



# Strides for Reproductive Justice

Annual Performance Report 2024







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## **ACKNOWLEDGEMENTS**

The International Planned Parenthood Federation, South Asia Region (IPPF SAR) thanks its Member Associations (MAs) and Collaborative Partners (CPs) for their contributions to the achievements for 2024. We would like to express our gratitude to the staff and volunteers of our MAs and CPs, and the South Asia Regional Youth Network (SARYN), whose unwavering commitment to providing services and advocating for sexual and reproductive health, rights, and justice (SRHRJ) in South Asia for all is the foundation of our collective impact.

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Notes: In this document, Member Association (MA) collectively refers to Member Associations (MAs), Associate Members (AMs) and Collaborative Partners (CPs).

# IPPF South Asia Region

The International Planned Parenthood Federation (IPPF) is a global healthcare provider and a leading advocate of sexual and reproductive health and rights (SRHR) for all. Led by a courageous and determined group of women, IPPF was founded in 1952 at the Third International Planned Parenthood Conference. Today, we are a movement of 120 autonomous members with a presence in over 146 countries.

The IPPF South Asia Regional Office (IPPF SAR) is one of the six regional offices of International Planned Parenthood Federation. In the region, we work in eight countries: Afghanistan, Bangladesh, Bhutan, India, Iran, Maldives, Nepal, and Sri Lanka through our Member Associations (MA) – IPPF accredited organizations and collaborative partners.

**8** Member Associations  
(MAs) and Collaborative Partners (CPs)

**105,678**

Volunteers

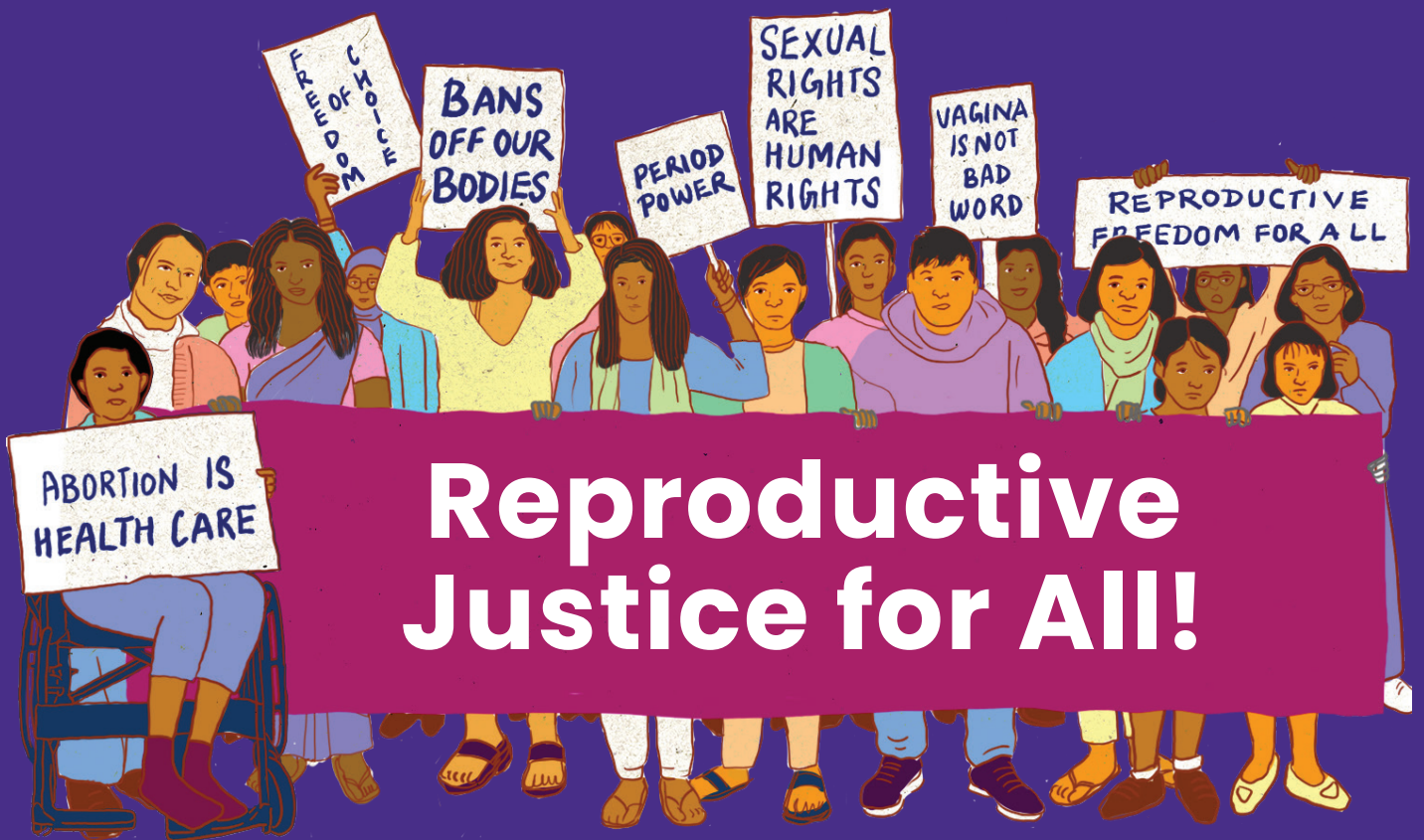
**2992**

Staff

**1707** Female

**1141** Male

**144** gender diverse person



**Reproductive  
Justice for All!**

# Index

Foreword	6
Brief Overview of IPPF Strategy and Result Framework	8
Pillar 1: Center Care on People	10
What We Achieved	13
Expand Choice	13
Widen Access	15
Clients We Served	15
Expanding Services for Marginalized and Excluded Communities	16
Advance Digital Health Interventions	17
Pillar 2: Move the Sexuality Agenda	18
Ground Advocacy	19
Shift Norms	20
Act with Youth	20
Pillar 3: Solidarity for Change	24
Supporting Social Movements	25
Building Strategic Partnerships	26
Innovating and Sharing Knowledge	27
Pillar 4: Nurture Our Federation	28
Chart Our Identity	29
Grow Our Federation	29
Walk the Talk	30
Annexure	33

# Foreword

Dear Ally,

2024 was the year of intensifying opposition, shrinking civic spaces, large scale global aid cuts, and deepening humanitarian crises. Yet we drew on our collective resilience and stood our ground. IPPF Member Associations (MAs) continued to deliver essential sexual and reproductive health (SRH) services, even during emergencies. From the Afghan Family Guidance Association providing essential psychosocial services for preventing sexual and gender-based violence (SGBV) against Afghan women and girls amid the protracted crisis in the country, to the Population Services and Training Center (PSTC) in Bangladesh providing essential SRH services to sex workers in the wake of Cyclone Remal— we are thankful for the tireless work of healthcare providers, community health workers, and volunteers across the region.

It was also a year when we came together to build momentum for a united sexual and reproductive justice movement in South Asia against the rising global anti-gender and anti-rights opposition. We gathered in Colombo, at the ReproSex Conference, hosted by the Family Planning Association of Sri Lanka, to strengthen the movement for abortion rights in South Asia. We brought together young LGBTI+ leaders from across the Asia and Pacific region to build a larger South-to-South LGBTI+ solidarity. We reaffirmed our commitment to ensure inclusive, stigma-free and rights-based sexual and reproductive care and worked with various diverse groups like Queer Voices of Bhutan and Rainbow Bhutan to set up the first Rainbow Help Desk at RENEW, our Associate Member in Bhutan, to prevent SGBV against gender diverse people. RENEW has also strengthened its social enterprise (SE), dedicated to economically empowering women and marginalized groups, particularly survivors of domestic and gender-based violence, persons with disabilities (PWDs), and individuals from underserved communities. Further, we worked with The Regional Collective for Women who use Drugs (TRCWUD) to bring forth voices from a largely stigmatized and excluded group in South Asia.



# 7007

Service Delivery  
Points across  
South Asia in 2024

# 23.4

million Sexual  
and Reproductive  
Health services  
across South Asia

In this Annual Achievement Report for the IPPF South Asia Region, you will find testimonies, case studies and results that define our journey in 2024. From striving to ensure last-mile delivery, to supporting social movements and building strategic partnerships to innovating and sharing knowledge, each section reflects how we continue to come together to ensure access to SRH services, rights and justice for all.





In Solidarity

**Tomoko Fukuda**

Regional Director (Interim),  
IPPF South Asia Region



# Brief Overview of IPPF Strategy and Result Framework

<p><b>CENTER CARE ON PEOPLE</b></p>  <p>Expand choice Widen Access Advance Digital &amp; Self Care</p>	<p>1. Proportion of [service providing] MAs/CPs providing IPES+ AND meeting quality standards</p>	
<p><b>MOVE THE SEXUALITY AGENDA</b></p>  <p>Ground Advocacy Shift Norms Act with Youth</p>	<p>5. Number of successful policy initiatives and legislative changes in support or defence of SRHR</p>	
<p><b>SOLIDARITY FOR CHANGE</b></p>  <p>Support for Social Movements Build Strategic Partnerships Innovate and Share KNowledge</p>	<p>8. IPPF's contribution in supporting social movements and defending activists.</p>	
<p><b>NURTURE OUR FEDERATION</b></p>  <p>Walk the Talk Chart our Identity Grow our Federation</p>	<p>11. Proportion MAs/CPs receiving less than 50% of their income from one single donor</p>	

	2. Number of clients served by type of services and model of care (including Digital Health Interventions (DHI), facilitated self-care) with focus on adolescents and young people, people in humanitarian settings and other marginalized and excluded people.	3. Number of services provided by type of services and model of care (including DHIs, facilitated self-care) with focus on adolescents and young people, people in humanitarian settings and other marginalized and excluded people.	4. Aggregated proportion of MAS'/CPs' contribution to the national SRH services provided in their countries.
	6. Shifts in perception and attitudes in relation to gender equality and inclusion across the Federation and the communities we serve	7. Quality, reach and impact of CSE, youth-centred core, and progress in youth engagement in the Federation.	
	9. Number of intra- and inter-sector campaigns delivered by the Federation in support or defence of SRHR, through a diversity and decolonization lens	10. Proportion of research and evidence initiatives generated by MA-led centres of learning that are from the global south.	
	12. Overall Secretariat Efficiency Score		

# Center Care on People

In 2024, we provided  
**23.4 million sexual and reproductive health services across South Asia**





**The International Planned Parenthood Federation (IPPF) is committed to placing individuals at the centre of sexual and reproductive healthcare. This means ensuring that every person—regardless of their background, identity, or circumstance—can access **integrated, affordable high-quality, and respectful care** that meets their unique needs.**

By delivering services that are affordable, and accessible, we aim to empower individuals to make informed, autonomous decisions about their sexual and reproductive health. A core tenet of this approach is the integration of services, enabling clients to receive comprehensive, person-centred care that addresses multiple needs in a single, coordinated setting.

The Integrated Package of Essential Services-plus (IPES+) is a client-centered approach to delivering high-quality, comprehensive sexual and reproductive healthcare. At the core of IPES is a commitment to ensuring that every individual receives respectful, confidential, and timely services that address their most

IPES + COMPONENTS	
Sexual Health and Well-being	Obstetrics & Gynaecology
Contraception	HIV
Abortion	Fertility Support
STI/RTI	SGBV

# Pillar 1

pressing health needs. By placing clients at the centre of everything we do, IPES empowers individuals to make informed decisions about their health and well-being. In our new strategic commitments, we move from IPES to IPES Plus services. IPES Plus services comprise eight essential services that are integrated to provide a seamless continuum of care.

This reflects our continued commitment to expanding access to quality sexual and reproductive healthcare. These services were delivered through different modes of channels—including static clinics (4.9

million), mobile/outreach sessions (12.8 million), community-based distributors (1.9 million), associated clinics (3.5 million), and through digital health interventions (around 93,163). This achievement not only reflects the scale and effectiveness of our integrated approach but also highlights our unwavering commitment to leaving no one behind, even in the face of challenging landscape and situations. In 2024, our MAs delivered 23.4 million SRH services through their different service delivery channels, marking a 3% decrease from 2023.

## SERVICE DELIVERY CHANNELS



Through Static Clinics

4,939,175



Through Mobile/Outreach

12,865,413



Through Community-Based Distributors (CBDs)

1,989,729



Through Associated Clinics

3,542,630



Through Digital Health Interventions

93,163

# What We Achieved

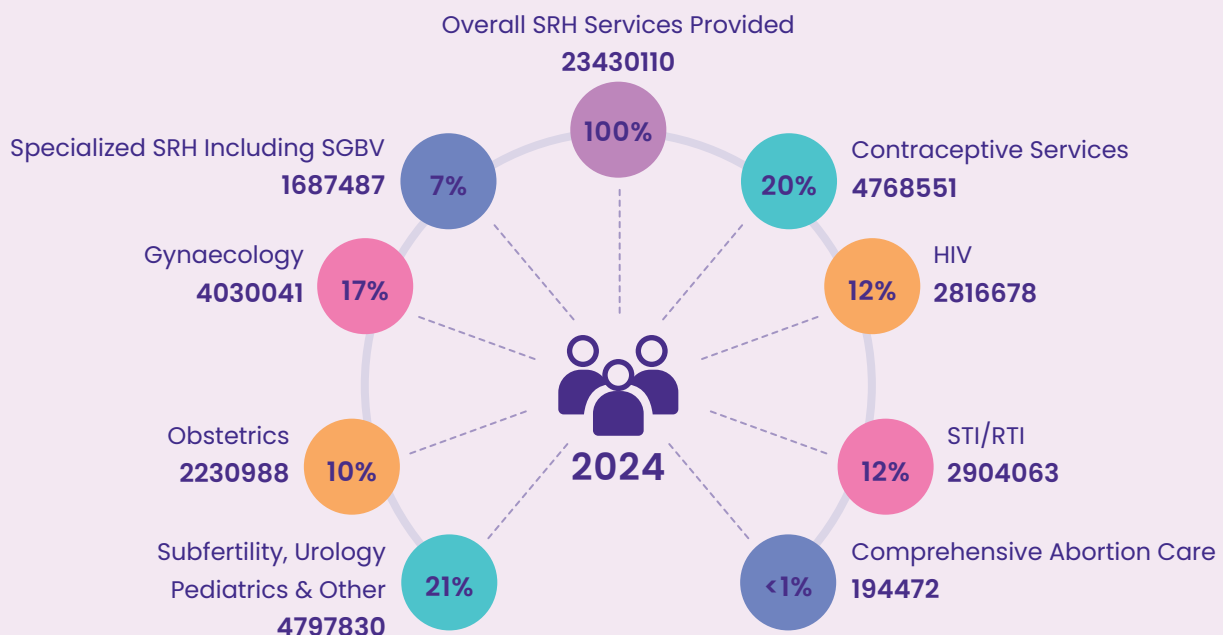
Majority of the world's youth population lives in Asia. A significant portion of the population is under the age of 25. As per recent estimates, more than 50% of India's population is under the age of 25, followed by Bangladesh (33%), Nepal (28%) and Sri Lanka (25%). Therefore, our priority is to provide inclusive, equitable, and tailored services that reflect the diverse needs of young people across different intersecting identities. A **total of 7.38 million services** were delivered to **young people under the age of 25 years** by our Member Associations in South Asia.

## 31% of sexual and reproductive health services provided to young people under 25

# Expand Choice

Expanding choice lies at the centre of our commitment to sexual and reproductive health and rights. True autonomy and agency require that individuals have access to a full spectrum of options—be it contraception, fertility support, abortion care, HIV, STI, SGBV or broader sexual and reproductive healthcare. Our Member Associations provide the broadest possible range of integrated, affordable, and high-quality sexual and reproductive health (SRH) services.

Contraceptive services continued to represent the largest share of our overall service provision in 2024, with **around 5 million services delivered across the region**. This reflects sustained demand and consistent service delivery efforts. Predominantly, short-acting reversible contraceptive (SARC) methods accounted for **47% of all contraceptive services** provided. **More than 1 million Couple Years of Protection (CYP)** were generated through provision of contraceptive services by the MAs, indicating the extent to which contraceptive methods provided or distributed have ensured protection against unintended pregnancies for couples over the course of one year.



## Pillar 1

Despite operating in an increasingly challenging environment, we provided **over 194,472 abortion-related services**, ensuring individuals retained the right to make informed choices about their reproductive health.

Gynaecological services also saw substantial growth, with **over 4 million services delivered**—representing a **12% increase compared to 2023**. Range of gynaecological services also includes counselling and prevention screening for cervical cancer. We continued to offer a wide range of HIV and STI prevention and treatment services, including risk reduction counselling, psychosocial support, diagnostic testing, management, and prevention services such as the provision of oral pre-exposure prophylaxis (PrEP). Significant progress was

made in the provision of services related to sexual and gender-based violence (SGBV) in 2024. We recorded a **41% increase in service delivery compared to 2023**, reflecting our expanded efforts to identify, support, and care for survivors.

We measure the quality of care through the Net Promoter Score (NPS) – this is a measurement of client satisfaction by measuring ‘promoters’ with a positive experience and subtracting ‘detractors’ with a negative experience. In South Asia, five MAs that reported on client satisfaction met or exceeded the established quality standards. NPS not only reflects client satisfaction but also serves as a practical tool for identifying strengths and addressing service gaps.

### The Abortion Rights Alliance for Inclusion, Safety and Empowerment (ARISE)

Recognition of the urgent need for legal reforms to enable universal access to safe abortion as a right in India prompted a group of SRHRJ advocates to come together, amid rising opposition to abortion in India and across the world, and discuss strategies to advance abortion rights and justice. The Abortion Rights Alliance for Inclusion, Safety and Empowerment (ARISE) was formed to advocate for expanding access to safe abortion services in India within the existing legal framework, through legal reforms to decriminalize abortion and challenging anti-abortion opposition.

The Family Planning Association of India, our Member Association in India, currently holds the Secretariat of the Alliance. A convening of the Alliance in May 2024 helped refine its title, vision, mission and governance structure moving forward. ARISE is a national alliance of public health professionals, safe abortion providers, legal advocates, feminist and human rights organizations.

The Alliance has opened a fresh discourse on rights-based, universal access to safe abortion services in India in the light of amendments to the Medical Termination of Pregnancy (Amendment) Act, 2021. The Alliance’s diverse members have highlighted inequities in access, the need for further legal reforms to expand access and building cross-movement solidarity, and to map opposition to abortion. The Alliance lends strength to individual member organizations for collective action, to ensure universal, stigma-free access to safe abortion care across India, and across the globe.

# Widen Access

## 5.15 million clients served across South Asia in 2024

Across the world, systemic barriers continue to limit people’s right to sexual and reproductive health. Structurally excluded communities bear the brunt of discrimination and stigma. Expanding access to sexual and reproductive health (SRH) services for all—particularly for marginalized and excluded communities—remains at the core of our strategy. Our service delivery places a strong emphasis on young people, while equally addressing the neglected needs of older people. We also work to ensure that marginalized communities receive inclusive and stigma-free SRH care.

In 2024, our Member Associations (MAs) in South Asia served over **5.15 million clients**, reflecting a **5% increase** from 2023. Notably, **adolescents aged 10–19 made up 10% of total clients**, marking a significant **26% increase** compared to 2023. When considering the broader cohort of young people **aged 10–24**, they **represented 23% of all clients** served in 2024, underscoring our growing reach among youth populations.

# Clients We Served

Total clients served	5157803
Clients aged 10–19	535174
Clients aged 10–24	1198705
Total female clients	3631344
Marginalized and Excluded	4279048
Total clients served in humanitarian contexts	1081452



**Adolescents  
aged  
10–19  
years**

**made up 10% of  
total clients**

# Expanding Services for Marginalized and Excluded Communities

At IPPF SAR, we strive to ensure our services are open, stigma-free and accessible to marginalized and excluded groups. In the past year, a total of 83% clients from marginalized and excluded groups were served by each MA, based on country-specific priority groups,

local contexts and barriers to access. These groups include people living with disabilities, sex workers, LGBTI+ individuals, people who use drugs, people living with HIV, high-risk migrants, women working in the informal/unregulated sector, individuals in prison or closed settings, and those holding Below Poverty Line (BPL) or Red Cards. Altogether, we served 4.2 million clients from marginalized and excluded communities, including 80,795 clients from the LGBTI+ community, 76,389 sex workers, 7533 people living with HIV, and 19,312 women who use drugs.

In 2024, SAR MAs delivered essential sexual and reproductive health services to 1.1 million people in humanitarian settings—a **43% increase compared to 2023**. Afghanistan was considered a humanitarian context in its entirety, and therefore, all clients served

## Expanding Support, Fostering Inclusion: The Rainbow Help Desk by RENEW

In 2024, RENEW, our associate member in Bhutan, launched the Rainbow Help Desk to bridge gaps in SGBV support services. The Rainbow Help Desk represents a transformative step in addressing SGBV towards LGBTI+ people in the country, and in promoting inclusive service delivery. The Rainbow Help Desk,

- expands SGBV support services to include more comprehensive reintegration programs for LGBTI+ individuals.
- strengthens referral mechanisms to provide better and more coordinated support for those in need.
- conducts outreach and awareness campaigns to further reduce stigma and discrimination against the LGBTI+ community.
- encourages LGBTI+ individuals to confidently seek support and access critical services.

RENEW has long been providing marginalized individuals with SGBV support services, but with the establishment of the Rainbow Help Desk, these efforts have further strengthened and expanded. The Rainbow Help Desk is the result of a meaningful partnership between RENEW and two leading LGBTI+ community organizations in the country, Pride Bhutan and Queer Voices of Bhutan. Through this collaboration, RENEW is creating a holistic support system tailored to the unique needs of Bhutan's LGBTI+ community.

there were categorized as humanitarian clients. During the year, SAR MAs responded to seven emergencies and actively supported preparedness by conducting training for MA staff, partners, and volunteers. These trainings equipped teams to deliver lifesaving SRH services in crisis-affected settings, with a focus on sexual and gender-based violence (SGBV) support services and adolescent SRH (ASRH).

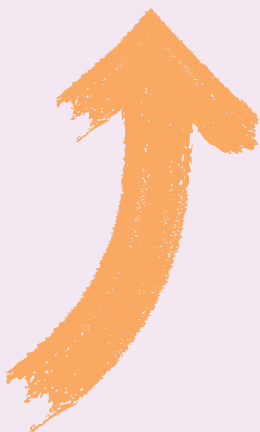
A total of seven humanitarian responses were provided: 1) Response to Cyclone Remal in Bangladesh; 2) Response to Landslides in Wayanad, India; 3) Response to Floods in Bangladesh; 4) Response to Floods and Landslides in Nepal; 5) Response to Afghan communities returned from Pakistan; 6) Response to flood-affected population of Baghlan Province of Afghanistan; 7) Response to Floods in Ghor Province of Afghanistan.

## Advance Digital Health Interventions

Since the COVID-19 pandemic, digital health interventions have emerged as a crucial channel for delivering healthcare services, helping to overcome barriers such as distance and accessibility. Recognizing this, four MAs have integrated digital health solutions into their service delivery models. Key services include tele-counselling and tele-consultation, which have become central components of these digital initiatives. In 2024, **the MAs collectively delivered 93,163 services through digital platforms**—representing a significant **36% increase** compared to the 59,745 services provided in 2023.

# 4.2 million

clients from marginalized and excluded communities served



# Move the Sexuality Agenda

In 2024, we contributed to four policy and legislative changes to **defend sexual and reproductive health and rights** in South Asia



**IPPF South Asia Region along with its Member Associations (MAs) remained steadfast in advancing sexual and reproductive health and rights (SRHR) through bold advocacy and youth-led action in 2024. Amid growing opposition and an evolving SRHR landscape, we championed a progressive, rights-based agenda grounded in equity, dignity, and justice. By leveraging strategic partnerships, digital innovation, and community-led approaches, SAR MAs worked to challenge harmful social norms, protect rights, and amplify the voices of LGBTI+ individuals, young people, and other marginalized communities.**

## Ground Advocacy

Our advocacy is grounded in diversity and our unwavering belief in human rights. It centres the lived experiences of marginalized communities—especially youth, trans persons, non-binary, and gender-diverse individuals—ensuring these voices inform and influence policy, service delivery, and funding decisions. Grounding action in community realities builds trust, strengthens accountability, and drives systemic change.

In 2024, SAR contributed to four policy and legislative changes in defending sexual and reproductive health and rights. In Bhutan, Life Skills Education (LSE) was successfully integrated into the curriculum of monastic schools and institutions, promoting comprehensive education on health and well-being. In Nepal, the Family Planning Association of Nepal actively participated in the drafting committee for the development of the Karnali Province Health Sector Strategy Action Plan. This progressive strategy upholds the rights of LGBTI+ individuals, ensures disability-inclusive healthcare services, and includes provisions for expanding access to safe abortion. In India, advocacy by our MA led to the strengthening of the Gender Empowerment and Prevention of Sexual Harassment policy under the POSH Act (2013) within the National Institute of Electronics and Information Technology, in the state of Jammu and Kashmir. Additional advocacy efforts also ensured implementation of adolescent health and anaemia prevention programs, including CSE in schools in Madurai, Tamil Nadu in India.

# Shift Norms

Shifting norms is essential to addressing stigma, discrimination, and misinformation around sexuality and reproductive health. By challenging dominant narratives and amplifying diverse voices, norm-shifting initiatives foster a culture of consent, pleasure, and rights-based discourse. These efforts have been critical for us in countering regressive ideologies, challenging digital censorship, and technology-facilitated SGBV.

*Marriage Equality in Nepal:* In partnership with Blue Diamond Society, IPPF South Asia Region supported awareness campaigns advocating for marriage equality and broader LGBTI+ rights. FPAN and Blue Diamond Society formed a national-level “think tank” that filed a petition resulting in a landmark Supreme Court interim order recognizing same-sex marriage rights in Nepal.

During the 16 Days of Activism against Gender-based Violence, IPPF SAR spotlighted how technology-facilitated SGBV and censorship is used to silence marginalized voices in digital spaces. Through a digital campaign, in partnership with South Asian SRHRJ influencers and activists, including Rituparna Borah (queer rights activist), Nu (disability rights activist), and Huma Qureshi (actor and activist). The campaign **reached 222,059 accounts and engaged 11,041 users**. The #GotToBreakFree campaign will expand to offline events led by youth and the launch of a regional SRHRJ manifesto.

We continued to use social media to create content that improves sexuality information and challenges harmful norms. IPPF SAR significantly expanded its digital footprint in 2024, with a swift rise in Instagram engagement and **more than 1,000 new followers**, while LinkedIn content garnered **over 120,000 impressions**.

# Act with Youth

Youth are not merely beneficiaries of sexual and reproductive health and rights (SRHR) programming—they are essential leaders, advocates, and changemakers driving transformative change. Acting with youth means recognizing and investing in their agency, insights, and leadership across all levels of decision-making in SRHR advocacy and programming. Youth-led initiatives foster intergenerational dialogue, challenge harmful norms, and ensure that programs are not only inclusive but also responsive to the evolving SRHR needs.

**In 2024,  
372,645 young  
people received  
Comprehensive  
Sexuality Education  
through our MAs.**

IPPF envisions a world where all people are free to make choices about their sexuality and well-being in a world without discrimination. Member Associations in the South Asia Region (SAR) remain committed to delivering rights-based, contextually relevant comprehensive sexuality education (CSE) to adolescents to realize their sexual rights. Young people across diverse social and cultural settings continue to demand access to CSE and sexual and reproductive health (SRH) services. CSE is critical in promoting gender equality, human rights, and bodily autonomy, while helping to prevent sexual and gender-based violence (SGBV), unintended pregnancies, and sexually transmitted infections. In 2024, **SAR MAs reached over 344,423 young people** with



the complete series of CSE curriculum, while **13,048 received partial sessions and 15,174 participated in single-session activities.** Additionally, **4,257 peer educators were trained** to further expand young people's access to accurate and empowering sexual health information, across the region

A three-day South-to-South Dialogue with IPPF East & Southeast Asia and Oceania Region (ESEAOR) enabled youth leaders to share strategies for expanding digital outreach and fostering youth leadership. The dialogue focused on advocacy for young LGBTI+ people, intergenerational learning, and networking across MAs, creating a collaborative space for innovation in CSE delivery.

## South Asian Regional Youth Network

The South Asia Regional Youth Network participated in the Youth Advocacy Institute which was held in Nepal and was conducted in collaboration with Asia Safe Abortion Partnership (ASAP) in Kathmandu, Nepal. The Youth Advocacy Institute (YAI), held in 2024, brought together youth leaders from across South Asia to build a strong, intersectional movement for SRHR. The YAI was designed to equip young advocates with the knowledge, tools, and networks needed to champion SRHR, with a particular focus on safe abortion, gender justice, and youth-led accountability.

The YAI was preceded by two foundational sessions that set the tone for the institute. Additionally, we hosted an Anti-Racism workshop for youth network members, which explored themes such as intersectionality, unconscious bias, power and privilege, and ethical action. Building on this foundation, the three-day YAI featured a dynamic

## Pillar 2

agenda that included sessions on gender and patriarchy, human rights and SRHR, safe abortion access, legal frameworks, and digital advocacy. Participants learnt more about gender and sexuality through the SOGIESC framework, and using storytelling and social media platforms for advocacy. The institute emphasized pleasure-based approaches and intergenerational learning, culminating in the co-creation of national and regional action plans. These plans reflected the participants' commitment to advancing SRHR in their communities. The YAI not only deepened technical knowledge but also fostered solidarity, leadership, and a shared vision for a more just and inclusive SRHR landscape.

**Over 222,000 people engaged through our digital advocacy campaign on social media for the 16 Days of Activism against Gender-based Violence.**



## Pioneering Inclusive Healthcare in Bangladesh

In Bangladesh, gender-diverse populations (GDPs) and women in sex work face systemic barriers to accessing healthcare, largely due to stigma, discrimination, and the criminalization of same-sex relationships under Section 377 of the Penal Code. These challenges are worsened by the lack of inclusive sexual and reproductive health services, limiting access for many socially excluded groups. To address these gaps, the Bandhu Social Welfare Society, one of our partners in Bangladesh, established the Proyojon Youth Health Service Center—Bangladesh’s first clinic specifically designed to serve the unique needs of GDPs and women in sex work.

Supported by the IPPF-funded Proyojon project, the clinic employs a community-centered model that prioritizes inclusivity by hiring healthcare professionals from within the gender-diverse community. Services include mental health counselling, gender-affirming care, STI screenings, HIV prevention and treatment, and access to safe-sex resources.

In its first year, the clinic provided SRH services to 246 gender-diverse individuals and women in sex work, and delivered mental health support to 73 individuals. HIV testing and treatment uptake increased significantly among high-risk groups, with 80% of participants reporting improved health outcomes. Through outreach programs, the clinic reached over 1,294 individuals with HIV prevention and SRH education and conducted 46 group education sessions. Notably, advocacy efforts led to the inclusion of gender-affirming counselling in mental health protocols at select government facilities. The Proyojon Youth Health Service Center has significantly improved the lives of gender diverse and other marginalized key populations in Bangladesh. By offering tailored, confidential, and stigma-free healthcare to GDPs and women in sex work. Mental health interventions have reduced rates of anxiety and depression, while gender-affirming services bring hope for individuals to embrace their identities. It has also contributed to broader systemic change in the country by influencing healthcare protocols and promoting legal reform.

# Solidarity for Change

Over the years, IPPF has prioritized building strategic alliances and cross-sector partnerships to address the complex and interconnected challenges of sexual and reproductive health and rights. This collaborative approach focuses on **aligning around shared goals, supporting social movements, and encouraging innovation through mutual learning.**



# Supporting Social Movements

In 2024, we deepened our commitment to strengthening and supporting social movements that are foundational to advancing sexual and reproductive health, rights, and justice (SRHRJ) in the South Asia region. The past year, we worked with feminist, LGBTI+, and women who use drugs groups— to move resources closer to communities.

In 2024, we also actively worked to shift resources to our MAs and CPs through small,

project-based grants to strengthen national advocacy efforts. In India, the South Asia Secretariat supported the Family Planning Association of India (FPAI) through a grant from the IPPF Countering Opposition Centre to combat anti-rights opposition and advocate for the decriminalization of abortion. In Bhutan, RENEW received an Opportunity Grant to address high rates of teenage and unintended pregnancies. Our MAs and CPs also led impactful SRHR campaigns: FPAI's "Race to Erase Cervical Campaign" focused on cervical cancer prevention, while a community initiative focused on challenging abortion stigma. In Nepal, the Family Planning Association of Nepal launched a campaign to increase legal awareness around safe abortion.

## Addressing the Unmet Sexual and Reproductive Health Needs of Women and Gender-Diverse People who Use Drugs

Women, including trans and queer women, who use drugs endure a life characterized by invisibility, fear, shame, anger and neglect. Women who use drugs persistently face denial of complete physical, emotional, mental and social well-being when it comes to their sexual and reproductive health. The inception of The Regional Collective of Women who Use Drugs (TRCWUD) stems from the conviction that it is high time for women who use drugs (WUD) to assert control over laws, narratives and perceptions of the community. A targeted emphasis on the sexual and reproductive health and rights of WUD serves as a strategic entry point for reshaping the development agenda for WUD. The Regional Collective for Women who Use Drugs' mission is to reinforce that information on and access to timely and bias-free sexual and reproductive healthcare, as well as access to harm reduction therapy, are the fundamental human rights of women who use drugs. The collective, launched and hosted at the IPPF South Asia Region, is dedicated to fostering free and open dialogue on the SRHR of women who use drugs.

In 2024, the Collective led a regional campaign during the 16 Days of Activism to highlight violence against women who use drugs. A webinar featuring WUD leaders from South and Southeast Asia served as a platform for sharing solutions for inclusive programming and policy advocacy.

The Nepal chapter of the Collective has also initiated a partnership with Dristi Nepal, a community-based organisation, to initiate a help desk in the Family Planning Association of Nepal (FPAN) clinics. In partnership with Dristi Nepal and UNODC, FPAN has conducted capacity building sessions on sexual and reproductive health, reached over 150 WUDs. FPAN also provided outreach services at a WUD rehabilitation centre. Our MAs in Sri Lanka and Bangladesh, too, after working with the collective, now host WUD groups.

# Building Strategic Partnerships

Throughout 2024, we prioritized building sustained relationships that amplify community-led advocacy and service provision—particularly for sex workers, LGBTI+ people, and other marginalized groups. We partnered with organizations such as the Asia Safe Abortion Partnership to build the capacity of young SRHRJ leaders in South Asia. In partnership with APCOM, we co-created

knowledge products with trans leaders from across South Asia, to address the need for access to gender-affirming healthcare and recognition of diverse identities. Additionally, we developed an opinion paper highlighting the systemic barriers that trans and non-binary individuals face in accessing sexual and reproductive health services. To deepen this dialogue, IPPF SAR and APCOM convened a series of webinars that brought together trans and non-binary activists, healthcare professionals, and community members. These sessions created a vital platform for sharing lived experiences, identifying gaps in healthcare access, and discussing strategies to advance affirming, rights-based SRH services.



# Innovating and Sharing Knowledge

At the IPPF, we continue to invest in our culture of learning and innovating. We are committed to exploring new ways of knowledge creation and sharing, to ensure our data and research improve outcomes and better lives. In 2024, IPPF SAR formalized a knowledge partnership with Population Council India to strengthen the technical capacity of our MAs in key areas such as scientific writing, case story

documentation, photo voice techniques, evidence generation, and proposal development. We also conducted a proof-of-concept study in Bhutan aimed on evaluating the effectiveness of a multipronged approach to address sexual and gender-based violence. This study sought to identify key interventions and strategies that could reduce the incidence and impact of SGBV. The study's findings were presented at the ReproSex Conference organized by the Family Planning Association of Sri Lanka, where we contributed to regional discussions on reproductive health and the prevention of SGBV.

## ReproSex-2024: A Global Platform to Transform Sexual and Reproductive Health

Sexual and reproductive health (SRH) remains a critical public health and human rights issue globally, with significant disparities in access, quality of care, and policy implementation. In Sri Lanka and other low- and middle-income countries, gaps in programs, policies, and legal frameworks persist, hindering the realization of universal sexual and reproductive rights. Additionally, limited opportunities exist for global collaboration and evidence-sharing to address these challenges comprehensively. The Family Planning Association of Sri Lanka, identifying this urgent need to convene a platform to discuss equity-focused, gender-responsive, and evidence-driven strategies to advance SRH policies, programs, and services, organized the ReproSex Conference in November 2024 in Colombo, Sri Lanka.

The ReproSex Conference was a milestone as the first international conference on sexual and reproductive health hosted in Sri Lanka. The event brought together 400 delegates, including over 125 international participants from 30 countries, fostering a unique platform for global dialogue on critical SRH issues. Covering 12 thematic areas, the conference delved into a diverse range of topics, addressing pressing challenges related to policy, programs, legal frameworks, and community-level interventions. The conference featured a rich array of sessions and presentations, including 50 abstract presentations, 28 of which were delivered by international experts. A total of 21 technical sessions were conducted, comprising five plenary sessions led by globally renowned experts and 16 parallel sessions that facilitated in-depth discussions and knowledge exchange. With over 100 distinguished speakers, including scholars, practitioners, and policymakers, ReproSex-2024 highlighted cutting-edge research and innovative approaches in the field of SRH. In addition to its robust technical program, the conference also embraced innovation and community engagement.

# Nurture Our Federation

In the rich and complex landscape of South Asia, nurturing our Federation means strengthening who we are: united by shared values, collective purpose, and a deep commitment to reproductive justice. We are committed to **building an inclusive, resilient, and future-ready Federation** that can effectively respond to the unique needs of our region while advancing our strategic goals.



## Chart Our Identity

In 2024, we worked on the Secretariat Accountability Mechanism (SAM), which provides MAs the opportunity to give feedback on how well the Secretariat has been able to extend support. The purpose of this feedback mechanism is to support planning and, over time, strengthen alignment between the Secretariat's work and the needs of MAs. The findings of the SAM were shared with the MAs.

Our shared commitment to advancing SRHRJ in South Asia emerged stronger than ever. We hosted our Regional and Youth Forum 2024, "One Voice for Choice", in Colombo, Sri Lanka, for us to come together to advocate for SRHRJ amid rising opposition- both local and global. The forum highlighted the critical role of youth leadership, innovation, and collective action in advancing SRHRJ in South Asia. Member Associations committed at least 5% of their budgets to youth-led initiatives such as leadership programs, peer exchanges, and digital platforms for CSE. The platform emphasized inclusive and intersectional programming, calling for updated gender policies, accessible infrastructure, and meaningful youth participation. We recognized the role innovative service delivery and sustainability models like telemedicine, mobile clinics, and social enterprises play in improving access. The forum also gave us an opportunity to find new ways to strengthen national and regional advocacy and collaboration.

## Grow Our Federation

This year, the South Asia Region actively contributed to the strategy development process of the Social Enterprise (SE) Hub, ensuring regional priorities and innovative approaches were reflected in the Federation's broader thinking on sustainability. As part of our commitment to institutional strengthening, we supported competency mapping assessments for several Member Associations, helping them assess their core capabilities and identify pathways for organizational development. These insights are now guiding long-term capacity-building efforts tailored to each MA's unique context.

We also supported the expansion of RENEW's social enterprise initiative in Bhutan by providing technical guidance on strategy revision and branding enhancements. With these contributions, the initiative is now better positioned to scale its impact, diversify its revenue streams, and increase its visibility. Social enterprises play a vital role in ensuring financial sustainability while promoting community-led solutions, and we remain committed to strengthening these models across the region.

# Walk the Talk

Living our values internally is as critical as advocating for them externally. In 2024, IPPF South Asia Region organized a one-day training session on anti-racism and decolonization for members of the South Asia Regional Youth Network (SARYN), led by IPPF's global Anti-Racism and Decolonisation Lead. The session created space for honest reflection on lived experiences, organizational practices, and the structural inequities embedded within the system and the society as a whole.

Inspired by the training, SARYN members co-developed a proposal for a documentary film exploring narratives of racism, power, and resistance from a South Asian perspective. The project was awarded a grant of USD 10,000, and production is underway. This youth-led initiative not only amplifies marginalized voices but also serves as a powerful example of how internal learning can drive creative advocacy rooted in lived realities.

Within the Secretariat, we continued to advance inclusivity through progressive policy changes. Notably, we introduced provisions such as insurance coverage for

## Social Enterprise for Empowering Women and Marginalized Groups

The RENEW Social Enterprise (RENEW SE) in Bhutan is a dynamic social enterprise committed to economically empowering women and marginalized groups, particularly survivors of domestic and sexual and gender-based violence, persons with disabilities (PWDs), and individuals from underserved communities. Through a unique blend of traditional Bhutanese craftsmanship and modern design, RENEW SE produces culturally rich handloom and souvenir products that appeal to both local and global markets. The enterprise is built on a sustainable, community-led model that not only generates income but also provides flexible, remote work opportunities for over 24 women in Thimphu, enabling them to gain financial independence while balancing personal responsibilities. Guided by environmental values, RENEW SE incorporates the principles of Reduce, Reuse, and Recycle in its production processes, positioning itself as both a socially and ecologically conscious initiative.

With a 14.5% increase in sales and over USD 13,600 in surplus income reinvested into skill development and community programs between June 2023 and June 2024, the enterprise has expanded its reach across districts, onboarded eight new members, and launched new seasonal collections to diversify offerings. Collaborations with reputable institutions such as the Royal Textile Academy, the Craft Gallery under the Gyalyum Charitable Trust Fund, and the Druk Smart Partnership (DSP) have enabled RENEW SE to expand market access and visibility. The enterprise also actively involves highland ethnic communities and promotes gender-neutral products, creating inclusive and representative designs.

The RENEW SE exemplifies the power of social enterprise as a tool for sustainable development, community empowerment, and inclusive economic growth. As global challenges like gender inequality, climate change, and economic marginalization intensify, the need to expand and support social enterprises becomes more urgent. Social enterprises like RENEW SE offer a holistic solution by bridging the gap between economic resilience and social impact, reinvesting profits into community welfare, and creating dignified livelihoods for those often excluded from mainstream economic systems. Scaling such initiatives is essential to building equitable, sustainable futures that prioritize people, planet, and purpose.

LGBTI+ staff and their partners – an important step in affirming staff dignity, wellbeing, and belonging. Simultaneously, staff were supported to explore cross-functional roles, facilitating professional growth and nurturing teams that are both agile and resilient in navigating complex regional challenges.

The Pride at IPPF initiative conducted multiple events such as play readings, stand-up performances, film screenings, listening circles, and leadership discussions. The sessions covered a range of topics such as racism, sensitization on different SOGIESC identities, and intersectionality. The Human Library series featured various speakers covering lived realities of LGBTI+ including in crisis settings.

The safeguarding team at SAR led the design and facilitation of comprehensive safeguarding refresher trainings, ensuring the consistent integration of safeguarding

principles across national and sub-national levels. These sessions, conducted periodically throughout the year, targeted staff, partners, and community-based organizations, focusing on building awareness, strengthening reporting mechanisms, and promoting a culture of accountability and protection. Tailored training materials and participatory methodologies were used to ensure contextual relevance and engagement across diverse stakeholders.

These efforts are more than isolated activities as they represent a deliberate, values-driven approach to leadership, governance, and solidarity. As we move forward, nurturing our Federation remains at the heart of our work. By strengthening our systems, empowering our people, and living our values, we continue building a future-ready Federation that reflects the realities and aspirations of South Asia.



# Annexure

## South Asia 2024

SERVICES	LESS THAN 25 YEARS	25 YEARS AND ABOVE	OVERALL SAR
Abortion	46870	147602	194472
Contraceptive Services	1150724	3617827	4768551
Obstetrics	732891	1498097	2230988
HIV/AIDS	596131	2220547	2816678
Gynaecology	690719	3339322	4030041
STI/RTI	633990	2270073	2904063
Paediatrics	2039729	0	2039729
Specialised SRH	617037	1070450	1687487
Subfertility	19189	96196	115385
Urology	117040	550916	667956
SRH Other	735323	1239437	1974760
Total SRH Services	7379643	16050467	23430110

SERVICES	STATIC CLINICS	MOBILE/ OUTREACH	CBD	ASSOCIATED	DIGITAL/ VIRTUAL	OVERALL SAR
Abortion	127509	39709	700	19253	7301	194472
Contraceptive Services	1351845	2059979	1016578	319703	20446	4768551
Obstetrics	597847	791591	174626	657697	9227	2230988
HIV/AIDS	486228	1619089	240939	449903	20519	2816678
Gynaecology	820349	2346647	114539	730183	18323	4030041
STI/RTI	557141	1796481	200616	344788	5037	2904063
Paediatrics	168300	1213984	113432	541856	2157	2039729

Specialised SRH	335227	1197659	115777	36191	2633	1687487
Subfertility	32984	38343	3888	38280	1890	115385
Urology	148744	315575	7262	195521	854	667956
SRH Other	313001	1446356	1372	209255	4776	1974760
Total SRH Services	4939175	12865413	1989729	3542630	93163	23430110

SERVICES	COUNSELLING	CONSULTATION	INVESTIGATION	MANAGEMENT	PREVENTION	UNABLE TO CATEGORIZE	OVERALL SAR
Abortion	84846	63868		45758			194472
Contraceptive Services	2368549	2366275		33553		174	4768551
Obstetrics	655685	474677	799143	126363	175120		2230988
HIV/AIDS	1817387	637231	344700	16984	376		2816678
Gynaecology	1641958	904514	1032012	381705	69852		4030041
STI/RTI	1572797	662390	381065	284212	3599		2904063
Paediatrics	652127	629412	946	232681	524501	62	2039729
Specialised SRH	1130675	20796			535638	378	1687487
Subfertility	48315	35466	13914	17690			115385
Urology	259227	234950	42760	131019			667956
SRH Other	540397	516086	527608	371053	19616		1974760
Total SRH Services	10771963	6545665	3142148	1641018	1328702	614	23430110

CYP	OVERALL SAR	% OF CYP
CYP Condoms	249043	24.8
CYP Emergency Contraception	107687	10.7
CYP - FVSC	185536	18.5
CYP Implant	79671	7.9
CYP Injectable	60026	6.0
CYP - MVSC	24440	2.4
CYP IUD	124923	12.5

CYP Oral Contraceptives	171337	17.1
Total CYP	1002663	

CLIENTS SERVED	OVERALL SAR	% OF CLIENTS
Clients aged 10-19	535174	10.4
Clients aged 10-24	1198705	23.2
Female clients	3631344	70.4
Marginalized and Excluded clients	4279048	83.0
Clients served in humanitarian contexts	1081452	21.0
Total clients	5157803	

CSE PROVIDED	OVERALL SAR
Number of Young people reached with COMPLETE series of the CSE curriculum	344423
Number of Young people reached with PARTIAL series of the CSE curriculum	13048
Number of Young people reached with SINGLE SESSIONS the CSE curriculum	15174
Number of peer educators trained	4257

# SAR Members Associations and Collaborative Partners

## Afghanistan

### **Afghan Family Guidance Association**

Kabul, Afghanistan

E: [info@afga.org.af](mailto:info@afga.org.af)

T: +93 767880880

**CEO:** Najibullah Samim

## Bangladesh

### **Population Services and Training Center (PSTC)**

Dhaka, Bangladesh

E: [pstc@pstc-bgd.org](mailto:pstc@pstc-bgd.org)

T: +880 29853284

**Executive Director:** Noor Mohammad

### **Bandhu Social Welfare Society**

E: [info@bandhu-bd.org](mailto:info@bandhu-bd.org)

**Executive Director:** Shale Ahmed

## Bhutan

### **Respect, Educate, Nurture and Empower Women (RENEW)**

Thimphu, Bhutan

E: [renewbht@gmail.com](mailto:renewbht@gmail.com)

T: +975 17126353

**Executive Director:** Tshering Dolkar

## India

### **Family Planning Association of India**

Mumbai, India

E: [fpai@fpaindia.org](mailto:fpai@fpaindia.org)

T: +91-22 22029080

**Director-General:** Kalpana Apte

## Maldives

### **Society for Health Education**

Malé, Maldives

E: [she.maldives@she.org.mv](mailto:she.maldives@she.org.mv)

T: (+960) 3327117

**CEO:** Iyasha Leena

## Nepal

### **Family Planning Association of Nepal**

Kathmandu, Nepal

E: [fpan@fpan.org.np](mailto:fpan@fpan.org.np)

T: 977-1-5010240

**Executive Director:** Prabin Shakya

## Sri Lanka

### **Family Planning Association of Sri Lanka**

Colombo, Sri Lanka

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T: +94-11-2580915

**Executive Director:** Ruchitha Perera



