinguished itself by engaging deeply with underrepresented groups, particularly individuals with intellectual and autism disabilities.

A key achievement was the development of tailored resources for parents of children with autism and intellectual disabilities, covering sensitive yet vital topics such as good touch and bad touch as well as personal hygiene. These materials filled a long-standing gap, offering families tools and guidance that had never been available to them before

Engaging SRHR Youth Champions through Practical sessions during Training

2.3. Championing young people with disabilities for Community Empowerment and Advocacy

The project successfully trained and mobilized over 40 young people with disabilities as the facilitators of CSE sessions. The said champions were not merely given capacity enhancement training but were also provided with regular mentoring, space for growth, exposure opportunities and a platform to teach what they learnt. The project was able to reach over 1000 young people with disabilities through in-school and community-based series of CSE sessions. The relentless follow up after the training turned them from merely empowered individuals to actual advocates for the rights of the disability community. They could amplify the voices of the community and became a source of inspiration for other youths. This peer-led model made sessions more relatable and empowering for participants and provided opportunities to build leadership within the disability community. Champions like Madan Rokaya, Sujata Limbu, Samukta Shrestha, Samir Desemaru, and Jaldeep Sapkota have taken on active facilitation and advocacy roles, often at subnational, national and international forums, exemplifying youth-led inclusion in practice.

We have generated more than 40 youth champions, empowered to speak at local, national, and international levels. Among persons with intellectual disabilities, even if changes were small, they learned crucial things like personal hygiene and identifying unsafe touch.

– Nir Shrestha, Director at BYAN

This has also been projected a step from the leadership toward the overall contribution to the disability and inclusivity movement. The empowerment in the youth is visible not merely in how they speak up but also in what topics concern them. The youths are pointing out and demanding corrective measures in and about a range of issues where accessibility is denied. As Ms. Parwati Shrestha, vice president at BYAN, noted,

> *"We have come a long way from once being hesitant to even talk about menstruation, to witnessing young people discussing inclusivity and accessibility in birthing centers, contraceptive use, and safe motherhood for persons with disabilities."*

2.4. Establishment of CSE Corners in Schools for Ongoing, Accessible Learning

The RHRN II project conducted school-based sessions to expose young people with Disability to CSE SRHR. To reinforce these efforts, the project collaborated with existing child clubs and established CSE Corners within schools, ensuring that learning was both participatory and sustainable. These initiatives were designed to continue functioning beyond the project period, with empowered child clubs and dedicated CSE Corners serving as long-term resources for ongoing knowledge-sharing and awareness on CSE and SRHR.

The creation of physical "CSE Corners" in schools such as Nirmal Bal Bikash School, featuring wall art and curated materials on safety, hygiene, and puberty, ensures that CSE remains visible, approachable, and part of daily school life. These spaces make SRHR concepts accessible through both text and visuals, supporting children with intellectual disabilities to absorb knowledge gradually and interactively.

The use of simple language, pictorial cues, and repeated visual reinforcement helps children process information at their own pace. Interactive elements such as tactile charts, role-play activities, and guided discussions further enable experiential learning, which is often more effective for children with intellectual disabilities than abstract explanations. By engaging multiple senses like seeing, touching, and sometimes even performing, these CSE Corners reduce cognitive overload, increase memory retention, and create a safe environment where children feel encouraged to explore and ask questions.

Hand Washing Process

Hand Washing Station

Menstrual hygine management related information

Good and bad touch related information

2.5. Resource Orientation Programs for School Integration of CSE Booklets

Through the RHRN project, BYAN developed a range of inclusive IEC materials to make Comprehensive Sexuality Education (CSE) more accessible for children with disabilities. Recognizing that direct school sessions across the country would not be feasible, BYAN prioritized the sustainable use of these materials by formally handing them over to schools and complementing this with structured orientation programs. Rather than limiting efforts to distribution, the orientations ensured that students, teachers, parents, and resource personnel understood how to effectively use the materials in everyday learning.

In Chitwan, these orientations brought together not only students but also school authorities, parents, and teachers, fostering collective ownership of the resources. Materials were placed in school libraries and explained through practical demonstrations, enabling long-term integration into teaching and learning. For students, the sessions broke down complex SRHR concepts into simple, relatable lessons, reinforced through classroom activities and family discussions at home. Teachers learned strategies to adapt the content for diverse learning needs, making use of visuals, stories, and interactive exercises to strengthen comprehension and engagement.

Building on the success in Chitwan, the program has been scaled to Jhapa, Morang, Sunsari, Rupandehi, and Palpa, covering over 20 schools extending its impact across diverse districts and learning contexts. This holistic model promotes consistent messaging across schools and households, creating an enabling environment where children, particularly those with disabilities, feel supported to learn and express themselves.

Resource Orientation Session for Parents of Children with Autism/Intellectual Disabilities.

It also builds the capacity of teachers and parents to guide students with confidence, ensuring that knowledge is both accessible and sustained.

Students with Visual Impairments engaged in learning through Braille FP Flipchart

2.6. Driving Change through Collaboration with the Government Agencies

BYAN believes in co-creating solutions with a collaborative approach with the government agencies for driving change rather than serving as the pressure group or merely commenting constantly. BYAN's active consultations with the Curriculum Development Center (CDC), Center for Education and Human Resource Development (CEHRD), National Health Training Center (NHTC), FWD, and NHEICC shows consistent effort to integrate disability-inclusive SRHR within government frameworks.

Through targeted efforts like disability sensitization sessions for government employees and contributions to policy amendment and curriculum revision workshops, RHRN II has strengthened institutional commitment to accessibility and equity.
One such example was NHEICC's initiation of developing accessible IEC materials. NHEICC has also initiated actions for developing Accessible Communication Guideline for Persons with Disabilities allocating the budget in the Fiscal Year of 2082/83. Similarly, NHTC has also integrated one dedicated session on Disability-Friendly Health Services in its five-day Adolescent-Friendly Reproductive Health Training Manual. They have also started integrating specific session on disability-friendly service during their staff induction training. Also, FWD has been continuing the disability specific program by allocating the budget for the implementation of the Disability-friendly Safe-Motherhood and Reproductive Health Service Guideline. These efforts ensure that SRHR education and services are more accessible to youth with disabilities, paving the way for lasting, systemic inclusion (Shakespeare, 2018).

Through sustained advocacy, BYAN has positioned itself as a trusted advisor, ensuring that service providers and policymakers prioritize the needs of youth with disabilities in CSE. This collaboration also reflected RHRN II's commitment to embedding inclusion within national health systems, fostering sustainable access to SRHR for all (Meekosha & Soldatic, 2011).
RHRN II's advocacy with Nepal's government has catalyzed tangible commitments to disability-inclusive SRHR, ensuring that accessibility is prioritized in national health education frameworks. These efforts underscore RHRN II's role in aligning national policies with constitutional rights, paving the way for equitable SRHR access (Shakespeare, 2018).

2.7. Intersectional Representation at Regional and International Forums

BYAN has been an ardent advocate of disability rights at the national and international levels. Through this project, it got further widened as the BYAN representatives participated in various platforms like Asia-Pacific Forum on Sustainable Development (APFSD) in Bangkok, Global Disability Summit (GDS), Asia Pacific Population Conference (APPC), Asia Pacific Ministerial Conference on B+30, Deaf International Conference, GDS Commitments on DIsabaility Inclusive CSE & SRHR and Asia Pacific Convening on Summit of the Future, 2024. Through these platforms, BYAN amplified voices of youth with disabilities at international levels. Their youth champion-led presentations and booths, showcasing accessible IEC materials and rights-based approaches, not only positioned Nepal as a leader in inclusive CSE but also provided direct influence on global advocacy documents like Calls to Action.

Showcasing Innovative IEC materials produced by BYAN at APFSD

2.8. Strengthening the Collective Voices of Young People with Disabilities through Meaningful and Inclusive Consultation

During the course of RHRN implementation, BYAN also utilized bigger platforms and events such as the Deafblind International Regional Conference to independently host a pre-conference focused specifically on the SRHR needs of individuals with deafblindness. The youths living with deaf-blindness represent a highly underrepresented group and a marginalized community within the disability sector. This pre-conference was monumental and acted as a Call to Action in bringing their issues to the forefront. It also featured presentations by disability-rights activists and youth champions. It stood out as an example of issue-specific, identity-led convening within a broader rights-based movement.

In December, 2024, BYAN also hosted a National Conference of Youth with Disabilities, gathering over 100 young people with disabilities from around the country and concluded it with 36-pointer Lalitpur Declaration. This conference was part of Global Disability Summit to amplify the collective voices of young people with disabilities from national level to global level. The Call to Action was truly reflected in the GDS Youth Call to Action which has been a key advocacy tool to amplify the voices of young people with disabilities at the global and national levels.

2.9. Organizational Strengthening through Multi-Project Synergy

Under RHRN II, BYAN strengthened its initiatives and impacts by fostering synergies between multiple projects within the organization and in collaboration with external partners. Several projects with similar objectives, such as Action for Change supported by CBM Global Disability Inclusion and Empowering Young People with Disabilities through CSE supported by Amplify Change, were strategically aligned to maximize collective outcomes. To enhance the effectiveness of RHRN-led initiatives user-friendly resources were reproduced and disseminated across these projects. Furthermore, advocacy events such as policy dialogues, orientations for the government officials, and global engagement opportunities were jointly organized, ensuring broader outreach and stronger influence.

In addition, BYAN collaborated closely with several partner organizations, including the National Federation of Deaf Nepal, Autism Care Nepal Society, Parents Federation of Persons with Disabilities (PFPID) Nepal, Yuwa, CDS-Park, and the Family Planning Association Nepal (FPAN), among others. These collaborations strengthened initiatives around CSE sessions, the development of accessible IEC materials, and various advocacy efforts. This multi-project synergy ensured greater visibility, recognition, and ownership of BYAN's initiatives, significantly contributing to organizational strengthening. Moreover, it enhanced the organization's overall capacity by improving governance, compliance, and operational systems.

The initiatives also built the capacity of both board members and staff in areas such as media engagement strategies, international advocacy platforms, meaningful and inclusive youth participation (MIYP), fundraising, and financial management, ultimately boosting BYAN's ability to deliver impactful and sustainable results. By prioritizing both programmatic and digital inclusion, BYAN's efforts ensured that youth with disabilities can access SRHR resources equitably, advancing systemic change (Meekosha & Soldatic, 2011).

Celebrating International Youth Day.

CHAPTER 3

Stories of Empowered Individuals: A Journey from Hesitation to Self-actualization

Since its establishment in 2012, the Blind Youth Association Nepal (BYAN) has been at the forefront of advocating for the rights, inclusion, and empowerment of young persons with disabilities in Nepal. What began as a small initiative focusing on education, leadership, and employment for visually impaired youth has today evolved into a nationally recognized movement championing disability-inclusive Sexual and Reproductive Health and Rights (SRHR), Comprehensive Sexuality Education (CSE), and social justice.

In its early years, BYAN's work centered on creating opportunities for visually impaired young people. However, as it engaged closely with youth and communities, the organization realized a critical gap in Menstrual Hygiene Management (MHM) awareness among young people with visual impairments. In 2016, BYAN launched its first MHM programs, enabling youth to gain essential knowledge, skills, and confidence. This shift marked a turning point — the organization began exploring deeper issues affecting young persons with disabilities, particularly SRHR, which had long been overlooked in both policy and practice.

By 2017/18, BYAN expanded its focus beyond visual impairment, recognizing that young people with different disabilities face systemic barriers to accessing SRHR information and services. At a time when very few organizations were working in this space, BYAN stepped forward with innovative, rights-based interventions. With the support of partners like FP2020, Amplify Change, MSI, and Nepal Earthquake Recovery Fund (NERF) , BYAN launched large-scale programs focused on awareness raising, capacity building, service provider training, and policy advocacy.

This collective effort led to a historic milestone in 2022, when the Ministry of Health and Population endorsed the Disability-Friendly Safe Motherhood and Reproductive Health Service Guideline. This achievement, born out of persistent advocacy, is now regarded as a landmark initiative within Nepal's disability and SRHR movement, ensuring systemic recognition of the unique needs of persons with disabilities.

In 2022, BYAN became part of the Right Here Right Now (RHRN) coalition, a global initiative focusing on young people's SRHR. While BYAN had already conducted several youth-focused interventions, there were limited efforts targeting adolescents with disabilities in schools and underrepresented groups such as young people with autism and intellectual disabilities. Recognizing this gap, BYAN designed the RHRN project with the goal of replicating successful models while ensuring no young person with a disability is left behind.

The project introduced a comprehensive approach to SRHR knowledge and information, providing accessible CSE sessions for young people with disabilities, developing and disseminating inclusive IEC materials, and building the capacity of youth clubs, parents, and teachers. These interventions empowered families and educators to support the SRHR needs of children and young people with autism and intellectual disabilities, breaking the silence around topics that had long been considered taboo.

One of BYAN's biggest strengths lies in its ability to amplify the voices of young people with disabilities and build broader public support for inclusion. Through the RHRN initiative and other programs, BYAN implemented media sensitization campaigns, mobilized digital platforms for regular social media outreach, and organized youth conferences, multi-stakeholder dialogues, rallies, and public demonstrations.

SRHR Youth Champion demonstrating pseudo male reproductive organ to visually impaired person

These events did more than raise awareness — they challenged deep-rooted stigmas, fostered community solidarity, and positioned young people with disabilities as leaders and changemakers in the SRHR discourse.

Policy advocacy has been at the heart of BYAN's journey. At the local and national levels, BYAN worked closely with government agencies and local authorities, including NHEICC, FWD, NHTC, NYC, CEHRD, CDC, and municipal governments in Kathmandu, Lalitpur, Budhanilkantha, Gokarneshwar, and Kirtipur, to push for policy reform, inclusive budgeting, and effective implementation.

Beyond national borders, BYAN has also elevated its advocacy to regional and global platforms, participating in influential spaces such as the Asia-Pacific Forum on Sustainable Development (APFSD), the Asia Pacific Population Conference (APPC), and the Global Disability Summit 2025. These engagements have amplified BYAN's voice internationally, allowing it to share Nepal's experiences, highlight persistent gaps, and demand accountability.

Furthermore, BYAN has played a key role in shaping shadow reports and alternative reports from a disability-inclusive perspective, including contributions to the Universal Periodic Review (UPR) and CEDAW, as well as developing the CRPD alternative report with a specific focus on the rights of children and young people with disabilities.

Demonstrating pseudo female reproductive organ to visually impaired person

These contributions have strengthened BYAN's reputation as a thought leader in disability-inclusive SRHR policy advocacy.

Over the years, BYAN has successfully built networks, alliances, and partnerships that have transformed Nepal's SRHR and disability landscape. By strengthening the capacities of Organizations of Persons with Disabilities (OPDs) and sensitizing SRHR-focused civil society organizations and UN agencies on accessibility and inclusion, BYAN has bridged the gap between the disability rights movement and the SRHR movement.

These consistent efforts have positioned BYAN as a leading expert organization in disability-inclusive SRHR. Today, BYAN is recognized by government institutions, civil society organizations, and international development agencies — including UN bodies — as a trusted technical partner and a catalyst for change in ensuring inclusive SRHR programming.

This booklet captures the transformative outcomes BYAN has achieved at the individual, community, institutional, and movement levels. It features inspiring stories of youth champions, reflections from parents and teachers, insights from stakeholders, and perspectives from BYAN's project team — showcasing how lives have been reshaped and opportunities unlocked. To respect privacy and confidentiality, several personal details and character identities have been anonymized.

3.1. Journey to Self-Awareness

Navigating life with a disability in Nepal is less about learning the complexities of the disability and more about figuring out your position in life's equation which most often neglects you. The RHRN II project empowered youths like Prashant, Sumit, Bardan, Manita, Kiran, and Binita to learn who they are during tough times, while receiving unconditional support and transformative training. Their narratives illustrate how painful reactions, like bullying and harsh words, exclusion, and harsh treatment, can lead to realizations. However, with RHRN's systematically designed lessons, they were able to turn shame into pride, empowering them to claim their rights and lead their peers.

It is painful for Prashant, who has an intellectual disability, to recount the beginnings of his journey which are filled with confusion and a sense of alienation. To put in his words, "When I was young, I didn't know I would be like this. I never thought about it in childhood. Gradually, I realized that I am different." In his case, an identity was not taught but was rather carved out of exclusion, failures, bullying, and the continuous low expectations from people at the school who were supposed to empower. The journey of realizing who you are often is painful, and in his case, it was painful and harsh. The insights of his mother Sharmila illustrate how Prashant's hardships combine with ableist attitudes. "They said he can't do it" shows a testament to the notion that disability, here is not in not being able to move, or in the senses and thinking. It is a relationship."

A similar pattern emerges in the stories of Sumit and Bardan, both youths with visual and hearing disabilities respectively. Sumit recalls growing up in Mugu, a remote district in western Nepal, where a relative told his family it would have been better if he had died rather than lived with a disability. "What's the use of such people living? It would have been better for the family if he had died early."
This is not an isolated incident; it is a reflection of systemic internalized ableism prevalent in rural Nepal, where disability is seen as shameful or burdensome. Likewise, Bardan's narrative reveals a different kind of erasure. While he was born with hearing abilities, he lost his hearing at six months which led him to not be able to speak for years, and struggled in mainstream schools that punished him for communication barriers rather than accommodating them. In both cases, the journey to self-awareness was delayed not because these young people lacked intelligence or potential, but because society lacked the tools to recognize and affirm their realities.

What makes the RHRN II project transformative is its role in converting passive realizations into active self-knowledge. Through targeted, accessible trainings on SRHR, youths like Prashant, Bardan, and Sumit were not just informed about their bodies and rights; they were taught that their stories matter, and that their disabilities are not deficits but part of diverse human experience. Prashant, after joining trainings through BYAN and PFPID, experienced

a shift: “When I took the training, I used to think, ‘Who am I?’ Now, I feel very proud of myself.” This transformation rooted in experiential learning and peer-led environments marks a profound turn from internalized shame to public advocacy. Similarly, Binita, a person with visual impairment from Jhapa, noted that only after RHRN’s Training of Trainers (ToT) did she truly understand the breadth of CSE: “Comprehensive sexuality education here is truly comprehensive.” These are not simply cognitive realizations; they are identity shifts that reframe how individuals position themselves in the world.

A comparative lens reveals that the pace and contours of this self-awareness vary depending on gender, type of disability, and rural-urban access. Female participants like Manita, who is a person with a hearing impairment, faced a double burden: navigating bodily changes like menstruation with little public discussion, and facing cultural taboos within the Newar community. Unlike Prashant, whose mother became an advocate for him, Manita had to rely more on organizational spaces like BYAN for exposure to concepts like consent, privacy, and bodily autonomy. Still, the training that she attended under RHRN II Project allowed her to step into leadership roles, where she educated rural girls and broke taboos. This comparative view underscores that while the RHRN II curriculum was uniform, its impact was tailored by context; a strength that allowed it to nurture self-awareness as both personal and political.

Crucially, this journey to self-awareness is not simply a feel-good story of empowerment. It is a necessary precondition for exercising rights. Without self-awareness, participants could not have named abuse, claimed autonomy, or challenged stigma. The RHRN II project, by embedding this awareness within a rights-based, disability-inclusive pedagogy, made visible what families, schools, and institutions had failed to see. This aligns with literature on disability studies, which argues that awareness is deeply relational and scaffolded by inclusive environments (Goodley, 2017; Shakespeare, 2018). The participants’ stories powerfully show that when disability is met with affirmation, rather than pity or punishment, self-awareness blooms into leadership.

3.2. Barriers in Education and Social Integration

Despite Nepal's stated commitments to inclusive education, such as in its Constitution, mainstream systems often fail to recognize, accommodate, or affirm their needs. Educational institutions, which should be spaces of transformation and belonging, frequently become sites of exclusion. Across the RHRN II experiences, participants recounted repeated experiences of marginalization in classrooms, schoolyards, and peer groups: experiences that deeply influenced their self-worth, social identity, and access to rights. The stories illustrate that barriers in education are rarely just physical or infrastructural; they are deeply cultural and attitudinal, rooted in ignorance, stigma, and a lack of systemic support.

Prashant's experience is perhaps the most illustrative of how academic systems fail to accommodate intellectual disabilities. He was repeatedly underestimated by teachers and harassed by peers. This belief was reinforced in classroom practices, with teachers discouraging him from trying. The cumulative emotional toll became evident during a pivotal moment in ninth grade. His mother, Sharmila, recalled, "During the ninth-grade final exam, he completely refused to go. He started crying". This quote underscore how rejection and bullying, not intellectual capacity, pushed Prashant out of school. He wasn't just excluded academically; he was socially exiled.

He Cried and Refused to Go

Prashant's turning point came during his ninth-grade finals. Despite years of struggling through bullying and teachers saying, "He can't do it," he had pushed through. But when exams approached, he refused to attend. "He started crying," Sharmila recalls. Two years later, they learned he had been harassed by peers, likely over social interactions like talking to girls. The emotional trauma silenced him, pushing him out of school, not because he lacked ability, but because the school made him feel he didn't belong. RHRN's peer-led training later gave Prashant a safe space to rebuild his confidence, proving emotional safety is as vital as academic access.

Sumit's story reflects a different but equally painful form of exclusion rooted in geographic and cultural marginalization. Born in Mugu, Sumit was raised in a hostel from the age of three due to the lack of accessible schools. In his community, disability was seen not just as a limitation but as a burden. The comment of one of his relatives that a sperson like him should have died early is the kind of attitude that not only restricted educational opportunity but also

suppressed identity formation. Sumit internalized this stigma, believing at one point that he "shouldn't have been born." This exemplifies how cultural isolation compounds educational deprivation.

The story of Kiran who reflected on his supportive family and friend circle to be the reason why he did not have to face extremely unpleasant experiences as a person with visual impairment, shows that barriers to social integration can be reduced if families and communities are aware and accepting. On the contrary, women with disabilities often experience compounded challenges in accessing education and social integration stemming from the intersection of their gender and disability, compared to men with disabilities or women without disabilities. For young women like Binita and Manita, navigating school wasn't just about their disabilities, it was also about facing cultural expectations as girls. Binita, a person with visual impairment since birth, worried she'd miss out on education in rural Jhapa: "I was afraid I wouldn't get to study." The lack of Braille materials made learning harder, and she felt left out socially, saying, "I couldn't be as socially integrated as I should have." Kiran, a visually impaired youth, also faced barriers, staying silent for a year in an English-speaking school, but RHRN's training helped him find his voice. Sita, a teacher, noted how cultural taboos stopped her from discussing SRHR until RHRN's training empowered her. RHRN's inclusive approach helped these young people and educators overcome both disability and cultural hurdles, turning barriers into opportunities for growth.

Muna, who supports young people with autism disabilities through her organizational role, noted that her nephew Suraj who had autism, learned basic activities better and his socialization improved after receiving relevant trainings on autism. As an educator, she believes that children should first be placed in regular schools and only when it becomes difficult that they can be admitted to schools for children with autism.

In all these narratives, a recurring pattern emerges: disability becomes a barrier in school not because of the impairment itself, but because of the school's inability or unwillingness to adapt. This aligns with Shakespeare's (2013) argument that disability is socially constructed, not because of what a person can or cannot do, but because of how systems fail to accommodate them. Yet, where educational institutions failed, the RHRN II project stepped in. Through participatory and rights-based training, it helped youth like Prashant and Binita re-enter learning spaces on their own terms. The project reframed education not just as literacy, but as liberation, echoing the principles of inclusive education outlined in the Index for Inclusion (Booth & Ainscow, 2011), where participation, equity, and belonging are seen as fundamental to educational justice.

Still, systemic barriers remain. As Sharmila, mother of Prashant, pointed out, one-time

National level policy dialogue on CSE/SRHR of persons with disabilities.

trainings are insufficient: "They need to be taught repeatedly. They forget after learning once." This reflects the need for sustained, institutionalized approaches rather than project-based interventions. While RHRN II acted as a critical catalyst, the challenge now lies in embedding its principles into public education policy, teacher training, and curricula design. The project succeeded where schools failed because it prioritized dignity, dialogue, and disability-led learning. But for true integration, this ethos must be carried into classrooms across Nepal.

3.3. Cultural Silence and Taboos around SRHR: Voices of Empowerment

In Nepal, talking about sexual and reproductive health and rights (SRHR) is often met with silence, especially for youth with disabilities who face added barriers like inaccessible communication, stigma, and cultural discomfort around bodily autonomy. The RHRN II project, broke through this silence with disability-inclusive, peer-led training, helping young people understand their bodies and rights. The stories we have collected reveal how cultural taboos stifled SRHR conversations, how different disabilities faced unique challenges, and how RHRN II empowered youth to see SRHR as a right, not a secret (Booth & Ainscow, 2011; Shakespeare, 2018).

Across Nepali society, the silence around SRHR leaves young persons with disabilities in the dark about their bodies, relationships, and rights. This silence isn't just caused by a lack of information, it's reinforced by families, schools, and communities uncomfortable with these topics. For youth with disabilities, barriers like inaccessible teaching methods and societal stigma make this silence even stifling. The RHRN II project's disability-led training spaces were often their first chance to openly explore SRHR.

BYAN under the RHRN helped break cultural taboos around SRHR for youth with disabilities in Nepal by delivering accessible, peer-led Comprehensive Sexuality Education (CSE) using Braille, tactile materials, sign language, and Picture Exchange Communication (PEC) systems. These tools empowered youth to overcome stigma and misconceptions of asexuality, transforming silence into open dialogue. For example, Manita, grew up without any talk of menstruation at home: "When my adolescence started, my body was changing." When her period began, she was scared and tried to tell her teacher in sign language, but felt dismissed, as communication barriers left her questions unanswered. Her hearing impairment added a layer of exclusion, with taboos assuming young persons with hearing impairment don't need or can't grasp SRHR knowledge. RHRN's sign language-based sessions helped Manita understand and teach others, turning her fear into strength. Now she proudly says that her brother brings pads for her when she's menstruating because she has been able to impart the knowledge gained from RHRN's trainings to her home as well.

Binita, faced similar silence: "Before that (attending RHRN training), I had never heard anything about comprehensive sexuality education." Even when SRHR was in school curricula, it wasn't accessible: "It might have been there, but it was impossible to understand." The lack of Braille or tactile tools, combined with teachers' reluctance, reflected a taboo that visually impaired youth are passive or asexual. RHRN's tactile

resources and clear language made SRHR real for Binita, empowering her to lead training sessions with confidence.

Sumit, from Mugu, talked about how information about sexual and reproductive health was considered vulgar in our society. It is only after attending RHRN's sessions that his superficial knowledge on these topics was expanded deeply. That these are issues that need to be discussed and understood.

Kiran, a young man with visual impairment, mentioned how little content was there in secondary schools on sexual and reproductive health. He remembered in grade eight, the chapter included a picture of a condom. But being visually impaired, he could not assess it. The taboo around sexual education limited him from asking the teacher if there were other ways to help him understand what a condom looked like.

Caregivers also struggled with this silence. Sita, a teacher supporting students with intellectual disabilities, was held back by cultural norms: "Our culture says don't talk about sexual matters." She initially lacked the confidence to discuss SRHR, leaving her students uninformed about bodily changes like menstruation. For youths with intellectual disabilities, taboos often involve overprotection, with assumptions they can't understand or should be shielded from SRHR. RHRN's training changed this, enabling Sita to teach using simplified, repetitive methods, with students proudly requesting sanitary pads: "I'm menstruating, please give me a pad." But she believes that training only one person from a school is not enough as the cultural taboo won't allow that one teacher to discuss their understanding with other teachers.

I Thought It Was Something to Hide

Sita, a teacher supporting students with intellectual disabilities, was unprepared for SRHR discussions due to cultural taboos. When her students faced bodily changes like menstruation, neither she nor they had the words to understand it. The silence in schools and households left everyone confused. After RHRN's training through BYAN, Sita gained confidence to teach SRHR. The RHRN II turned a hidden topic into a source of dignity and shared knowledge.

Each disability type faces unique cultural taboos around SRHR, requiring tailored approaches to ensure education is accessible and meaningful:

Hearing Impairment:
Young persons with hearing impairment face taboos rooted in communication barriers, with SRHR discussions avoided due to the lack of sign language interpreters. As we saw, Manita's fear during menstruation stemmed from this silence, and Bardan struggled in schools without sign language support. "How to communicate?" RHRN's use of sign language trainers and visual aids countered these taboos, empowering them to educate peers and challenge assumptions that deaf individuals can't engage in SRHR conversations.

Visual Impairment:
Youth with visual impairments face taboos assuming they are asexual or too dependent to need SRHR knowledge. Schools lacked Braille or audio resources, reinforcing exclusion. RHRN's tactile models and audio descriptions enabled Binita and Sumit to advocate, proving their agency.

Intellectual Disability:
Young persons with intellectual disabilities face overprotective taboos, often seen as childlike or incapable of understanding SRHR. Sita shared about her students being underestimated. RHRN's "easy to read" materials and social stories empowered young persons to share knowledge to confidently address issues like menstruation, respecting their capacity to learn.

RHRN's peer-led sessions transformed how youth with disabilities viewed SRHR, framing it as a matter of consent, autonomy, and respect. Sumit, once hesitant, went from thinking, "Are we even supposed to talk about these things?" to being sure of himself as he realized that this is his right. Kiran, breaking his silence, has gone on to demonstrate the innovations and accessible IEC materials at regional forums. Bardan taught others: "SRHR is necessary, CSE is needed." By using tailored methods, sign languages, tactile tools, and simplified materials for intellectual disabilities, RHRN II aligned with inclusive pedagogy principles (Booth & Ainscow, 2011).
Cultural silence was compounded by factors like geography and gender. Rural youths faced greater barriers due to limited resources, while challenges regarding normal reproductive matters such as menstruation challenges were intensified by gender norms (Shakespeare, 2018). Despite consistent taboos treating youth with disabilities as passive, RHRN II centered their voices, disrupting these assumptions and fostering empowerment.

The RHRN II project turned cultural silence into open dialogue, giving youth with disabilities the tools to understand and advocate for their SRHR. By addressing disability-specific taboos, communication barriers for young persons with hearing impairments, asexuality assumptions for those with visual impairments, and overprotection for those with intellectual disabilities, RHRN II created spaces where knowledge became empowerment. These stories show the power of inclusive education to break taboos and build dignity, calling for broader integration into Nepal's schools and communities.

3.4. Transformative Impact of RHRN II

The RHRN II project did not merely deliver information, it transformed relationships, redefined self-perception, and restructured how young persons with disabilities understood their rights. What made the training exceptional was not just the content but the context: participants were engaged in spaces where disability was not sidelined but centered, where learning tools were adapted, and where emotional safety was prioritized. Youth who had previously been excluded from conversations about bodies, rights, and relationships now found themselves leading those very discussions with confidence and pride.

3.4.1 Individual Transformation

Bardan, a youth with a hearing impairment, recalled how limited his exposure had been before joining RHRN II activities: "SRHR is necessary, comprehensive sexuality education is needed." His words reveal a newfound clarity, previously unaware of SRHR's importance, he gained confidence to recognize boundaries and consent through RHRN's accessible training. What changed was not just his knowledge, but his sense of personal empowerment and safety. Sumit, recalled helping a friend safely navigate an unwanted pregnancy thanks to his newfound knowledge about CSE through RHRN II's trainings.

The training also redefined roles within families and organizations. Sharmila, the mother of Prashant, a youth with an intellectual disability, noted how the project shifted her assumptions of what her brother could do according to society. After RHRN's training, Prashant began sharing knowledge: "I can share my experiences with others." This transformation was twofold: RHRN II empowered Prashant to speak up and encouraged Sharmila to unlearn biases and adopt a more supportive role.

Building on the redefined roles within families, RHRN II's peer-led training and accessible CSE Corners in schools empowered youth with disabilities across Nepal to shift from exclusion to advocacy, creating ripple effects in their communities. By using tailored tools like tactile models, sign language, and easy-to-read materials, the project fostered emotional safety and enabled participants to embrace concepts like bodily autonomy. Binita, a youth with a visual impairment, reflected, "I wanted to learn about these things, but no one taught me," underscoring how RHRN II's inclusive approach transformed her self-perception from shame to agency (Goodley, 2017).

National Conference on Comprehensive Sexuality Education

He Didn't Just Learn. He Started Sharing.

Kiran, a youth with a visual impairment, attended his first SRHR training through the RHRN II-supported program with visible hesitation. But something changed during those sessions. Using accessible tools like tactile models, he listened, responded, and began sharing ideas like consent and safety with peers in his own way. What was remarkable wasn't just comprehension, it was participation. Over time, he helped others understand key concepts, earning recognition as a peer. The transformation wasn't just personal; it was communal.

3.4.2 Institutional Transformation

Muna, who also supports young persons with autism disabilities through her organizational role, observed a significant shift: youth began embracing rights-based terms like "bodily autonomy," a concept that was absent from their earlier vocabulary. This change in language reflected a deeper internalization of their rights. Young people who had once hesitated now confidently discussed menstruation management, consent, and informed decision-making, claiming ownership over their lives for the first time (Goodley, 2017).

She also mentioned that it is only after RHRN's trainings did they as educators learned the importance and ways of dealing with SRHR in detail with children with autism and intellectual disabilities. She felt that the sexuality education they had been giving earlier had been inadequate for proper awareness of rights in children with autism and intellectual disability. She is especially thankful for the pictorials and other resources provided in the RHRN training which they use to this day in training trainees at Autism Care Nepal.

Building on the shift in rights-based language among youth with disabilities, RHRN II's advocacy and sensitization efforts have strengthened institutional frameworks, fostering greater inclusion

in Nepal's SRHR systems. Through policy forums and workshops, the project empowered program managers and health officials to prioritize disability-inclusive practices, enhancing their ability to advocate for accessible resources. Sharmila Dahal Poudel, Head of the Family Planning and Reproductive Health Section at the Family Welfare Division, affirmed this impact: "RHRN has created forums. It has raised issues in the advocacy policy. Program managers like us, who work in the ministries and departments, have been able to understand and have been able to speak more in the forums and have been able to do advocacy. From that point of view, I feel that this is a good thing." Similarly, Sharada Pahari, Senior Health Education Officer at NHEICC, highlighted newfound awareness: "Before this project, I didn't realize how convenient and beneficial inclusive materials could be; workshops and collaboration expanded my understanding. Likewise, after sensitization, we made physical changes, like replacing steps with a slope, and became more mindful of language to avoid hurtful terms." These efforts extended to organizations like the Blue Diamond Society, which adjusted budgets to include sign language support for LGBTIQ youth with hearing disabilities, reflecting RHRN II's broader influence on intersectional inclusion (Meekosha & Soldatic, 2011).

What stood out across the interviews is that transformation was not passive. It was co-created. Participants became trainers, learners became leaders, and content was reshaped through their lived realities. As Sumit shared after conducting a peer education session, "I'm a self-advocate." This shift from receiver to resource person is perhaps the most radical outcome of RHRN's model. The trainings were not charity, they were an invitation into leadership, grounded in experience.

3.5. Movement Building

RHRN II ignited and spearheaded a national movement for disability-inclusive SRHR in Nepal by empowering youth with disabilities as leaders and forging strategic partnerships across grassroots and policy levels. Unlike traditional top-down approaches, the project's movement-building pathway prioritized co-created leadership, training over 40 youth champions to facilitate peer-led Comprehensive Sexuality Education (CSE) sessions that reached thousands. These sessions transformed youth with visual, hearing, and intellectual disabilities into visible advocates, challenging stigma in their communities (Booth & Ainscow, 2011).

This grassroots momentum extended to policy advocacy, where youth champions collaborated with seasoned advocates to secure tangible commitments from local governments. Engagements with bodies like the Kathmandu Metropolitan City, Lalitpur Metropolitan Education Division resulted in budget allocations for vocational training and inclusive SRHR resources, ensuring schools could sustain accessible education. Arjun Rawal, General Secretary at BYAN, emphasized this collaborative spirit: "Civil society is not anti-government; we're supporters. If disability is missing from a policy, we must approach the government and request inclusion, ensuring meaningful participation in implementation."

This approach bridged local and national efforts, amplifying youth voices in systemic change. RHRN II's impact transcended Nepal through youth-led presentations at international platforms. These forums showcased intersectional advocacy, with champions representing diverse identities, including gender and disability, shaping global calls to action. A youth-led pre-conference on Deafblindness and SRHR and National Conference of youth with Disabilities, 2024 further highlighted RHRN II's commitment to addressing specific needs, fostering inclusion for underrepresented groups and strengthening the movement's diversity (Crenshaw, 1989).

Despite these achievements, scaling the movement requires government ownership to reach beyond NGO limitations. Sunil Singh, Treasurer at BYAN, articulated this need: "One NGO alone can reach hundreds; only government ownership can reach hundreds of thousands. The government should use the champions we've trained and take leadership so it scales nationwide." By integrating youth champions into national frameworks, RHRN II's model can achieve broader impact, ensuring SRHR access for all youth with disabilities.

Organizational synergy further bolstered the movement, with BYAN coordinating RHRN II with projects like Action for Change to enhance resource efficiency through shared training and planning workshops. This strategic alignment built long-term coalition capacity, enabling sustained advocacy. Parwati Shrestha, Vice President at BYAN, highlighted the evolving partnership with government: "In the past, the government was touted as the 'giver' and we were the 'receiver.' Now, our collaboration has changed that dynamic. Government mechanisms recognize us and include us in planning and decision-making. This approach should continue if we want to see our projects values be taken forward in the long run."

By redefining leadership for youth with disabilities, RHRN II transformed isolated advocacy into a collective force, fostering a network of champions and allies that drives systemic inclusion. This movement, rooted in participatory methods and intersectional representation, not only empowered youth to challenge taboos but also positioned them as partners in policy-making, ensuring a sustainable legacy for disability-inclusive SRHR in Nepal (Meekosha & Soldatic, 2011).

3.6. Empowerment Through Peer Education and Leadership

The RHRN II project had a transformative impact on many youths with disabilities by equipping them to become youth champions, trainers, and advocates. Through peer-led learning, participants didn't just gain knowledge about sexual and reproductive health and rights (SRHR); they stepped into leadership roles that reshaped how they saw themselves and were seen by others. These peer-to-peer spaces, grounded in lived experience and shared struggle, helped dismantle internalized stigma and built a sense of belonging, affirming that empowerment, in the context of disability, is never just individual but collective (Goodley, 2017).

For many participants, becoming a youth champion marked a stark departure from the marginalization they had long experienced in schools or communities. Sumit, a young man with a visual impairment from remote Mugu, reflected: "There was no place to learn such things in our village." RHRN's Training of Trainers (ToT) offered him tools and a platform, transforming him from a silent learner into someone who confidently contributed to SRHR discussions, though his advocacy role emerged gradually. In contrast, Manita, a young woman with a hearing impairment from urban Kathmandu, used her community networks to become a trainer: "After I started teaching others, my confidence grew." Despite their differing contexts, rural isolation versus urban access, the peer-led model fostered their growth, enabling them to challenge stigma and inspire others.

This empowerment extended to policy advocacy, as Bardan, a youth with a hearing impairment, noted: "But when we took the ToT, we learnt that our advocacy can actually change policies of the state, that our demands can be met." By fostering leadership and policy awareness, RHRN II's approach amplified the voices of youth with disabilities, creating lasting community and systemic impact (Booth & Ainscow, 2011).

RHRN II empowered youth with disabilities to become SRHR champions through peer-led CSE sessions, fostering leadership and dismantling stigma in Nepal's schools and communities. By training youth to facilitate sessions using accessible materials, the project transformed participants into advocates who shared knowledge with peers. This model was particularly effective in fostering emotional safety and dismantling shame. Bardan, a participant with a hearing impairment, noted: "After I took the Training for Trainers (ToT), my initial feeling of shame vanished as learning with peers made it feel normal. Now I advocate to people that sexual and reproductive health rights are our intrinsic rights. I also became a youth promoter." His relief at shedding shame highlighted RHRN's role in creating safe spaces. Similarly, Prashant found value in listening: "I learned a lot by listening to others." With access to "easy to read" materials, he began contributing to discussions, his joy in participation challenging earlier assumptions about his capacity. These learning environments, designed around inclusion and respect, mirrored the principles of inclusive pedagogy (Booth & Ainscow, 2011).

Sharing personal narratives played a powerful role in building solidarity across gender and disability experiences. Binita, a young woman with a visual impairment from Jhapa, shared that speaking about her educational struggles created connection: “When we shared our experiences, others shared theirs too.” Her role as a youth champion, using tactile tools to engage peers beyond her home district, aligned with Sita’s work with students with intellectual disabilities, who benefited from simplified materials. Sita reflected: “When they shared their stories, I got a chance to learn too. These reciprocal exchanges disrupted stereotypes, of silence, passivity, or incapacity, and fostered a collective sense of agency.

Leadership under the RHRN II project was not top-down, but co-created. Kiran, a young man with a visual impairment, described the pride he felt: “I feel proud teaching others what we learned.”. His use of tactile tools and Prashant’s reliance on simplified materials showed how RHRN’s peer-led model, using accessible resources, ensured leadership was inclusive. What united all participants was the opportunity to teach from experience, not despite their disability, but through it. The project’s commitment to centering youth with disabilities as leaders aligned with broader disability rights frameworks that value self-representation, mutual learning, and intersectional inclusion (Goodley, 2017; Shakespeare, 2018). By supporting youth to become role models, RHRN II helped challenge not just social taboos, but structural exclusions.

3.7. Structural and gender-Related Barriers to SRHR Inclusion

The RHRN II project illuminated the structural and gender-related barriers that hinder sustained, inclusive CSE education for youth with disabilities in Nepal. Structural challenges, such as short-term programs, reliance on NGOs rather than state institutions, and the need for ongoing training, intersect with gender-specific barriers, particularly for girls and women with disabilities who face heightened obstacles around menstruation and safety. Female caregivers, including mothers, sisters, and educators, often emerge as vital advocates in navigating these barriers. By addressing these intertwined issues, RHRN II fostered empowerment, yet its reliance on temporary, NGO-driven efforts underscores the need for systemic integration (Booth & Ainscow, 2011; Shakespeare, 2018).

Structural barriers, such as the short-term nature of programs, limit the sustainability of SRHR education for youth with disabilities. Kiran, a young man with a visual impairment, reflected on the absence of consistent training: “If such training had been in our school earlier, it would have been much easier for me.” In rural areas like Mugu, where resources are scarce, these gaps are stark, leaving youths like Sumit without access to SRHR knowledge until RHRN II intervened. Urban participants, like Manita from Kathmandu, benefited from BYAN’s networks, but the reliance on NGOs rather than state systems highlights a broader issue: disability inclusion is often left to temporary initiatives. Muna Manandhar, an RHRN II supporter, observed that programs like these rarely persist long-term, emphasizing the need for institutional embedding to ensure continuous access. This urban-rural disparity underscores how structural barriers disproportionately affect remote communities, limiting equitable SRHR education (Goodley, 2017).

Gender compounds these structural challenges, particularly for girls and women with disabilities, who face unique SRHR barriers around menstruation and safety. Manita, a young woman with a hearing impairment, shared her struggle: “No one taught me about my body, but I started teaching others.” Her initial lack of menstruation education, exacerbated by the absence of sign language resources, reflects how gender and disability intersect to create silence. Binita, a young woman with a visual impairment from Jhapa, faced similar hurdles: “It’s hard for us to learn such things because we cannot see.” Without tactile or accessible materials, SRHR remained out of reach, compounded by societal expectations that women remain silent on such topics. RHRN’s tailored tools helped bridge these gaps, but the reliance on short-term NGO interventions left sustainability in question.

Female caregivers play a critical role in navigating these barriers, stepping into advocacy roles where systems fail. Sharmila, supporting her brother Prashant, a youth with an intellectual disability, realized her responsibility, “I realized I had to support him.” Her advocacy filled gaps left by schools lacking inclusive SRHR training. Similarly, Sita, a female educator, adapted her teaching after RHRN’s training: “I started teaching slowly, and they understood.” Her role supporting students with intellectual disabilities highlights how female caregivers often compensate for systemic shortcomings, advocating for accessible education. However, their reliance on NGO-led workshops, rather than state-backed systems, underscores the structural fragility of these efforts, particularly for women who bear additional caregiving burdens.

The intersection of structural and gender-related barriers reveals the need for systemic reform to sustain RHRN’s impact. While RHRN II empowered participants like Manita to teach peers and Binita to advocate despite rural constraints, the lack of state integration limits scalability. Comparative analysis shows that youth with hearing impairments benefit from urban networks but still face gender-specific silence, while those with visual impairments struggle with resource scarcity in rural areas. Youth with intellectual disabilities rely heavily on caregivers like Sharmila due to inaccessible curricula. RHRN’s peer-led, accessible approach, using sign language, tactile tools, and simplified materials, demonstrates a model for inclusion, but its NGO-driven nature calls for embedding in public systems to ensure lasting access for all, particularly women (Shakespeare, 2018).

CHAPTER 4

Challenges, Discussions and Recommendations

4.1. Challenges

Despite RHRN II's success in advancing disability-inclusive SRHR, the project faced significant challenges in navigating systemic, logistical, and cultural barriers. Engaging government bodies, aligning with institutional schedules, and overcoming societal stigma around sexuality education for youth with disabilities required persistent adaptation. These hurdles, rooted in bureaucratic structures and cultural norms, underscored the complexity of embedding inclusive SRHR within Nepal's education and health systems. BYAN's efforts, while impactful, highlighted the need for strategic alignment and sustained advocacy to ensure lasting change (Meekosha & Soldatic, 2011).

A key challenge was fostering early collaboration with government entities during program planning. Sharmila Dahal Poudel, Head of the Family Planning and Reproductive Health Section at the Family Welfare Division, acknowledged BYAN's proactive role but emphasized a gap:

> *"In a way, I feel that the RHRN is in the back force. BYAN has been actively implementing several programs under the RHRN initiative, and I truly appreciate their level of activeness. I, however, have been voicing that an improvement area could be the need to closely engaged with the government, especially during the planning phase. That's a very important. Right now, what usually happens is that they [NGOs] come to us after they've already planned the program and request our engagement. That's good, of course. But it would be even better if they come to us during the planning phase. This would help us find the area which we might have overlooked and ask their support through their programs."*

This insight highlights the need for earlier integration to align RHRN II's initiatives with government priorities, enhancing systemic impact.

Logistical challenges further complicated implementation, particularly in aligning with institutional timelines. Arjun Rawal, General Secretary of BYAN, noted the difficulty of synchronizing RHRN II's activities with government schedules: "Matching the government's academic calendar with our program schedule was difficult. We had to adapt our designs entirely to their timing to make it work." This required redesigning training sessions and CSE delivery to fit school and government calendars, underscoring the need for flexible planning to sustain partnerships with entities like the Ministry of Education (Booth & Ainscow, 2011).

Cultural and bureaucratic barriers also hindered progress, particularly in schools and government settings. Sunil Singh, Treasurer at BYAN, highlighted dual challenges: "In schools, embarrassment and hesitation around CSE topics, along with timing conflicts, made implementation challenging." He further noted the repetitive nature of advocacy: "The bureaucratic nature of government means we have to repeat our advocacy every time officials are transferred, and niche topics like sexuality of disabled people often fail to capture interest." These obstacles reflect the cultural stigma around SRHR for youth with disabilities and the transient nature of bureaucratic engagement, necessitating ongoing sensitization to maintain momentum (Shakespeare, 2018).
In Nepal, the transition of health education from a compulsory to an optional subject in secondary schools limited access to Comprehensive Sexuality Education (CSE). This left many students uninformed about essential SRHR concepts. Compounded by views of CSE as a "foreign agenda," these structural barriers hindered the integration of inclusive education, requiring sustained advocacy and systemic reform to ensure equitable access for youth with disabilities (Shakespeare, 2018).

Policy-level constraints posed a significant hurdle, as local and provincial curricula often overlooked disability and intersectionality. Arjun Rawal, General Secretary at BYAN, emphasized the need for early integration: "Policies need to change from municipal to provincial levels. Local curricula for grades up to eight can integrate disability and intersectionality so children learn these from a young age." This call for curriculum reform highlights the urgency of embedding inclusive SRHR education at foundational levels to foster long-term awareness and inclusion across diverse identities (Crenshaw, 1989).

Data gaps further complicated effective program design, as disability-focused research remained underprioritized. Parwati Shrestha, Vice President at BYAN, noted: "We lag behind in producing educational materials and research. Disability-focused data generation must be prioritized in government research to guide effective program design." Without robust data, RHRN II's efforts to tailor interventions for youth with disabilities faced challenges, underscoring the need for evidence-based advocacy to influence national education and health policies (Meekosha & Soldatic, 2011).

Beyond policy, the lack of adequately trained teachers presented a persistent challenge. Even with a robust CSE curriculum, the absence of educators skilled in SRHR and disability-inclusive methods limited implementation. Training teachers to deliver accessible CSE, using tools like pictorials and tactile models from RHRN II's initiatives, requires ongoing capacity building. The Ministry of Education's efforts, while promising, remain insufficient, necessitating a dual focus on policy reform and programmatic support to bridge these gaps and ensure effective SRHR education for all students (Booth & Ainscow, 2011).

4.2. Discussion

The insights drawn from this analysis reveal that the lived experiences of youth with disabilities cannot be meaningfully understood in isolated categories. Rather, they are embedded within an ecology of social, political, and institutional relations that intersect and reinforce one another. Disability is not a static identity, but a relational and dynamic construct shaped by exclusionary environments and power relations (Goodley, 2017). The transformation of self and community observed in these narratives reflects not a linear progression, but a cyclical negotiation between stigma and resistance, silence and voice, marginalization and belonging.

Contemporary disability studies argue that empowerment is not simply the outcome of access to knowledge or resources but is contingent on the presence of meaningful participation, recognition, and self-determination (Shakespeare, 2018). In this context, empowerment emerges when individuals not only acquire information but also see themselves reflected in systems of care, education, and governance. This underscores the necessity of embedding inclusive practices into the very fabric of institutions rather than delivering them through fragmented or temporary interventions. As Fraser (2008) articulates, redistribution without recognition is insufficient. Both must be pursued together to achieve social justice.

Moreover, intersectional theories remind us that identity is not singular. The experience of disability is always mediated by other axes such as gender, class, caste, language, and geography (Crenshaw, 1991). These intersections do not simply add layers of complexity but produce unique forms of marginalization that require equally nuanced responses. A failure to acknowledge this interplay results in approaches that are either too narrow in scope or too generic to address the differentiated realities of youth with disabilities. As such, effective interventions must disrupt normative assumptions about who deserves to be heard, who is capable of leadership, and whose knowledge is deemed legitimate.

The fluidity between personal transformation and collective change is a critical dynamic in disability-inclusive development. When individuals challenge the conditions of their exclusion, they simultaneously reshape the social norms and institutional structures that produced those conditions. This resonates with Freire's (1970) conception of critical consciousness, where empowerment involves the capacity to name and act upon one's reality. The themes that emerge from this analysis do not operate in isolation because exclusion itself is not siloed. It is systemic, cumulative, and mutually reinforcing. Likewise, inclusion must be envisioned as a holistic and relational process, one that builds solidarity across difference and reimagines participation not as a privilege but as a right.

4.3. Recommendations

The RHRN II project has demonstrated significant impact in advancing disability-inclusive SRHR through accessible education, peer-led advocacy, and policy engagement. The following recommendations aim to sustain and scale these efforts, addressing cultural, educational, and systemic barriers while empowering youth with disabilities. These are divided into general (systemic, long-term) and specific (targeted, actionable) recommendations to guide future SRHR initiatives in Nepal, aligning with inclusive pedagogy and disability rights frameworks (Booth & Ainscow, 2011; Shakespeare, 2018).

General Recommendations

- **Embed Disability-Inclusive SRHR in National Education Systems:**
  Advocate for the integration of RHRN II's accessible CSE materials (e.g., Braille, sign language, PEC systems) into Nepal's national curriculum, ensuring sustained access beyond NGO-driven initiatives.

- **Strengthen Multi-Sectoral Partnerships:**
  Expand collaborations with government agencies (e.g., Ministry of Education, National Health Training Center), schools, and civil society to institutionalize inclusive SRHR education, building on RHRN II's engagement with the Curriculum Development Center to ensure systemic change (Grech, 2015).

- **Promote Intersectional Advocacy:**
  Prioritize gender and disability intersections in SRHR programs, ensuring policies and training address the unique needs of women and girls with disabilities, as highlighted in the thematic analysis's gender barriers theme (Crenshaw, 1989).

- **Scale Public Awareness Campaigns:**
  Continue RHRN II's media campaigns (e.g., TikTok, youth festivals) to challenge cultural taboos and normalize SRHR discussions for youth with disabilities, leveraging platforms like International Youth Day to shift societal norms (Goodley, 2017).

- **Partner with Government:**
  Establish and sustain close coordination with the government counterparts during all phase of program implementation. This would ensure policy sustainability at the federal level while implementation ownership at the sub-national levels.

Specific Recommendations

- **Expand CSE Corners in Schools:**
  Establish additional CSE Corners in schools nationwide, equipped with accessible materials like tactile models and easy-to-read booklets, to sustain SRHR visibility and learning, building on successful models like Nirmal Bal Bikash School.

- **Enhance Peer-Led Training Programs:**
  Increase training for youth with disabilities as SRHR champions, focusing on underrepresented groups like those with deafblindness, to replicate RHRN II's peer-led model and foster leadership (Booth & Ainscow, 2011).

- **Develop Caregiver Training Modules:**
  Create standardized, replicable training modules for parents and teachers of youth with intellectual and autism-related disabilities, based on RHRN II's sessions, to support advocacy roles and address gender-specific barriers.

- **Secure Local Government Funding:**
  Replicate RHRN II's advocacy with Kathmandu Metropolitan City and Lalitpur Metropolitan Education Division to secure budget commitments for accessible SRHR resources in schools, ensuring sustainability beyond project funding.

- **Integrate Digital Accessibility Tools:**
  Expand RHRN II's digital tools (e.g., e-learning courses, youth-friendly IEC materials) with enhanced accessibility features like audio descriptions and sign language videos to reach out-of-school youth with disabilities.

- **Document and Share Best Practices:**
  Use RHRN II's narrative case study methodology to produce a publicly accessible repository of best practices (e.g., PEC systems, youth-ledConferences), enabling replication by other organizations and informing global SRHR frameworks (Yin, 2014).

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Blind Youth Association Nepal
Sukedhara - 4, Kathmandu, Nepal

(+977 1) 4372160, 9801030751
info@byanepal.org |byanepal@gmail.com
www.**byanepal**.org

Right Hear Right Now

info@rhrnnepal.org
www.rhrnnepal.org

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