



Fighting Back, Defending SRHRJ for All

**IPPF South Asia Region
Annual Performance Report 2025**



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 IPPF SAR Annual Progress Report (APR) for 2025. 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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Note: 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 100+ locally led autonomous members with a presence in 150+ countries, dedicated to advance your sexual and reproductive health, rights, and justice.

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)		
119,037 Volunteers	3,323 Total Staff	
1,828 Women	1,345 Men	150 Gender-diverse persons



CONTENT

From the Regional Director's Desk	5
Brief Overview of IPPF Strategy and Result Framework	7
Unified Voice for Choice: Delivering Person-Centered Care Rooted in Compassion, Dignity, and Equality for All	8
Pillar 1: Center Care on People	9
What We Achieved	10
Expanding Choice	12
Widening Access	15
Clients We Served	15
Expanding Services for Marginalized and Excluded Communities	18
Humanitarian response	18
Advancing Digital Health Interventions	20
From Advocacy to Action	21
Pillar 2: Move the Sexuality Agenda	22
Grounding Advocacy	22
Shifting Norms	26
Acting with Youth	27
In Solidarity, We Resist	30
Pillar 3: Solidarity for Change	31
Supporting Social Movements	31
Building Strategic Partnerships	35
Innovating and Sharing Knowledge	36
United We Move Forward	37
Pillar 4: Nurture Our Federation	38
Charting Our Identity	38
Growing Our Federation	41
Walking the Talk	41
 Annexure I	 43
Annexure II	45



From the Regional Director's Desk

2025 was marked by intensifying global opposition to sexual and reproductive health and rights (SRHR), regressive policies, shrinking civic spaces, and deepening humanitarian crises. It was also the year of unprecedented global aid and funding cuts that threatened access to essential healthcare services across South Asia, and across the globe. Despite all challenges, IPPF Member Associations (MAs) remained unwavered in delivering lifesaving and stigma-free sexual and reproductive health (SRH) services to all, including women, girls, LGBTI+ individuals, women in sex work, people who use drugs, and other marginalized groups. Amid several humanitarian crises and shrinking access to care, **we delivered 23.9 million SRH services across South Asia**, ensuring continued to access integrated and rights-based healthcare.

Through strategic partnerships, community-led initiatives, social enterprises, we continued to amplify marginalized voices and protect hard-won SRHR gains. From expanding community-led HIV prevention services in India, to supporting mental health support for gender-diverse communities in Bangladesh, to strengthening youth-led legal literacy and LGBTI+ advocacy across the region, IPPF MAs continued to deliver care, nurture coalitions for cross-movement solidarity, and defend sexual and reproductive rights. As such, the IPPF South Asia Region's Annual Progress Report 2025 reflects the collective commitment of our Member Associations, service providers, volunteers, youth advocates, and partners who have responded to an intensifying global crisis with courage and love.

2025 was the year of important leadership transition for the Federation. We would like to extend our deep gratitude to Dr Alvaro Bermejo for his vision, commitment, and the strong foundation he helped build for IPPF during a period of significant transformation. At the same time, we warmly welcome Maria Antonieta Alcalde Castro as she takes on the role of IPPF Director-General, bringing renewed energy, conviction, and leadership to our shared mission of advancing SRHRJ for all.

This year also marked a historic milestone for IPPF, as we adopted our first-ever Charter of Values, reaffirming our collective commitment and shared purpose to advance sexual and reproductive health, rights and justice for all. The Charter outlines seven core values—**Dignity, Equality, Justice, Pleasure, Community, Integrity, and Resilience**—that shape our identity, guide our actions, and define what we stand for. In the face of a global anti-gender and anti-rights wave, the Charter reaffirms our determination to stand united—stronger, bolder, and more vocal—in defending sexual and reproductive rights. In this report, you will find these values not mere statements but reflected in practice: in the stories of the resilience and courage of IPPF Member Associations.

In Solidarity,

Tomoko Fukuda

Regional Director (Interim)

IPPF South Asia Region

Brief Overview of IPPF Strategy and Results Framework

CENTER CARE ON PEOPLE • Expand Choice • Widen Access • Advance Digital and Self-care	1. Proportion of [service providing] MAs/CPs providing IPES+ AND meeting quality standards	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 selfcare) 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
MOVE THE SEXUALITY AGENDA • Ground Advocacy • Shift Norms • Act with Youth	5. Number of successful policy initiatives and legislative changes in support or defence of SRHR	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	
SOLIDARITY FOR CHANGE • Support Social Movements • Build Strategic Partnerships • Innovate and Share Knowledge	8. IPPF's contribution in supporting social movements and defending activists	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	
NURTURE OUR FEDERATION • Walk the Talk • Chart our Identity • Grow our Federation	11. Proportion MAs/CPs receiving less than 50% of their income from one single donor	12. Overall Secretariat Efficiency Score		



**Unified Voice for Choice:
Delivering Person-Centered Care Rooted in
Compassion, Dignity, and Equality for All**

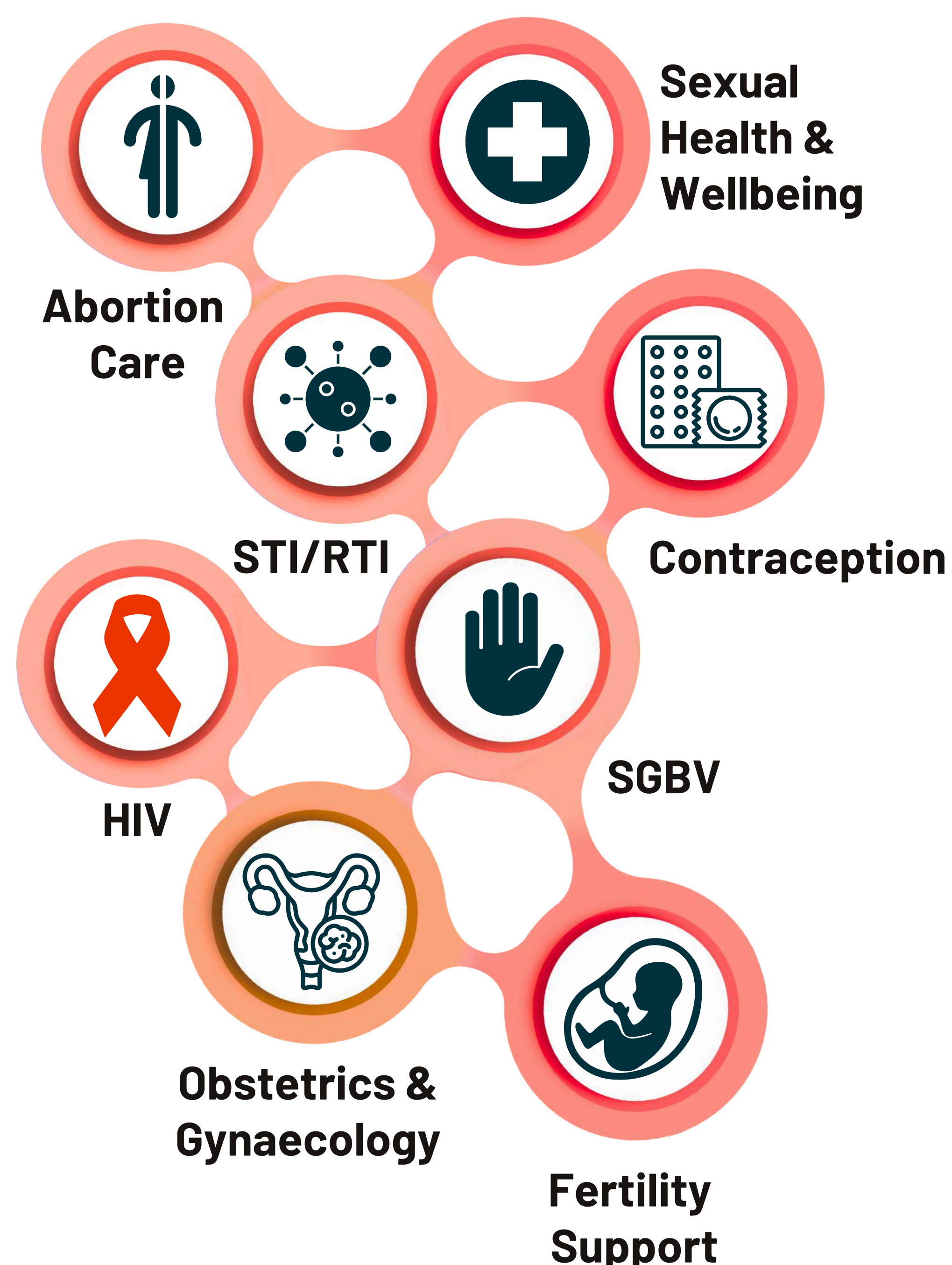
PILLAR 1: CENTER CARE ON PEOPLE

Across South Asia, IPPF Member Associations continue to advance sexual and reproductive health, rights, and justice (SRHRJ) for all despite funding cuts, regressive policies, and growing opposition to bodily autonomy and human rights. IPPF SAR Member Associations are strengthening social movements, advancing abortion rights, addressing sexual and gender-based violence, responding to the climate crisis, and building community-led systems and partnerships.

At the centre of this work are the clients and communities we serve. We continue to deliver stigma-free, inclusive, and responsive care. Despite surmounting challenges, IPPF remained committed to delivering person-centred care regardless of a person's background, identity, or life circumstances—to ensure everyone can access integrated, affordable, high-quality, and respectful care that is responsive to their unique needs and choices.

By offering services that are both affordable and accessible, we strive to empower individuals to make informed and independent sexual and reproductive health decisions. A key principle of this approach is service integration, which allows clients to receive comprehensive, person-centered care that addresses multiple needs within a single, coordinated setting.

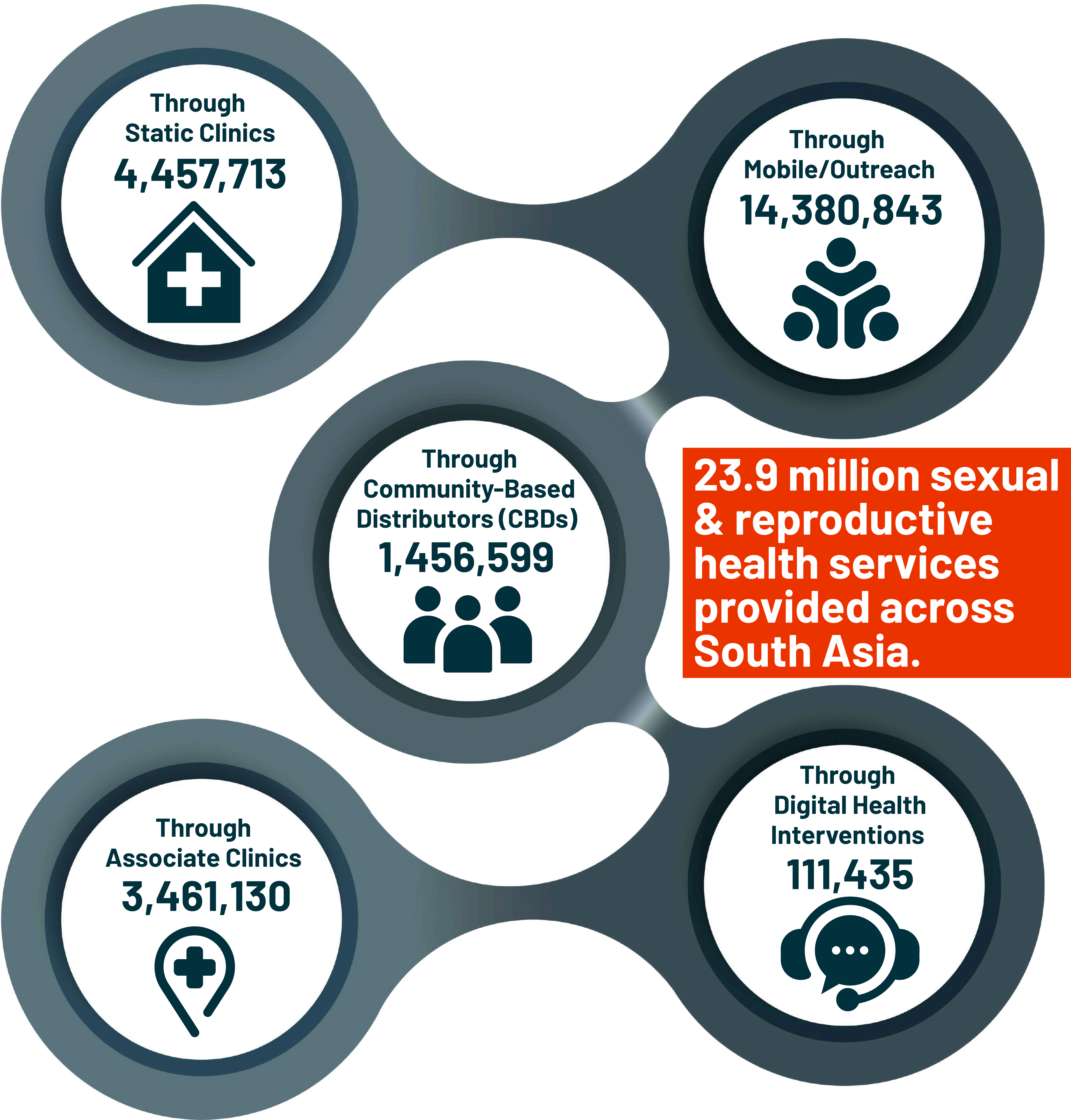
The **Integrated Package of Essential Services Plus (IPES+)** represents a client-centered model for delivering high-quality, comprehensive sexual and reproductive healthcare. At its core, IPES+ is grounded in a commitment to ensuring that every individual receives respectful, confidential, and timely care tailored to their most urgent health needs. By placing clients at the centre, this approach enables individuals to make well-informed decisions about their health and overall well-being. Having transitioned from IPES to IPES+ as part of our strategic commitments, the model includes eight essential, integrated services designed to provide a seamless continuum of care, reinforcing our ongoing commitment to expanding access to quality sexual and reproductive healthcare.



What We Achieved

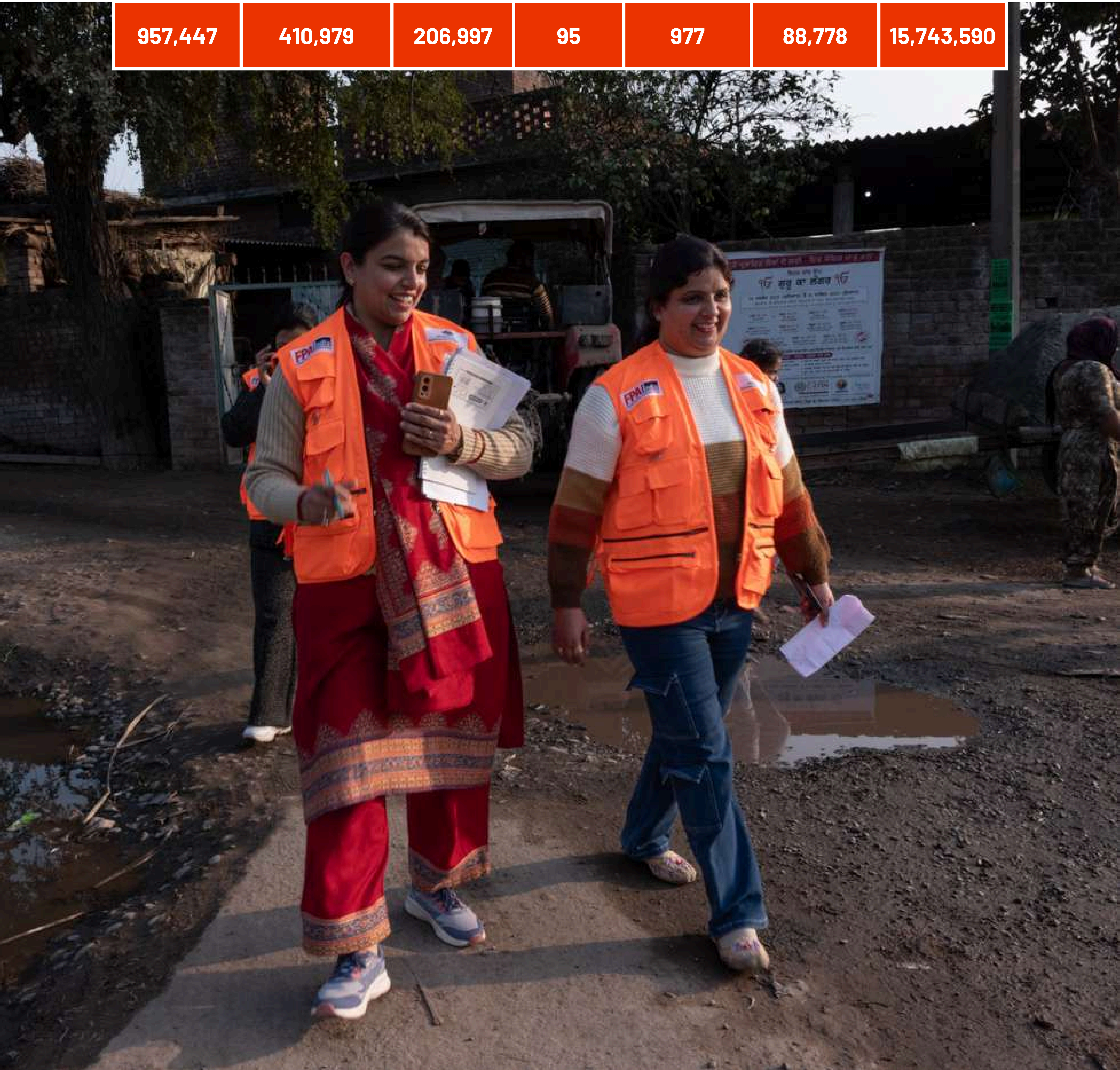
In 2025, we delivered services through a variety of channels, including static clinics (4.5 million), mobile and outreach sessions (14.4 million), community-based distributors (1.5 million), associated clinics (3.5 million), and digital health interventions (111,435). The numbers demonstrate both the reach and effectiveness of our integrated service delivery model, while reaffirming our strong commitment to ensuring that no one is left behind, even in challenging contexts.

In 2025, our **Member Associations delivered a total of 23.9 million sexual and reproductive health (SRH) services** across these channels as compared to 23.4 million services in 2024, representing approximately a 2.14% increase.



Through our integrated SRH interventions, we have generated significant health impact across South Asia. **About 1 million Couple Years of Protection (CYP) were generated through the provision of contraceptive services by the MAs.** Our services have helped prevent unintended pregnancies, reduce unsafe abortions, and avert maternal and child deaths by ensuring timely access to quality care. By expanding equitable access to SRH services, we have improved health outcomes for all including marginalized and excluded communities. These achievements reflect not only the scale of our reach but also the life-saving impact of the work of IPPF MAs and CPs.

Couple years of protection (CYP)	Unintended pregnancies averted	Unsafe abortions averted	Maternal deaths averted	Child deaths averted	Total DALYs Averted	Direct healthcare costs saved
957,447	410,979	206,997	95	977	88,778	15,743,590



Expanding Choice

Autonomy and agency are only possible when individuals can access a full spectrum of services, including contraception, fertility support, safe abortion care, HIV and STI services, support for survivors experiencing sexual and gender-based violence, and broader SRH care.

Contraceptive services remained the single largest component of our overall service delivery in 2025, with more than **4 million services** provided across the region—highlighting both sustained demand and consistent programme efforts. Short-acting reversible contraceptive (SARC) methods accounted for the majority of all contraceptive services provided. Even in the face persistent challenges and heightened opposition, we provided **159,652 abortion-related services**, helping individuals make informed decisions about their reproductive health.

In 2025, we also made notable strides in delivering services related to sexual and gender-based violence (SGBV). **Service delivery increased by 17%** compared to 2024, reflecting a stronger, more proactive approach to reaching survivors of SGBV.

At the regional level, our efforts also continued to focus on strengthening HIV prevention commodity systems, including support for Pre-Exposure Prophylaxis (PrEP) registration, procurement, and distribution. In Maldives, community-based HIV testing for people who use drugs was introduced through a collaboration between Society for Health Education, IPPF's MA in Maldives, and the Maldivian Drug Agency.

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"Community-based HIV testing for marginalized people marks an important step for SHE in making HIV services more accessible and responsive to communities that often face stigma and barriers to care. As Maldives has become the first country globally to achieve triple-elimination of mother-to-child transmission of HIV, syphilis and hepatitis, it is then crucial that we continue investing in prevention, outreach, and community partnerships to ensure that no one is left behind in accessing essential HIV services." - **Iyasha Leena, CEO, Society for Health Education, Maldives.**

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Additionally, the Family Planning Association of India, supported the rollout of PrEP services by leading the IPPF Stream 2 Biomedical HIV Prevention consortium, implemented across three regions.

Community-Driven HIV Prevention and Inclusive Care

The Family Planning Association of India (FPAI) is addressing critical gaps in HIV prevention in India, particularly working on expanding access to Post-Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP), despite their approval under the Indian National AIDS Control Program. In 2025, FPAI India conducted qualitative research across three sites, revealing gaps in awareness, concerns about cost, stigma, and the need for flexible, client-centred service delivery. In response, FPAI India introduced mobile clinics, home delivery options, extended clinic hours, and partnerships with NGOs to decentralize HIV testing and PrEP eligibility screening at community hotspots.

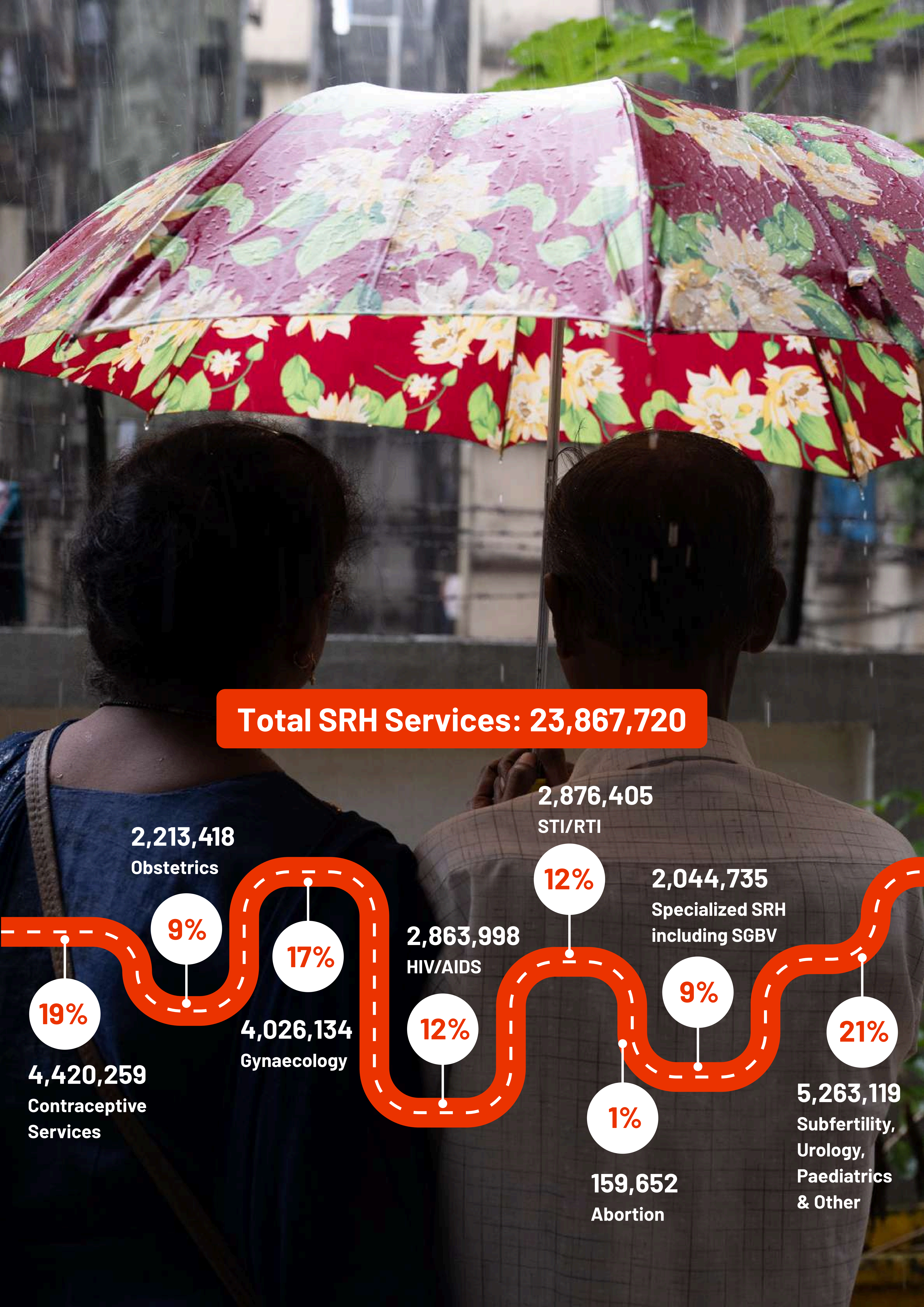
Between 2024 and 2025, services were delivered through 10 static and outreach clinics. **A total of 7,925 clients were screened, with 1,478 initiating oral PrEP.** Uptake was higher in outreach settings (55%) than static clinics (45%), highlighting the effectiveness of community-based models. Integrated outreach sessions addressing non-communicable diseases, hepatitis, cancer, infertility, and mental health attracted wider community participation. Awareness activities also resulted in four clients accessing PEP within the critical post-exposure window, demonstrating how integrated health outreach and targeted awareness efforts support timely PEP uptake.

Community leaders were trained as “change agents” to educate peers through interpersonal outreach and social media. FPAI India complemented service delivery with stigma-reduction campaigns, culturally sensitive IEC materials, and community-led outreach. Safe spaces and drop-in centres provided counselling and mental health support, while providers received specialized training in PrEP and PEP delivery. This intervention expanded access to HIV prevention and improved access to discreet, client-centred services— particularly empowering young people and marginalized communities.

As one of our key constituencies, our service delivery continued to prioritize young people in sexual and reproductive health programming.

In 2025, Member Associations across South Asia provided **7.4 million SRH services to young people under 25 years**, reflecting both our reach and commitment to youth-centred care.

31% of total sexual and reproductive health services were delivered to young people under 25 years.



Total SRH Services: 23,867,720

2,213,418
Obstetrics

9%

4,026,134
Gynaecology

17%

4,420,259
Contraceptive
Services

19%

2,863,998
HIV/AIDS

12%

2,876,405
STI/RTI

12%

2,044,735
Specialized SRH
including SGBV

9%

159,652
Abortion

1%

5,263,119
Subfertility,
Urology,
Paediatrics
& Other

21%

Fostering Resilience

In February 2025, IPPF rolled out a Federation wide survey with IPPF MAs and CPs to better document the impact of the funding cuts and subsequent policy changes. The findings highlighted the continued negative impact of the aid cuts on services, including significant and ongoing disruptions to programme delivery, financing, and supply chains. MAs also noted further adverse impacts on SRHR in the contexts where they operate, with homegrown anti-gender, anti-rights opposition strengthening across the region.

To help reduce immediate harm, mitigation support was provided across the Federation to assist the most affected Member Associations in maintaining essential services and supplies. In the South Asia Region, Population Services and Training Centre (PSTC) and Bandu in Bangladesh received harm mitigation support. With the help of the Harm Mitigation Grants, PSTC and Bandhu continued to deliver essential SRH care, including gender-affirming counselling and psychosocial support to women, girls, gender-diverse groups and other marginalized communities through their service delivery points and key population (KP) clinics.



“The impact of the funding cuts was felt almost immediately, disrupting essential programmes serving vulnerable populations, particularly women and girls in rural and hard-to-reach areas, as well as sex workers and their families. While PSTC leveraged the Harm Mitigation Grant to sustain critical SRH services during this period, the experience reinforced the urgent need for more resilient health systems, stronger domestic financing, and sustained national commitment to ensure uninterrupted access to essential SRH services for those most in need.” - Dr Noor Mohammad, Executive Director, PSTC.



Widening Access

Expanding equitable SRH services—especially for marginalized and excluded communities—remains central to our mission of advancing SRHRJ for all. Despite a year marked by persistent challenges, we remained resilient and continued delivering essential SRH services. **In 2025, our MAs reached over 4.8 million clients.** Adolescents aged 10–19 accounted for 9% of those served, while young people aged 10–24 made up 23%, underscoring our sustained reach among youth.

4.8 million clients served across South Asia in 2025.



Total clients served		4,803,830
Clients aged 10-19		442,519
Clients aged 10-24		1,098,819
Women clients served		3,368,235
Marginalized & excluded clients served		4,110,133
Clients served in humanitarian contexts		960,929

A Hospital Born of Hope: The Mother and Newborn Hospital by Afghan Family Guidance Association

In a country where access to maternal healthcare still remains limited, the Afghan Family Guidance Association (AFGA) took a bold step forward by establishing its first Mother and Newborn Hospital (MNH) in Kabul City in February 2025. Supported through the NORAD, the 20-bed facility was set up as a comprehensive healthcare centre dedicated to improving maternal and newborn health outcomes for some of Afghanistan's most vulnerable women and families.

The MNH offers a wide range of services, including normal and assisted deliveries, antenatal and postnatal care, emergency obstetric and neonatal care, caesarean sections, neonatal intensive care, contraceptive counselling, and diagnostic services. Prioritizing accessibility over profit, the hospital provides several services free of charge including routine newborn vaccinations, emergency obstetric care, basic family planning services, and essential counselling while offering 60-70% discounts across most other services, ensuring that cost is never a barrier to quality care.

Since commencing full 24-hour operations in April 2025, the MNH has already **delivered over 10,337 SRH and non-SRH services to more than 2,296 clients**— a testament to the immense unmet need it is addressing. Looking ahead, AFGA envisions the MNH progressively moving toward financial self-sustainability, with its income eventually covering operational expenses, making it a model of social enterprise within the Federation.

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“This hospital represents a critical step forward in our mission to ensure that no woman or newborn is left behind in accessing life-saving health services, regardless of their ability to pay or the constraints of their circumstances. In a context where maternal health services remain severely limited, we remain firmly committed to providing quality, dignified, and accessible care for women and newborns. The MNH will serve as a model of community-driven, sustainable approaches can transform maternal health outcomes and strengthen health systems for the most vulnerable.”

- Najibullah Samim, CEO, AFGA.

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Expanding Services for Marginalized and Excluded Communities

To ensure equitable access to SRH services, we remain committed to delivering inclusive, stigma-free, and rights-based care for all. **In 2025, we reached and served 4.1 million individuals from marginalized and excluded groups, representing 86% of our total clients, based on country-specific priorities and local contexts.** These include people with disabilities, women in sex work, LGBTI+ individuals, people who use drugs, people living with HIV, high-risk migrants, women in the informal and unregulated sector, individuals in prisons or other closed settings, and those holding Below Poverty Line (BPL) or Red Cards, among others.

4.1 million clients from marginalized and excluded communities served.

Humanitarian response

Across South Asia, 2025 was shaped by deepening humanitarian crises, including floods, displacement, conflict, and worsening inequalities that continued to threaten access to essential healthcare. In 2025, SAR MAs **delivered essential sexual and reproductive health services to 960,929 clients in humanitarian settings.**

Afghanistan was considered a humanitarian context in its entirety, and therefore, all clients served there were categorized as humanitarian clients. The South Asia Region MAs responded to four emergencies: 1) the Kunar earthquake in Afghanistan, where 24-hour mobile health camps and referral systems provided integrated SRH and primary healthcare services to vulnerable populations; 2) the Punjab floods in India, where affected communities received continued access to SRH services through clinical care and awareness sessions; 3) the Maharashtra floods in India, where mobile outreach teams coordinated with government authorities, ASHA workers, local partners, and volunteers to deliver integrated services in Solapur and Dharashiv districts; and 4) Cyclone Ditwah in Sri Lanka, implemented in alignment with the Minimum Initial Service Package (MISP), ensuring the continuity of access to essential sexual and reproductive health (SRH) information, services, and supplies for vulnerable populations.

Essential sexual and reproductive health services delivered to 960,929 clients in humanitarian settings.



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“Emergencies and climate-related disasters often create additional barriers for women, lactating mothers, girls, young people and underserved, marginalized and vulnerable communities in accessing essential sexual and reproductive health (SRH) services. Through the SPRINT Emergency Response Programme, we collaborated closely with health authorities and local communities to distribute maternity kits, dignity kits, adolescent kits to women, gender-diverse groups, girls and boys living in disaster-affected areas across the country. In addition to kit distribution, we provided services through Mobile Clinics, SRH Awareness sessions and demand-generation activities in affected communities. Our response was not limited to immediate relief efforts. We also worked to ensure that sexual and reproductive health and rights remained a key component of disaster preparedness and humanitarian response, particularly for those most vulnerable and at risk of being left behind.” - Dr Ruchitha Perera, Executive Director, Family Planning Association of Sri Lanka.

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Alongside emergency response efforts, we also enhanced preparedness through trainings for staff, partners, and volunteers to strengthen capacity for delivering lifesaving SRH services in crisis settings aligned with the Minimum Initial Service Package (MISP) to ensure continued access to essential SRH information, services, and supplies for vulnerable populations. In the last year, IPPF has also strengthened and expanded its feminist humanitarian response and emergency preparedness across the region by updating humanitarian indicators, guidelines, and monitoring frameworks in alignment with WHO standards and the IPPF Client Centred Clinical Guidelines.

Advancing Digital & Self-Care

Digital health is no longer a sporadic intervention within IPPF, it has become a core component of how sexual and reproductive health (SRH) services are delivered, accessed, and experienced across Member Associations. IPPF's Strategy 2028 explicitly prioritises digital health and self-care as key enablers for expanding equitable access and strengthening person-centred service delivery. This strategic direction supports MAs in addressing persistent barriers to care, including geographic distance, mobility constraints, stigma, and overall accessibility of services. Through digital platforms, IPPF is increasingly able to bring services closer to clients, while also offering more private, flexible, and responsive care options.

Key digital offerings include tele-counselling and tele-consultations across all IPES+ services which have become important entry points for SRHR information, guidance, and clinical support. In 2025, MAs collectively delivered **111,435 services through digital platforms**, representing a **16% increase compared to 93,163 services in the previous year**. This growth reflects both rising demand for digital SRH services and the strengthening capacity to integrate digital channels into routine service delivery.

To strengthen digital health interventions, we developed evidence brief on Digital Health Initiatives (DHI) and abortion self-care in December 2025 to consolidate emerging evidence and guide programming. In addition, the IPPF South Asia Region began mapping existing DHI models implemented by MAs to document current practices, capture lessons learned and inform future programming and the scaling of effective digital health approaches.





From Advocacy to Action

PILLAR 2: MOVE THE SEXUALITY AGENDA

Across South Asia, rising conservatism, anti-rights mobilization, and attacks on bodily autonomy continued to threaten progress on sexual and reproductive health and rights. In response, IPPF South Asia Region worked to strengthen cross-movement solidarity, support feminist and youth-led movements, and challenge harmful narratives that undermine rights and justice.

Grounding Advocacy

Advocacy in 2025 moved on several tracks simultaneously. We strengthened alliances and cross-movement solidarity, we joined hands with other social justice movements to sustain engagement in key global and regional advocacy spaces, and we moved resources closer to our MAs to ensure they continue defending SRHRJ in their national contexts.

Our MAs secured **four significant advocacy wins** that strengthened sexual and reproductive health and rights at national and sub-national levels. In Bhutan, the Rainbow Help Desk was integrated into the National Standard Operating Procedures for Prevention and Response to Gender-Based Violence, marking an important step toward more inclusive SGBV support systems. In Nepal, advocacy efforts contributed to the adoption of the Koshi Province Health Policy, advancing commitments to equitable healthcare access. In India, sustained engagement supported the expanded introduction of contraceptive implants and SC-DMPA. FPA India also worked with the District Disaster Management Authority (DDMA) and Health Department in Solapur, Maharashtra, to prioritize SRHR within disaster preparedness and emergency response planning.

In 2025, Member Associations across South Asia also carried out **10 advocacy campaigns** to raise awareness and strengthen public engagement on key sexual and reproductive health and rights issues. Campaigns across India, Bhutan, Sri Lanka, and Bangladesh addressed cervical cancer, HIV prevention and testing, gender-based violence, menstrual equity, breastfeeding practices, and digital inequality. Through community outreach and public engagement, these initiatives helped increase visibility of critical SRHR programming, promote informed discussions, and encourage safer and more inclusive attitudes and practices across communities.

In September 2025, the IPPF South Asia Region supported the launch of the ARISE (Abortion Rights Alliance for Inclusion, Safety & Empowerment) coalition, to strengthen an inclusive, multi-actor movement advancing abortion rights and justice in India. FPAI India currently hosts the Secretariat of the Alliance, which brings together researchers, legal advocates, and youth-led and feminist organizations. The ARISE aims to shape rights-based narratives, counter opposition to SRHRJ, and strengthen cross-movement collaboration to advance universal access to safe, legal, high-quality abortion services grounded in reproductive justice in India.

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“While legal frameworks such as the Indian Medical Termination of Pregnancy Act provide an important basis for access to safe abortion care, the implementation is often shaped by uncertainty and caution among providers, which can affect timely service delivery. In this context, solidarity across ARISE remains our strongest response. We have come together across movements to reaffirm that dignified abortion care is a fundamental right. We will continue to stand together to strengthen health systems and advance legal and policy environments that uphold this right without fear, stigma, or delay.” - Dr Kalpana Apte, Chairperson, Steering Committee of ARISE, Director General of the Family Planning Association of India.

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At the International Conference on Family Planning (ICFP), the IPPF South Asia Region presented a sizeable and diverse delegation representing MAs and youth advocates. Through active participation in panels, plenaries, and side events, the delegation advanced critical discourse on decolonization, financial sustainability amid global aid cuts, expanding access to comprehensive sexuality education (CSE), and equitable access to quality SRH services for diverse populations.



Advancing Sexual and Reproductive Health and Rights of Persons with Disabilities in Nepal

Persons with disabilities in Nepal, particularly women and girls, continue to face significant barriers in accessing sexual and reproductive health information and services. Deep-rooted stigma, inaccessible health systems, and misconceptions surrounding disability actively hampers people with disabilities from making informed choices. Many women with disabilities experience compounded discrimination due to both gender identity and disability, leaving them more vulnerable to abuse, exploitation, with limited avenues to seek support.

To address these challenges, the Family Planning Association of Nepal (FPAN), with technical support from Abilis Foundation, partnered with eight disability rights organizations across Nepal.



The initiative focused on strengthening disability-inclusive SRH services through training, community outreach, peer education, and advocacy. Health service providers received orientations on disability-friendly SRH service delivery, while staff at FPAN's Valley Clinic were trained in sign language to improve communication with persons with hearing impairments. FPAN also created accessible information materials, including sign language and easy-to-read resources, to promote wider access to SRHR knowledge. A key component of the initiative was the mobilization of trained peer educators with disabilities.

The project also integrated disability inclusion into every stage of planning, implementation, monitoring, and evaluation, ensuring that the voices and needs of persons with disabilities were prioritized throughout the process. The interventions resulted in measurable improvements, with the percentage of beneficiaries with basic reproductive health knowledge increasing from 78% to 92%, while access to SRH services rose from 67% to 72%. Awareness that deciding whether to have children is a part of a woman's sexual and human rights increased from 65% to 75%. Beyond these outcomes, the project contributed to changing community perceptions by challenging stereotypes on sexuality and disability. In 2025, FPAN provided services to a total of **2,121 clients with disabilities**.

FPAN also played a significant role in pushing disability inclusion at the national level. In 2022, **Nepal's Ministry of Health and Population adopted disability-friendly guidelines for Reproductive Health and Safer Motherhood Services, with FPAN being a part of the working committee**. A peer educator from the project was also elected to FPAN's central committee in 2024, to ensure stronger representation and sustainability of disability-inclusive advocacy.

In the coming years, FPAN aims to transform all its service delivery points into fully disability-friendly and barrier-free spaces, contributing to more equitable and inclusive health systems in Nepal.



“Ensuring the sexual and reproductive health and rights of persons with disabilities is not only a health issue, but also a matter of dignity, inclusion, and equal participation in society. Persons with disabilities—particularly women and girls with disabilities—face overlapping barriers in essential SRH services. FPAN remains committed to working closely with the government and disability rights organizations to make SRH services more inclusive, accessible, and responsive, while also supporting broader changes in attitudes, policies, and health systems in Nepal.” - Dr Prabin Shakya, Executive Director, FPAN.



Shifting Norms

Across South Asia, harmful social norms continue to restrict bodily autonomy, reinforce gender inequality, and silence conversations on sexuality and rights. Services alone cannot help us advance SRHRJ for all – we must challenge harmful norms, stigma, and inequalities that prevent people from exercising their sexual and reproductive rights.

In the wake of the global aid cuts, South Asia has also witnessed the growing influence of homegrown anti-rights movements and religious opposition that continue to challenge bodily autonomy, gender equality, and access to sexual and reproductive healthcare. In 2025, we brought together MAs and CPs for a regional dialogue on challenging religious opposition to SRHRJ in the region. Using various country and faith-based contexts, we worked to identify popular faith-based misconceptions around SRHR, and shared diverse faith-based perspectives on sexuality. The dialogue resulted in the development of a Faith-Sensitive Advocacy Roadmap and documentation of best practices, alongside a clear follow-up strategy to guide collaborative action in 2026.



From Dialogue to Action: Young LGBTQI+ Leaders Driving Change Across South Asia

In September 2024, IPPF SAR and ESEAOR co-organised the South-to-South Dialogue in Bangkok, bringing together 17 emerging, young LGBTI+ activists leading grassroots movements across South Asia, Southeast Asia, and the Pacific. The convening was designed to equip young leaders with advocacy tools, foster intergenerational knowledge exchange, and develop concrete, locally anchored action projects in collaboration with Member Associations. One of its defining outcomes was the commitment to translate dialogue into tangible community-led action, and in 2025, that promise became reality. Two young LGBTI+ leaders, supported through opportunity grants from IPPF SAR and hosted by their respective Member Associations, implemented two impactful projects in their countries.

In Sri Lanka, a young gay activist, partnered with the Family Planning Association of Sri Lanka (FPASL) to deliver four targeted workshops on LGBTQIA+ sensitivity and awareness, engaging university and college students, rural school teachers, and informal youth networks to sensitize against stigma and foster inclusion.

In Bangladesh, a young volunteer from Bandhu conducted a Cyber Safety and Security Training program, delivering 31 sessions, including Training of Trainers and community trainings, reaching 320 young urban LGBTI+ community members at a time of heightened vulnerability due to the political instability after anti-government protests and growing threats to LGBTI+ people on social media platforms.

Collectively, these projects reached students, parents, teachers, and community members, demonstrating the powerful multiplier effect of grassroots youth leadership when meaningfully supported and institutionally anchored. We will continue to nurture the next generation of LGBTI+ advocates and translate regional learning into lasting, community-driven change.

Acting with Youth

Young people are not only beneficiaries of SRHR programming, but critical leaders, advocates, and changemakers who are instrumental in shaping more inclusive societies. Across South Asia, Member Associations continued to invest in youth leadership and comprehensive sexuality education (CSE) to advance bodily autonomy, gender equality, and informed decision-making. In 2025, our **MA**s reached around **4,00,915 young people through comprehensive and partial CSE sessions** and trained 2290 peer educators to expand access to accurate, youth-friendly SRHR information.



Comprehensive Sexuality Education (CSE) Indicators (2025)	No. of young people reached with CSE
Number of young people reached with COMPLETE series of the CSE curriculum	334,830
Number of young people reached with PARTIAL series of the CSE curriculum	66,085
Number of young people reached with SINGLE SESSIONS the CSE curriculum	22,955
Number of peer educators trained	2,290

334,830 young people reached with Comprehensive Sexuality Education in 2025.

In 2025, the South Asia Regional Youth Network (SARYN) continued to exemplify youth leadership and participation across the region. This was also the year for a comprehensive restructuring of SARYN to ensure stronger governance, accountability, and sustainability. SARYN, in collaboration with IPPF South Asia Region’s strategic partner, **Center for Reproductive Rights**, convened a three-day legal literacy workshop in Colombo, Sri Lanka, bringing together 13 youth volunteers advocating for SRHRJ in their unique country contexts. The workshop focused on a shared understanding of abortion law, legal frameworks relevant for SRHR, and advocacy strategies to equip the young advocates with the knowledge and tools to engage more effectively in national and regional advocacy efforts. Throughout the two-day workshop, youth advocates also conducted several fireside chats with LGBTI+ activists, feminist leaders, disability rights activists, and legal experts from Sri Lanka.

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“As young people, we cannot advocate for rights we do not fully understand. To make informed choices and push for better laws and policies, we first need clear knowledge of our rights and the legal frameworks that shape access to care. Through this partnership between SARYN and CRR, we hope to move from awareness to action by advocating for reforms within our own country contexts that are inclusive, youth-centred, and reflective of the lived realities of people seeking abortion care.”

- Mahaluxmi Sharma, youth advocate and member of the Executive Committee, SARYN.

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Cross-regional youth collaboration also brought together SARYN, YSNAP and Youth Oceans, the youth networks of IPPF SARO, ESEAOR & the Pacific respectively, to mark the Sexual Health Awareness Month, particularly the World Contraception Day and International Safe Abortion Day. This month-long campaign brought together young advocates across the networks through coordinated social media activations, a regional webinar, and the development of a collective Call-to-Action— to advance bodily autonomy, access to contraception, and access to safe abortion for young people across Asia and the Pacific.





In Solidarity, We Resist

PILLAR 3: SOLIDARITY FOR CHANGE

To address the structural conditions that impact our sexual and reproductive health and rights, we must recognize how deeply entrenched the barriers are, how varied our contexts can be, and how diverse the communities we work with are. When movements and organizations share capacity, align their efforts, and stand behind each other's work, that is when our shared mission of protecting our most fundamental rights becomes possible.

We understand that solidarity is not a value to be stated but a practice to be sustained. In 2025, we deepened our investment into building solidarity – with grassroots and global organizations, research institutions, regional networks, and global movements. We worked with community movements, moved resources closer to community-based organizations and supported their participation at local and global fora. We strived to reach the most vulnerable communities through strategic partnerships. Through shared learning, and locally led action and advocacy, our MAs supported communities to not only to access services, but to shape the conversations, systems, and movements affecting their everyday sexual and reproductive realities.

Supporting Social Movements

Recognizing the importance of intersectional and community-led advocacy, we supported the meaningful participation and leadership of LGBTI+ leaders from across the region at the ILGA Asia Conference 2025 in Kathmandu, Nepal. Through co-organized sessions, strategic side events, and targeted capacity-building initiatives with partners, donors, and community groups, participants from the South Asia Region MAs and CPs strengthened community networks, shares evidence and lived experiences, and built collective strategies for advancing SRHRJ for all.

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“At a time when anti-rights movements are becoming increasingly coordinated across the globe, equality and justice movements cannot afford to work in silos. Spaces like the ILGA Asia conference remind us that cross-movement solidarity is essential, that it is our solidarity that’s our biggest strength. In the face of unprecedented challenges, it is our resilience rooted in collective care, that brings us together as feminist, LGBTI+, and human rights organizations and activists working to shift the power dynamics in all intersections and from across the region to learn from one another, share our realities, and recognize that our struggles are deeply connected.” - **Soudeh Rade**, Executive Director, SPECTRUM, IPPF’s partner advocating for SRHRJ in Iran.

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In Bhutan, RENEW, hosted the formation of the first ever Trans Women Network of the country with a focus on supporting sustainable livelihoods and rehabilitation services for senior trans women. The Rainbow Help Desk, which continues to provide services to LGBTI+ individuals and other marginalized communities, now provides younger trans women with education and preventive resources, implementing proactive measures to reduce school dropouts and curb early engagement in sex work and substance use. The network currently includes 14 transgender co-working members representing different generations, who contribute as peer educators, community mobilizers, and advisors to strengthen outreach, community participation, and community-led ownership of the Network. The Rainbow Help Desk has also evolved into a broader support system for sex workers and other marginalized groups through referrals, psychosocial support, community outreach, and linkages to essential services.

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“Within just one year of the Rainbow Help Desk, we witnessed the power of community-led action. The Trans Women Network emerged directly from the voices of transgender community members who wanted greater visibility, representation, and support. This growth demonstrates how community-led initiatives can become more inclusive and responsive when they are grounded in dignity, trust, and the needs expressed by the communities themselves.” - Tshering Tshokey, Trans Woman Leader and Coordinator of the Rainbow Help Desk.

“For years, we at RENEW, have strived to build the most comprehensive multi-sectoral approaches to SGBV in Bhutan. With the Rainbow Help Desk, we identified, through direct community engagement, just how widespread is the violence, stigma, and discrimination against LGBTI+ individuals. They are disproportionately impacted yet remain unheard. As with the trans women network, we will continue building community partnerships so the Desk remains a dedicated, safe, and affirming space where LGBTI+ and marginalized communities can seek psychosocial support without fear.” - Tshering Dolkar, Executive Director, RENEW.

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IPPF also joined the RECONFERENCE 2025, a global feminist convening organized by CREA, which brought together movements, mobilizers, storytellers, artists, filmmakers, scholars, and others shaping resistance across borders. Our global delegation, including representatives from Nepal, Bangladesh, and Iran, contributed to critical discussions on sexual and reproductive rights and justice, the growing backlash against reproductive rights, the impact of aid cuts on marginalized, and the urgent need for community-led, feminist, and rights-based approaches to healthcare and humanitarian action. IPPF participated in a cross-movement dialogue with ILGA World, Intersex Asia, and CREA that brought together diverse movement actors to co-create strategies to advance rights, challenge oppressive norms and build collective solidarity across communities.

With support from the Safety and Security project, the Bandhu Social Welfare Society raised public awareness and promoted positive perceptions of gender-diverse communities in Bangladesh. Bandhu strengthened the knowledge and skills of communities and stakeholders to help reduce threats and violence against the gender diverse community, while also building stronger support from law enforcement agencies. These efforts responded to the growing anti-trans movement in Bangladesh, which created serious safety risks for Bandhu staff and community members and disrupted essential, often life-saving service delivery by Bandhu.



Mon Alap Corners: Expanding Inclusive Mental Health Support for Hijra and Gender-Based Marginalized Communities in Bangladesh

Mental health remains one of the most neglected areas of healthcare in Bangladesh, particularly for Hijra and gender-based marginalized communities, who continue to endure social stigma, discrimination, violence, family rejection and economic exclusion. These intersecting challenges significantly heighten the risks of anxiety, depression, trauma, substance use and suicidal ideation. Yet access to professional, compassionate and non-judgemental mental health support remains profoundly limited and, for many within marginalized communities, almost unimaginable and inaccessible.

In response to this critical gap, Bandhu Social Welfare Society (Bandhu) established 'Mon Alap Corners', Bangladesh's first dedicated mental health and psychosocial support initiative designed specifically for these communities within government hospitals. Developed through a public-private partnership and integrated within Bandhu's Drop-in Centres (DICs), clinics and community hubs, the Mon Alap Corners provide safe, confidential and affirming spaces where community members can seek support for emotional distress, gender-based violence, relationship challenges and other personal crises without fear of stigma or discrimination. By integrating mental health services with sexual and reproductive health (SRH) and HIV prevention programming, the initiative has strengthened access to holistic, people-centred care.

The intervention follows a stepped referral model through which trained counsellors and outreach staff provide screening, psychosocial support and basic counselling, while professional psychologists and psychiatrists support more complex cases through structured referral pathways. Survivors of gender-based violence (GBV) are also connected to legal aid, safety planning and psychosocial follow-up support through Bandhu's Ain Alap unit. Services include individual counselling, group wellbeing sessions, peer support, case management, referrals, helpline services and tele-counselling support.

Since its establishment, the Mon Alap Corners have reached 850 individuals. Through the initiative, Bandhu has established referral partnerships with two government hospitals, conducted 62 community mobilisation sessions, provided more than 500 individual counselling sessions and four group counselling sessions and distributed 500 dignity kits. The Mon Alap Corners continue to normalise conversations around mental health within marginalized communities by addressing internalised stigma, strengthening resilience and support-seeking behaviour and improving the integration of mental health support within SRH and HIV services.

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“For many members of gender-based marginalized communities, support cannot be fragmented. Mental health, safety, dignity, livelihoods, HIV prevention, legal support and access to healthcare are all deeply interconnected. It remains essential that we continue strengthening comprehensive, community-led support systems that respond to the realities people face every day with care, trust and dignity, free from judgement.” - Shale Ahmed, Executive Director of Bandhu Social Welfare Society.

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Building Strategic Partnerships

Throughout 2025, we prioritized building sustained relationships that amplify community-led advocacy and service provision—particularly for, LGBTI+ people, women and gender-diverse people who use drugs, and other marginalized groups. The Women and Harm Reduction International Network (WHRIN), partnering with our MAs in Nepal, Sri Lanka and Bangladesh, built the capacity of service providers and local communities to provide inclusive and sensitive harm reduction and SRH services to women who use drugs (WUDs). The partnership led to the MAs implementing a one-year plan in collaboration with local communities to ensure stigma-free services to women who use drugs.

48 service providers across Bangladesh, Sri Lanka and Nepal trained to provide inclusive and gender-sensitive harm reduction and SRH services to women who use drugs.

“

“Be it a hospital or a clinic providing sexual and reproductive health services, women who use drugs are still judged and treated differently, and that stigma often stops us from coming forward and seeking, often urgent, SRH care. After the training, for the first time, I saw service providers listening properly without judgment or discrimination. This small change matters because it builds trust. With FPAN we will continue working on making services safer and more accessible for women who use drugs, to ensure health systems work actively to combat the stigma and discrimination towards WUDs and prevent pushing them away from essential sexual and reproductive care.” - Sarmila Khadka, a peer educator from Nepal.

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The IPPF South Asia Region also partnered with a grassroots Afghan LGBTI+ rights organization in exile, closely connected to and supportive of hidden LGBTI+ communities inside Afghanistan. This strategic partnership intends to build capacity through values clarification and attitudes transformation on LGBTI+ rights to deliver inclusive, non-discriminatory SRH services while enhancing safety and security in service delivery. The partnership will strengthen linkages between key populations and health facilities to improve access and continuity of care.

We formalized the partnership with Center for Reproductive Rights (CRR) with the signing of a new Memorandum of Understanding (MoU) to advance feminist legal reform, decriminalize abortion, build young people's legal capacities, and push for stronger sexual and reproductive health and rights (SRHR) protections in South Asia.

Subsequently, the South Asia Regional Youth Network (SARYN) collaborated with CRR to bring together 13 youth advocates across South Asia for a legal literacy workshop to strengthen SARYN's advocacy to advance SRHRJ in South Asia,

Innovating and Sharing Knowledge

IPPF's Social Enterprise Hub partnered with the Global Action for Trans Equality (GATE) Innovation Lab to strengthen the economic resilience of trans communities and movements. Through this initiative, a trans leader from Bhutan, along with 10 trans leaders from across the globe, strengthened their knowledge of social enterprise development to support the long-term sustainability and self-reliance of the trans movement in Bhutan.

We also continued to strengthen a culture of innovation, learning, and knowledge sharing by generating, synthesizing, and applying high-quality, timely, and actionable evidence to inform policy and practice. We worked with Cambridge Economic Policy Associates (CEPA) strategic knowledge partner, with expertise in evidence synthesis and knowledge integration in SRHR. Through this partnership, IPPF will strengthen the evidence ecosystem and improve the uptake and impact of self-care strategies in sexual and reproductive health, with the broader goal of improving health equity and access. In addition, the Regional Office also organized learning labs for all Member Associations to strengthen adaptive learning practices and apply methodologies such as Most Significant Change to capture, document, and better understand program impact to advance knowledge-sharing across the region.



United We Move Forward

PILLAR 4: NURTURE OUR FEDERATION

In the wake of unprecedented aid cuts and a global anti-gender and anti-rights movement that is growing year by year, we acknowledge that now more than ever, we need to come together as the largest and longest sustaining SRHRJ movement in the world and continue nurturing a strong, inclusive and resilient Federation.

In the past year, from expanding Member support to supporting social enterprise development and participating in key global governance processes, IPPF South Asia Region worked collaboratively with our MAs and CPs to foster a Federation that is well-governed, financially sustainable, and united in its mission to advance SRHRJ in South Asia.

Charting our Identity

The IPPF General Assembly 2025, held from 18–20 November 2025 in Bali, Indonesia, hosted by the Indonesian Planned Parenthood Association (IPPA), convened under the theme "Lead with Love, Care with Courage". The General Assembly brought together 290 delegates from 111 Member Associations across all six IPPF regions, marking the first General Assembly since the launch of Strategy 2028.

At the General Assembly, **IPPF formally adopted its new Charter of Values**, marking a historic milestone for the Federation. Emerging from the most extensive consultative process across all six IPPF regions since the development of Strategy 2028, the Charter serves as the Federation's unifying north star, affirming a shared identity across diverse contexts and geographies while safeguarding its mission in an era of unprecedented challenges.





WE UPHOLD DIGNITY

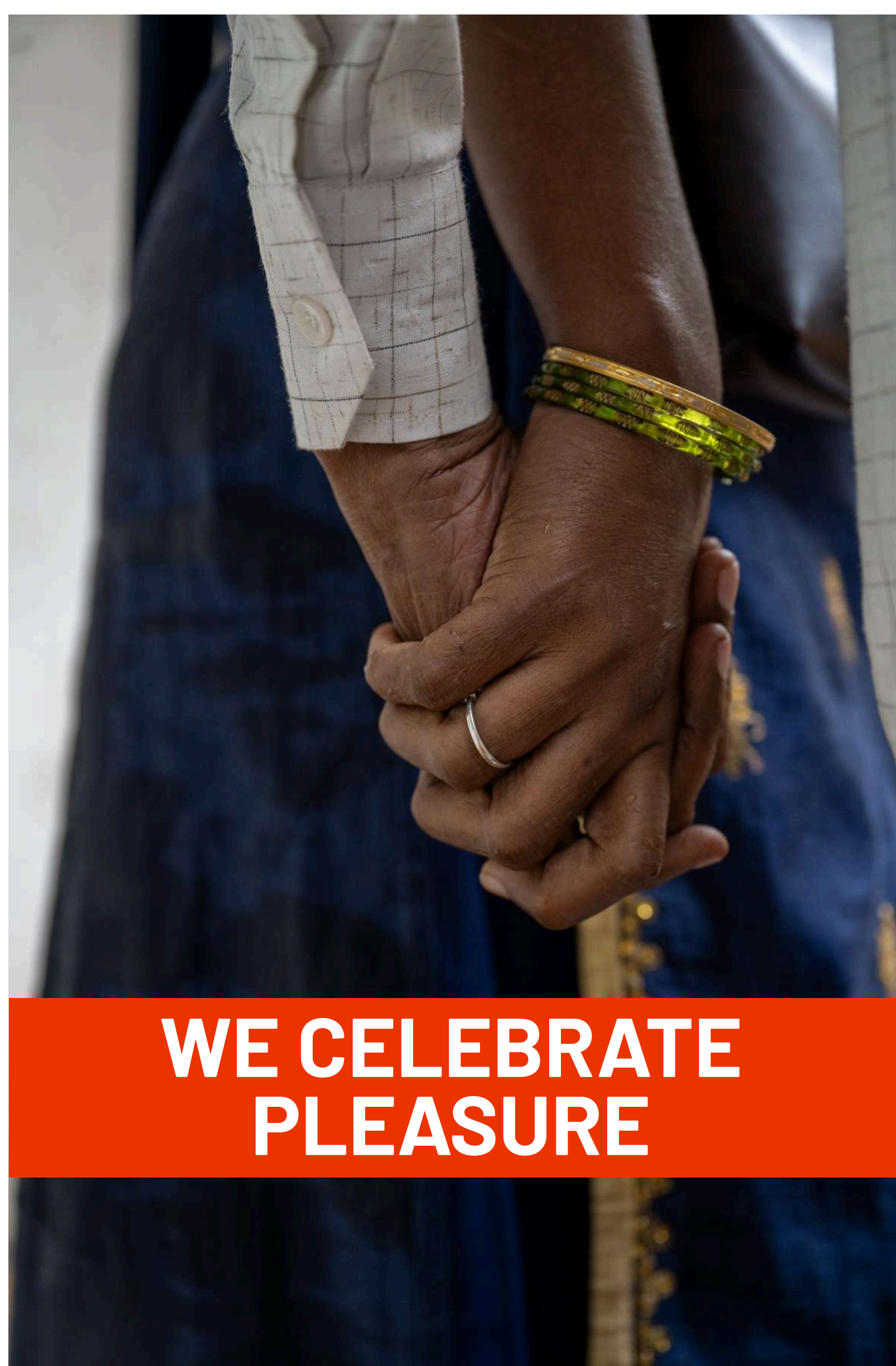


WE CHAMPION EQUALITY

IPPF CHARTER OF VALUES



**WE DEMAND
JUSTICE FOR ALL**



**WE CELEBRATE
PLEASURE**



**WE BUILD GLOBAL AND
LOCAL COMMUNITY**



WE ACT WITH INTEGRITY



WE FOSTER RESILIENCE

The Assembly also served as a pivotal platform for the Mid-Term Review of Strategy 2028, where delegates collectively assessed progress, identified emerging gaps, and charted strategic course corrections needed in a rapidly evolving global landscape shaped by rising conservatism, shrinking civic space, and escalating threats to bodily autonomy. Delegates also unanimously endorsed the GA Statement 2025 as an addendum to Strategy 2028, outlining the agreed path forward.

At the General Assembly, the Federation also witnessed a significant leadership transition, with the Federation coming together to **bid farewell to Dr Alvaro Bermejo**, and **welcome incoming Director-General, Maria Antonieta Alcalde Castro**.

Championing Volunteerism, Challenging Norms through Art: Fearless Youth Voices from South Asia

In 2025, young leaders from the IPPF South Asia Region were recognized at the IPPF General Assembly in Bali for their fearless advocacy, creativity, and leadership in advancing sexual and reproductive health, rights, and justice in the region. Through the IPPF Youth Artivism Challenge, youth advocates used art, music, and storytelling to challenge stigma, confront harmful gender norms, and reimagine more inclusive futures. **Kinley Peday from RENEW's Druk Adolescent Initiative for Sexual Awareness Network (DAISAN-RENEW)** won the global challenge for the music video Happy We Bleed, a powerful celebration of menstruation, dignity, and collective care inspired by lived experiences of puberty and stigma. **Mihir Khandakar from Bandhu Social Welfare Society**, Bangladesh, was recognised as first runner-up for visual artwork exploring patriarchy, resilience, and young people's right to question unequal power structures.

Kritaanjali Ratnasabathy, youth Board Member of the Family Planning Association of Sri Lanka and the Vice Chair of the South Asia Regional Youth Network, **received the IPPF "Courageous Volunteer Champion to Advance SRHRJ Award 2025"**. Kritaanjali, a passionate youth volunteer and advocate, has worked to challenge taboos around menstruation, consent, and sexuality while championing youth leadership and participation nationally, regionally and globally.

IPPF South Asia Region is proud of the courage, creativity, and political leadership of young people across our MAs in South Asia who continue to push conversations on SRHRJ forward, even in increasingly challenging contexts.

Growing Our Federation

A key achievement in 2025 was the successful transition of the Population Services and Training Center (PSTC) from the Collaborative Partner to the Associate Member of IPPF in Bangladesh. PSTC's transition enhances the Federation's strategic presence in Bangladesh, strengthens alignment with national health systems, and reinforces collective capacity to deliver integrated SRH services at scale in the country. It has solidified our commitment to nurture partnerships into sustained institutional relationships grounded in shared values, accountability, and long-term sustainability.

In 2025, the IPPF Social Enterprise Hub launched a global Market Research Programme to identify and strengthen social enterprise models across Member Associations, with PSTC from Bangladesh, and RENEW from Bhutan selected to participate. Building on this, the Master's in Social Enterprise course was redesigned into a six-month blended programme, combining an intensive online session, five months of practical application, and a final assessment leading to certification. This approach equipped MA participants with both theoretical and practical skills to strengthen existing or develop new social enterprise models, contributing to greater financial sustainability and programme effectiveness across the Federation.

Funding cuts also triggered a wider crisis in global HIV financing which threaten to reverse decades of progress in HIV prevention and treatment. Across South Asia and the globe, vulnerable communities who are at an increased risk of HIV, including men who have sex with men (MSM), women and gender-diverse people who use drugs, and sex workers, now face a collapse of critical HIV services. In response, IPPF South Asia Region, in collaboration with IPPF ESEAOR, started working on the development of a Draft HIV Action Plan (2025–2026). The plan centres MA-led, community-driven service delivery interventions, with a focus on reaching underserved and marginalized groups. The plan outlines country-level engagements, strengthened partnerships with community-based organizations (CBOs), developing of a language guide to promote inclusive and non-stigmatising communication, a series of educational webinars, and a regional stakeholder convening, to respond to the now deepening HIV crisis across Asia and the Pacific.

Walking the Talk

Integrity, as a core value of IPPF, goes beyond financial accountability. It is about being honest, transparent, and genuinely answerable to those we exist to serve. It means continuously holding ourselves to account, welcoming difficult feedback, and acting upon it with sincerity and purpose. It means ensuring that the Secretariat's actions, decisions, and ways of working are consistently aligned with the trust that Member Associations place in it.

In 2025, this commitment to integrity was most concretely reflected in IPPF South Asia Region's active participation in the biennial Secretariat Accountability Mechanism (SAM) process. The SAM serves as a critical feedback and accountability tool through which Member Associations across the region are invited to assess, reflect upon, and provide structured recommendations on the quality, responsiveness, and effectiveness of support provided by the Secretariat. The feedback and recommendations received through the 2025 SAM process are being carefully reviewed and will inform the Secretariat's continuous improvement efforts, ensuring that the Regional Office remains genuinely accountable, responsive, and aligned with the evolving needs and priorities of its Member Associations across the South Asia region.

Throughout 2025, the Safeguarding team led three successful Regional Safeguarding Community of Practice (SGCoP) meetings, which helped to strengthen MA to MA peer-to-peer learning and facilitated the identification and sharing of best safeguarding practices.

In this challenging context marked by growing opposition and constrained funding, the work continues. In 2026, the IPPF South Asia Regional Office, MAs and CPs, and strategic partners continue to sustain this work – to ensure everyone has access to essential sexual and reproductive health services, as we advance and defend sexual and reproductive rights and justice, building a united and bolder Federation for what comes next.



Annexure I

South Asia 2025

Services	Less than 25 years	25 years and above	Overall SAR
Contraceptive Services	1,070,876	3,349,383	4,420,259
Obstetrics	772,378	1,441,040	2,213,418
HIV/AIDS	641,222	2,222,776	2,863,998
Gynaecology	669,457	3,356,677	4,026,134
STI/RTI	645,804	2,230,601	2,876,405
Abortion	36,456	123,196	159,652
Paediatrics	1,853,675	NA	1,853,675
Specialized SRH including SGBV	641,069	1,403,666	2,044,735
Subfertility	25,065	123,057	148,122
Urology	178,804	629,742	808,546
SRH Other	834,602	1,618,174	2,452,776
Total SRH Services	7,369,408	16,498,312	23,867,720

Services	Static Clinics	Mobile / Outreach	CBD / CBS	Associated Clinics	Digital/Virtual	Overall SAR
Contraceptive Services	1,221,224	2,091,883	758,247	321,906	26,999	4,420,259
Obstetrics	567,810	879,038	201,894	552,432	12,244	2,213,418
HIV/AIDS	504,825	1,792,992	157,472	391,386	17,323	2,863,998
Gynaecology	692,150	2,555,752	56,090	704,770	17,372	4,026,134
STI/RTI	524,225	1,837,171	128,029	373,176	13,804	2,876,405
Abortion	98,059	31,457	1	23,621	6,514	159,652
Paediatrics	132,035	1,079,657	105,973	533,490	2,520	1,853,675
Specialized SRH including SGBV	308,365	1,642,691	18,734	68,462	6,483	2,044,735
Subfertility	32,084	56,849	13,903	43,891	1,395	148,122
Urology	121,895	564,650	7	118,873	3,121	808,546
SRH Other	255,041	1,848,703	16,249	329,123	3,660	2,452,776
Total SRH Services	4,457,713	14,380,843	1,456,599	3,461,130	111,435	23,867,720

Services	Counselling	Consultation	Investigation	Prevention	Management	Unable to Categorize	Overall SAR
S+R Contraceptive Services	2,250,703	2,137,677	-	-	31,781	98	4,420,259
S+R Obstetrics	685,246	420,705	803,843	199,648	103,976	-	2,213,418
S+R HIV/AIDS	1,789,049	666,216	383,888	1,548	23,297	-	2,863,998
S+R Gynaecology	1,729,954	865,994	1,019,012	65,617	345,557	-	4,026,134
S+R STI/RTI	1,573,160	690,143	377,275	4,346	231,481	-	2,876,405
S+R Abortion	74,838	49,108	-	-	35,706	-	159,652
S+R Paediatrics	625,864	542,703	9,472	474,175	201,461	-	1,853,675
S+R Specialised SRH	1,228,305	57,486	-	757,853	-	1,091	2,044,735
S+R Subfertility	68,054	40,630	19,703	-	19,735	-	148,122
S+R Urology	334,370	310,896	54,254	8	109,018	-	808,546
S+R SRH Other	645,838	628,383	675,764	31,608	471,183	-	2,452,776
Total SRH Services	11,005,381	6,409,941	3,343,211	1,534,803	1,573,195	1,189	23,867,720

Couple Years of Protection (CYP)	Overall SAR	% of CYP
CYP Condoms	253,951	26.5
CYP Emergency Contraception	111,112	11.6
CYP Implants	68,942	7.2
CYP Injectables	58,200	6.1
CYP Intrauterine devices (IUDs)	112,440	11.7
CYP Oral Contraceptive Pills	159,154	16.6
Voluntary surgical contraception (vasectomy and tubal ligation)	193,648	20.2
Total CYP	957,447	

Clients Served	Overall SAR	% of Clients
Clients aged 10-19	442,519	9.2
Clients aged 10-24	1,098,819	22.9
Female clients	3,368,235	70.1
Marginalized and Excluded clients	4,110,133	85.6
Estimated clients served in humanitarian contexts	960,929	20
Total clients	4,803,830	

Comprehensive Sexuality Education (CSE) Provided	Overall SAR
Number of young people reached with COMPLETE series of the CSE curriculum	334,830
Number of young people reached with PARTIAL series of the CSE curriculum	66,085
Number of young people reached with SINGLE SESSIONS the CSE curriculum	22,955
Number of peer educators trained	2,290

Annexure II

IPPF South Asia Region Member Associations and Collaborative Partners

Afghanistan

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Executive Director: Noor Mohammad

Bandhu Social Welfare Society
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Executive Director: Shale Ahmed

Bhutan

Respect, Educate, Nurture and Empower Women (RENEW)
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Executive Director: Tshering Dolkar

India

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Director-General: Kalpana Apte

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Nepal

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Sri Lanka

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Executive Director: Ruchitha Perera

SARO
PPF