



PROMOTING INTERSECTIONALITY FOR RESILIENT HEALTH SYSTEM

ANNUAL REPORT

July 2024- June 2025

Ipas Partners for
Reproductive Justice
NEPAL

Message from the Country Director

In Fiscal Year 2025, Ipas Nepal strengthened our commitment to advancing sexual and reproductive health and rights (SRHR) for women and girls in Nepal. We provided technical and financial assistance to expand access to safe abortion, contraception, gender based-violence prevention and response, Sexual and Reproductive Health (SRH) services during humanitarian settings, and for a climate-resilient health system, fostering agency and leadership among women from marginalized and hard-to-reach implementing areas of Ipas Nepal and beyond. These accomplishments were made possible through the steadfast commitment, support, and coordination of the governments, partners, and donors.

We are committed to our utmost dedication to our vision and mission of improving sexual and reproductive health and rights in Nepal.



Jagadishwor Ghimire

Country Director, Ipas Nepal



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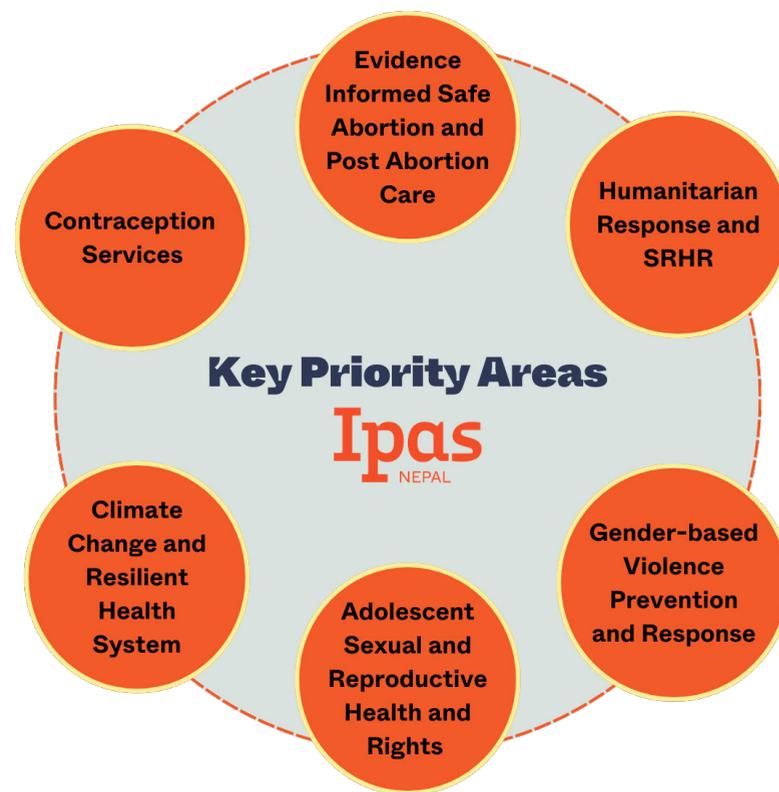
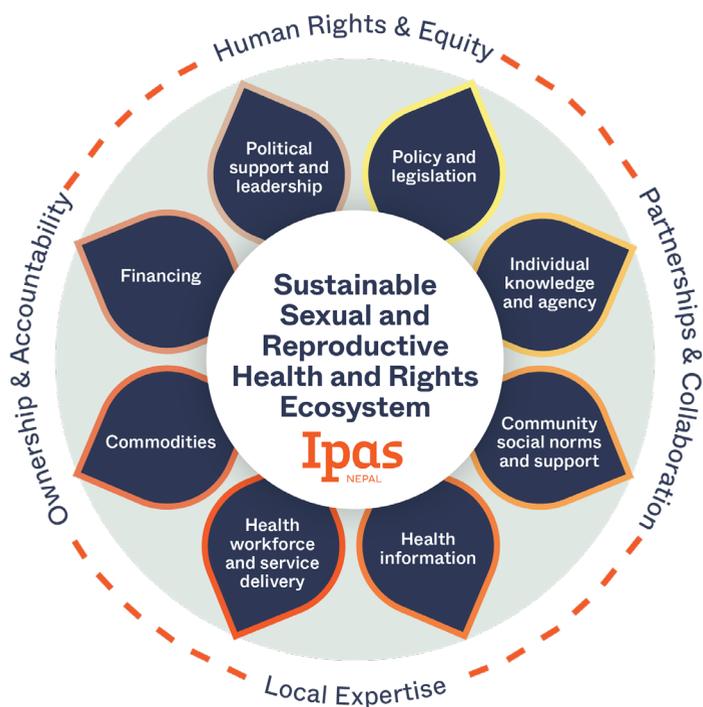
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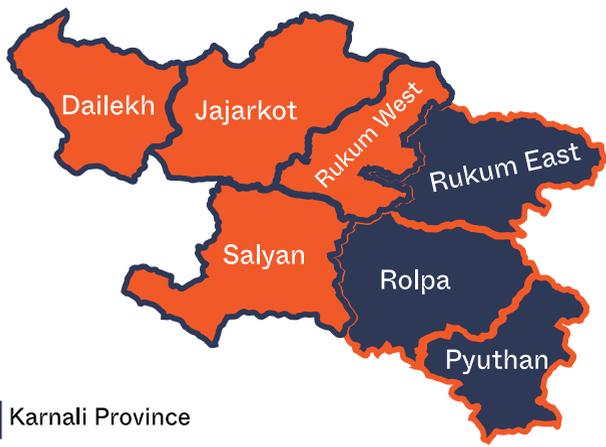
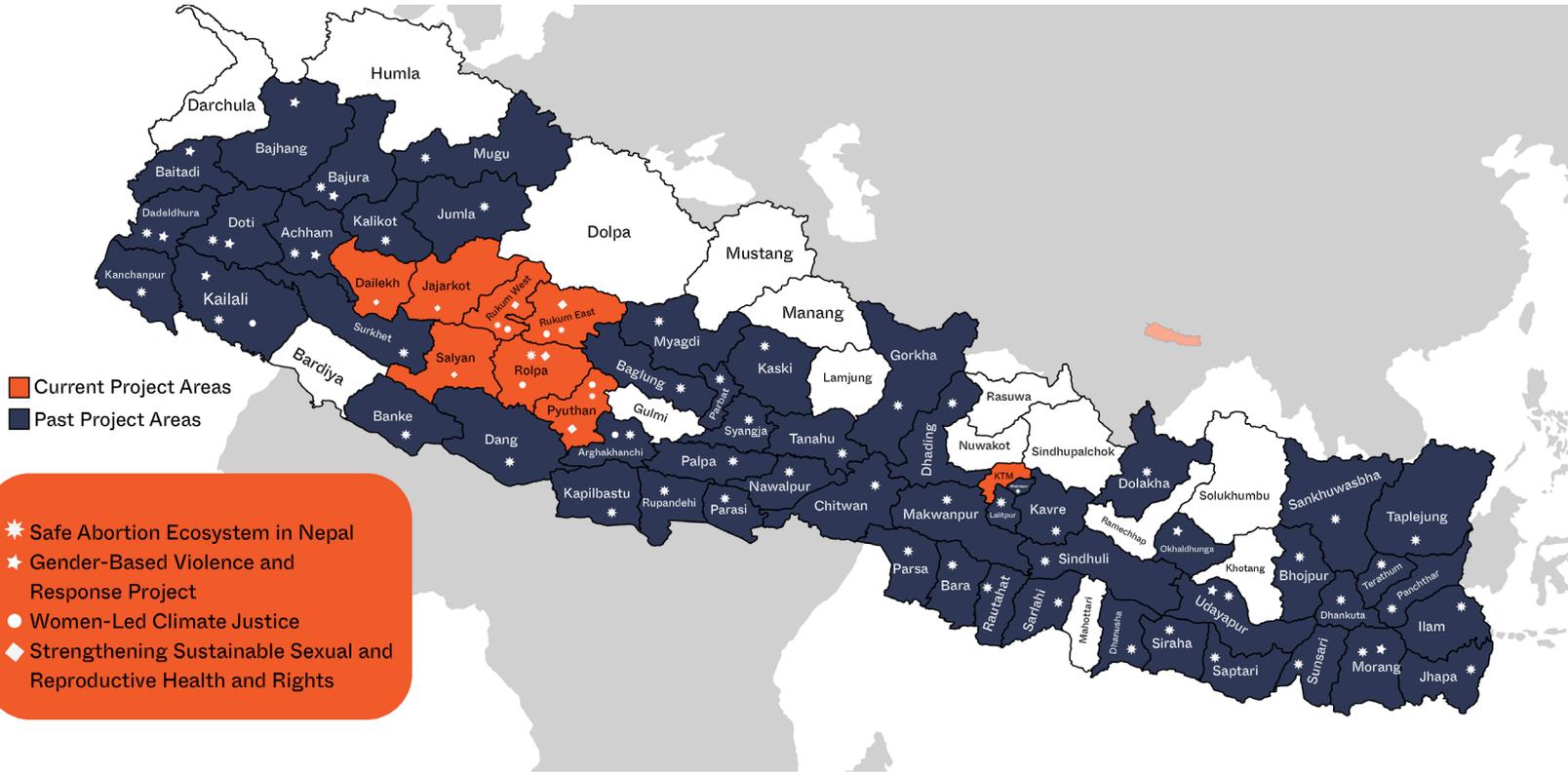
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Introduction

Ipas is an international organization pioneering global health and rights, advancing access to safe abortion services. Established in 1973, Ipas is the global Network to advance reproductive justice in Africa, Asia, Latin America, and North America. Ipas Nepal, a member of the Ipas network, has been working in Nepal since 2002. Ipas Nepal envisions a world where every woman and girl has the right and ability to determine her own sexuality and reproductive health by enhancing access to safe abortion services, contraceptive care, and reducing gender-based violence, while ensuring a resilient health system. As guided by our strategic plan (2023-2028), we have prioritized the Sustainable Sexual and Reproductive Health and Rights (SRHR) Ecosystem approach focusing on six key priority areas, which include evidence-informed safe abortion and post-abortion care, contraception, humanitarian response and SRHR, gender-based violence prevention and response, adolescent sexual and reproductive health and rights, climate change



and a resilient health system. Working closely with federal, provincial, and local governments, Ipas Nepal supported improvements in health system readiness and capacity building. In FY25, Ipas Nepal made significant progress in strengthening Nepal’s sexual and reproductive health and rights (SRHR), with a particular focus on seven districts in Lumbini and Karnali provinces, as well as key priority areas nationwide. Ipas Nepal, in total, expanded its support to **70 health facilities** from 14 local governments. Additionally, **25 health facilities** beyond the implementing municipalities received support for first- and second-trimester safe abortion services (SAS), including **14 medical colleges** with SAS in their curriculum, enhancing both service quality and accessibility for women and girls. These efforts helped reduce maternal mortality, prevent unsafe abortions, and improve SRHR service delivery.



Karnali Province		Lumbini Province	
Rukum West	Aathbiskot Municipality	Rukum East	Bhume Rural Municipality
	Banphikot Rural Municipality		Sisne Rural Municipality
Salyan	Bagchaur Municipality	Rolpa	Paribartan Rural Municipality
	Sharada Municipality		Sunchhahari Rural Municipality
Jajarkot	Nalgad Municipality	Pyuthan	Naubahini Rural Municipality
	Chhedagad Municipality		Jhimruk Rural Municipality
Dailekh	Dullu Municipality		
	Aathbis Municipality		

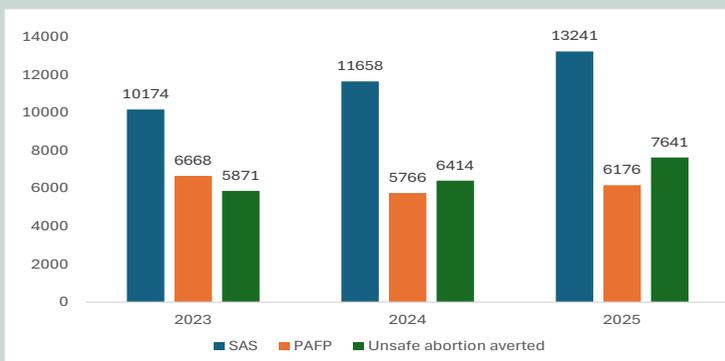


+ Expansion of Safe Abortion Services and Contraception

Ipas Nepal has been working for evidence-based safe abortion services (SAS) since 2002. In FY25, **186 healthcare providers** were trained on safe abortion and contraception, including Medical Abortion (MA), abortion services at and above 13 weeks, pre-service training, and implant provision. These trainings have helped increase service utilization of sexual and reproductive health (SRH) services through health facilities and strengthen service providers' capacity to deliver quality and compassionate SRH care.

Furthermore, Ipas Nepal ensured that implants were available in **28 new health facilities** during FY25, reaching **721 women**. Implant services were made possible in new sites through capacity-building of healthcare providers and the supply of equipment by Ipas Nepal in the Karnali and Lumbini provinces. The training ensured that these health facilities were well-equipped to offer long-acting reversible contraceptive (LARC) methods, thus improving access to quality family planning services in hard-to-reach areas.

Ipas Nepal has made substantial progress in expanding and improving access to safe abortion services across various health facilities



through capacity-building of providers, commodity supply, supportive supervision, and other technical support. As an outcome of Ipas' engagement, a total of **13,241 safe abortion services (SAS)** were provided across **53 health facilities** supported by Ipas Nepal. This includes services at MA sites, first-trimester sites, at and above 13 weeks abortion sites, and pre-service sites. Furthermore, more than **6,100 women received postabortion family planning** from Ipas-supported SAS sites, which helps to prevent unwanted pregnancies. Through these efforts, **7,641 unsafe abortions** were averted, contributing in reducing maternal deaths demonstrating the critical impact of Ipas Nepal's intervention.

- Medical Abortion (MA):** This FY, **14** health facilities initiated MA services, and **10 additional providers were trained**. A total of **28 out of 35 expanded MA** sites provided medical abortion services to **479 women**.
- At and above 13 weeks Services:** Through a Blended Learning Approach, **10 second-trimester abortion service providers** were trained. This led to the expansion of services at and above 13 weeks to **54 hospitals** to date, out of which **35 sites** are functional. In total, **18 service sites** reported providing **1,705 services**.
- Pre-service Training:** Ipas Nepal supported the Training of Trainers (ToT) for **12 faculty members** in Obstetrician and Gynecologist (OB/GYN) and Doctor of Medicine in General Practice (MDGP) departments. This ensures high-quality SRH training for future medical residents. Pre-service training for first-trimester safe abortion services was extended to **3 medical colleges**, with **35 residents** completing training. **Twenty-eight residents** were listed after providing at least **25 services** each, totaling **700 services**.
- On-the-job Coaching and Mentoring:** In total, **22 providers** across **11 health facilities** in **4 districts** received targeted coaching and mentoring on clinical skills and recording and reporting in gender-based violence, medical abortion, and implant services.
- Implant Training:** In total, **28 health workers** were trained on implant insertion and removal.

+ Strengthening Health Governance and Accountability

Ipas Nepal has been working closely with policymakers, government representatives, parliamentarians, and decision-makers. In FY25, Ipas Nepal oriented **118 Inter Party Women Alliance (IPWA) and CSO members** on SRHR, Gender, and Climate, enabling them to advocate for and address their communities' SRHR needs and rights. Apart from this, Ipas Nepal supported the amendment of the Right to Safe Motherhood and Reproductive Health Act 2018, enhancing SRHR access for all—particularly marginalized groups—through consultation meetings and stigma reduction via values clarification for action and transformation (VCAT) workshops with Parliament.



Orientation on SRHR, Gender, and Climate Change with the Inter-party Women Alliance (IPWA), Rukum East.

Additionally, Ipas Nepal received commitments to SRHR from **14 local governments**, accompanied by dedicated budget allocations. Notably, **four local governments (rural/municipalities) from Karnali** made budget commitments for SRHR programs and policies. Furthermore, Ipas Nepal provided technical support to draft health policy for four local governments of Salyan district. The endorsement process is underway, with submission

to the municipality planned before September 2025. This work is essential for formulating local health strategies, planning, and implementing local health programs, including those related to SRH.

Ipas Nepal works closely with provincial and government agencies to plan, implement, monitor, and scale up the SRH program. In Karnali and Lumbini provinces, Ipas Nepal partnered with development partners, civil society organizations, the Ministry of Social Development in Karnali Province, and the Provincial Health Directorate in Lumbini Province to conduct provincial consultations on sexual and reproductive health and rights. These events were crucial for assessing the impact and the need for SRHR amid reduced funding for the health sector, including SRHR.



Provincial Consultation on SRHR in Karnali Province, Surkhet

Furthermore, Ipas Nepal shared its current priorities and extended support to advance SRHR services in implementing local governments of both provinces. Over **150 participants** discussed and highlighted challenges such as child marriage, teenage pregnancy, limited access to safe abortion services, disparities in access to SRH services, service delivery gaps, limited capacity of skilled providers, and the decline in resources due to funding cut-offs.

At the facility level, Ipas Nepal worked to enhance the functioning of the Health Facility Operation and Management Committees (HFOMCs) in **14**



Community Health Scoreboard (CHSB) in Mahat, Bhume Rural Municipality

new municipalities. These committees were sensitized on the Right to Safe Motherhood and Reproductive Health Act (2018), the SAS guidelines, and the integration of gender, sexual, and reproductive health and rights, and climate resilience into health facility operations. As a result, **28 health facilities'** HFOMC members were oriented, and **68 HFOMC members** from **8 health facilities** were re-oriented on climate resilience and SRHR issues.

Ipas Nepal, through its program, strengthens accountability on both the demand and supply sides, bringing together communities and stakeholders



“During the HFOMC meeting held in Pokhara, Rukum East, the members of HFOMC realized that we had completely overlooked the health post, which could be a central hub during any disaster response and recovery.

Therefore, we will now prioritize including the disaster risk mapping of this health institution as well. Similarly, under another agenda of the HFOMC meeting, we also continued discussions on climate change, disaster preparedness, sexual and reproductive health rights (SRHR), sanitation, and related issues.”

— MEMBER, HEALTH FACILITY OPERATION AND MANAGEMENT COMMITTEE (POKHARA HEALTH POST, EAST RUKUM)

to ensure access to SRH services. Ipas Nepal successfully implemented the Community Health Scoreboard (CHSB) in **13 health facilities.** It also reviewed the progress in **seven additional facilities,** fostering active community participation in tracking SRHR outcomes and strengthening social accountability. As a result, the quality of SRHR services is improving through timely delivery, adequate logistics and equipment, functional service sites, and availability of trained health workers. At the same time, mutual accountability and ownership were strengthened, with local governments initiating the preparation and revision of health policies that integrate climate, gender, and SRHR, thereby advancing climate-resilient health systems.



“The Community Health Scoreboard exercise has helped in improving government service delivery. We are committed to improving the indicators related to safe abortion services and enhance our efforts in SRHR, disaster response, livelihood, and capacity building of health workers.”

— DHAN KUMARI SHAHI, DEPUTY MAYOR, AATHBISKOT MUNICIPALITY, CHSB PARTICIPANT

+ Gender-Based Violence Prevention and Response

The work on Gender-Based Violence Prevention and Response (GBVPR) for Ipas Nepal continues to contribute to and ensure the availability and quality of multi-sectoral gender-based violence (GBV) responses that help to provide survivor-centric services, including abortion care, contraception, and psychosocial counselling. During FY25, survivor-centric health response to GBV training was provided to **28 health service providers,** ensuring GBV survivors have access to the service at their doorsteps.

To build broader awareness and create supportive environments for GBV and SRHR, **54 multi-stakeholders** including health Service providers, police, judicial committee members, lawyers, and other government

officials were trained to provide survivor-centered services, strengthening the response systems for SRHR.

Similarly, to reduce absenteeism from health facilities and enhance learning among health service providers and managers, Ipas Nepal, in close coordination with the **National Health Training Center (NHTC)**, has designed an **e-training portal**. The e-training portal will facilitate the digitalization of health training in Nepal, shifting the training policy and modality. This innovation will be a national milestone for the Government of Nepal in the national health training policy.



Participants engage in a capacity-building session on survivor-centered approaches to Gender-Based Violence (GBV) Training, Surkhet



+ Mainstreaming SRHR in Humanitarian Response



Minimum Initial Service Package (MISP) Training for Health Providers to strengthen emergency SRH response capacity, Surkhet

Nepal is one of the most climate-vulnerable countries, experiencing multiple humanitarian crises across the year, compromising access to quality SRH services, particularly for marginalized women and girls. Thus, Ipas Nepal works to ensure that SRHR aspects are clearly defined and prioritized in the government's emergency response plans at all three levels, including the provision of the **Minimum Initial Service Package (MISP)** and **livelihood support** to affected families.

Ipas Nepal is committed to ensuring health facilities are prepared for emergencies. For this, Ipas Nepal has **trained 105 health workers across 52 health facilities**, equipping health workers to respond effectively to future disasters. These trained health workers have begun preparing emergency kits and organizing logistics for disaster response. One evidence from

Rukum East suggests logistical gaps at a newly built health post were bridged through Ipas Nepal's support, enabling full implementation of LAPA priorities.

Furthermore, Ipas Nepal has supported disaster management committees to strategically **stockpile essential equipment**, strengthening local communities' capacity to absorb and respond to shocks and stressors caused by the climate crisis. This support has enhanced adaptation efforts, safeguarded health systems, and contributed to saving lives—particularly in remote, high-risk regions. To ensure emergency preparedness, Ipas Nepal implemented coordinated stockpiling across all seven districts through District Disaster Management Committees (DDMCs) and in 14 municipalities through Local Disaster Management Committees (LDMCs), enabling timely access to critical resources such as fire extinguishers, tarpaulins, and stretchers during disaster situations.

“After attending the RRT training and working on the LAPA document preparation, we gained in-depth knowledge about the vulnerabilities of our area. As a result, we discussed with each other, the municipality's elected representatives, and the government staff of Bhume RM, dedicating one day's salary each year to establish an emergency fund for future relief purposes. This initiative also includes stockpiling and ensuring immediate response by the RRT team in case of any disaster.”

— PUBLIC HEALTH INSPECTOR, BHUME RURAL MUNICIPALITY, PARTICIPANTS OF RRT

These efforts have enhanced local capacity in disaster preparedness and response. The training sessions addressed key areas such as first aid, search and rescue, and SRHR during emergencies. As a result, several

“ Gunam health post was in a vulnerable ward as identified by LAPA. We had built the health post, but due to budget constraints, we were unable to provide any logistical support. We appreciate Ipas Nepal for the logistical support (Tarpaulins, Blanket, Steel boots, Raincoats, fire blanket, Fire rakes, Stretchers, fire extinguishers)to Gunam Health Post.”

— NIRMALA BUDHA, CHAIRPERSON, IPWA RUKUM EAST

municipalities (e.g., Sarada, Banphikot, Aathabis, Bhume) formed **Rapid Response Committees and Teams** this year, ensuring localized response capacity. Additionally, Banphikot expanded the training to health workers and distributed tarpaulins to schools. Furthermore, a total of **45 community members** have been capacitated as first responders, also known as **Community Action for Disaster Response (CADRE)** in the FY 2025.

Apart from this, to ensure long-term resilience, sustainability, and reduced vulnerability to future climate shocks, we have also supported **20 disaster-affected and vulnerable households** with livelihood recovery efforts, including on-farm goat and poultry farming.



BUILDING WOMEN-LED CLIMATE JUSTICE WITH LOCAL SOLUTIONS

To ensure long-term resilience, sustainability, and reduced vulnerability to future climate shocks, Ipas Nepal supported 20 disaster-affected and vulnerable households with livelihood recovery efforts, including on-farm goat and poultry farming.

“Before, we had no way to improve our income. Now, with the goats, I see a future where we can educate our children and meet our daily needs. I am grateful to Ipas Nepal for believing in me.”

Benu, Livelihood Support Plan participant, Nalgad Municipality, Jajarkot



+ Adolescent Sexual and Reproductive Health and Rights

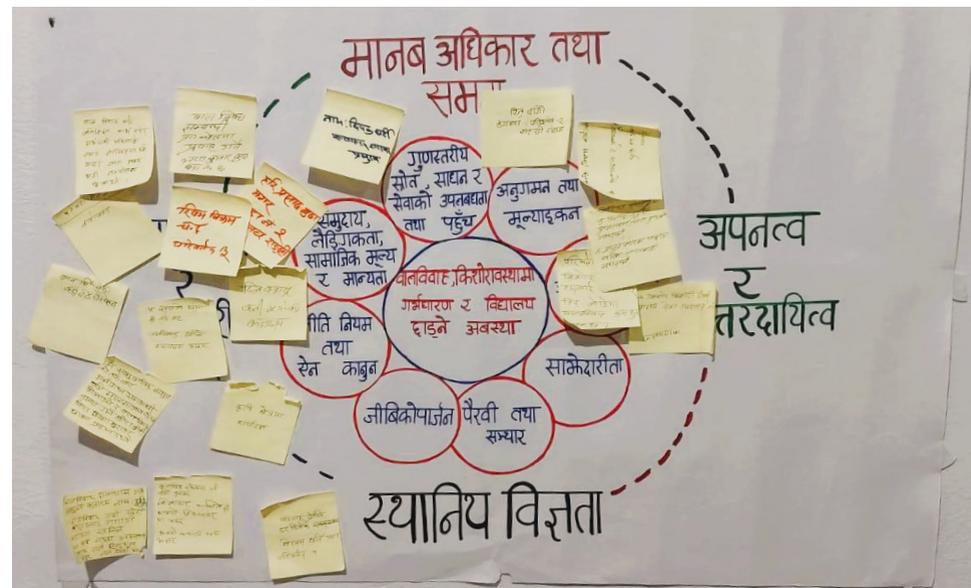
The intersection of poverty, gender inequality, child marriage, limited education, and unequal health services in Karnali and Lumbini provinces creates significant barriers to adolescent access to sexual and reproductive health, affecting their overall well-being. **Child marriage, teen pregnancy, and school dropout (CTS) Nexus** is one of the unique lenses and flagship interventions of Ipas to understand and address the complex challenges that adolescents face in accessing sexual and reproductive health and rights information and services, mobilizing local stakeholders.

Ipas Nepal, in support of Pariwartan Rural Municipality and Cheddagad Municipality, assessed and co-developed a CTS action plan using the CTS assessment framework, engaging **81 community stakeholders**. The CTS Nexus workshop fostered multi-sectoral collaboration for effective planning and resource sharing to address child marriage, teenage pregnancy, and school dropout collectively.



Adolescent SRHR Orientation to School Health Nurse

Apart from this, Ipas Nepal supported the training for **24 school health nurses**, enhancing access to accurate SRHR information and services for adolescent girls. This training has enabled school health nurses to recognize the importance of addressing and providing adolescent sexual and reproductive health needs for students. Addressing the need to aware adolescent girls, Ipas Nepal trained **46 adolescents** champion adolescents to reach **2,689**



Child Marriage, Teenage Pregnancy and School Dropout (CTS) Assessment Tool in use during CTS Nexus Workshop, Chheddagad Municipality, Jajarkot

peers—95% of whom were adolescents—across 31 schools. Their efforts led to SRHR advocacy for menstrual hygiene projects in schools, such as proper disposal of used pads in designated dustbins and collection by municipal vehicles for safer disposal at the dumping site.



Child Marriage, Teenage Pregnancy and School Dropout (CTS) Nexus Workshop, Pariwartan Rural Municipality, Rolpa

+ Climate Resilient Health System

Comprehensive sexual and reproductive health and rights (SRHR) are fundamental human rights and crucial for just, climate-resilient health systems and communities. People are most aware of their own challenges and solutions. Besides enhancing the health of vulnerable groups, it is vital that health systems—especially frontline access points, health workers, supply chains, and care pathways—remain resilient amid climate change, supported by reliable infrastructure and access to essential health services. Since 2020, Ipas Nepal has been working to mainstream gender, SRHR, and climate through the Climate Resilient SRHR Framework.

In FY25, Ipas Nepal supported the local government in developing and revising its Local Adaptation Plan of Action (LAPA) to integrate sexual and reproductive health and rights (SRHR) across all 14 intervention municipalities, which are particularly vulnerable to climate change. Ipas Nepal successfully supported local governments in developing SRHR-integrated LAPAs in **six additional municipalities** in FY25. To date, **eight out of 14 intervention municipalities** have successfully integrated SRHR into LAPAs and implemented measures to ensure climate-transformative leadership and governance integrated SRHR.

Ipas Nepal has been advocating with the government of Nepal and other countries through various platforms to highlight the disproportionate impact of climate change on women's gender roles and SRHR. Ahead of Conference of the Parties (COP) 29, Ipas Nepal coordinated and participated in multiple events alongside the Ministry of Forests and Environment (MoFE), the Ministry of Health and Population (MOHP), the Women and Gender Constituency, and multiple Non Governmental Organizations. These included advocacy meetings, workshops, and strategic initiatives.

Ipas Nepal supported efforts to ensure that SRHR was included in the Nepalese Government's position paper for COP 29. At COP 29 itself, Ipas

Nepal's representation emphasized the urgency of addressing climate change and the need to integrate sexual and reproductive health and rights into the broader discourse on resilient health systems. In FY25, Ipas Nepal facilitated ongoing federal-level dialogues and a pre-event on Sagarmatha Sambaad, "The Everest Dialogue," that brought together the Ministry of Forests and Environment (MoFE) and the Ministry of Health and Population (MoHP), alongside other stakeholders.

These efforts led to high-level discussions with government authorities and like-minded organizations on disaster risk reduction (DRR), climate change, and sexual and reproductive health rights (SRHR), contributing to heightened awareness among health and environmental stakeholders, as well as political commitment to integrating gender and SRHR into climate discourse and vice versa. With Ipas Nepal's technical support, the Ministry of Health and Population developed a White Paper on Climate Change and Health, which is a remarkable and critical policy milestone.

Resilience is strengthened by minimizing vulnerability—specifically, reducing exposure and sensitivity to harm—and by enhancing the adaptive capacity of women and girls to address the climate crisis, particularly its impacts on SRHR. Thus, in FY25, **330 members** from Community User Groups (CUGs) and Water User Groups (WUGs) were oriented on



Sagarmatha Sambaad Pre Event Health and Climate Change Discussion, Kathmandu



Sita Nepali, Trained Adolescent from ipas Nepal, Participating in Himali Sambaad, Jumla

the intersection of gender, SRHR, and climate change, strengthening community-level advocacy and resilience. These trained community members from West Rukum conducted sessions on climate change-related topics in line with the community-level action plan.

Strengthening the capacities of local health systems and actors to address climate shocks and stressors, particularly in relation to SRHR for gender-transformative climate action, which integrates

SRHR, remains a priority for Ipas Nepal. Thus, to reinforce last-mile health access, Ipas Nepal oriented **232 Female Community Health Volunteers (FCHVs)** across **28 health facilities** from climate vulnerable areas to enhance their role as bridges between communities and health systems for gender and SRH services. Post-orientation, FCHVs have actively linked women in need to SRHR services at health facilities. Some FCHVs have integrated discussions on climate change, safe abortion, and family planning into mothers' group meetings. They have also collaborated with Natural Leaders to support GBV survivors, ensuring safe referrals.

Furthermore, to reach women and girls from marginalized and climate-affected communities with SRH services, Ipas Nepal conducted a total of **four Reproductive Health (RH) camps**. Across all camps, **448 individuals** received RH services, with a focus on reaching marginalized communities. Among the women screened, more than **300 women** underwent cervical



Local Disaster Management Committee (LDMC) meetings, Rukum East

cancer screening using visual inspection with acetic acid (VIA), out of which **9 cases** were found VIA positive and referred for further evaluation and treatment.

Additionally, **10 cases of uterine prolapse** were identified and managed accordingly, and **one case of second-trimester pregnancy** was referred for ultrasound evaluation and later received the service at the tertiary site. Common RH conditions observed included urinary tract infections (UTIs), pelvic inflammatory disease (PID), vulvovaginitis, dysmenorrhea, oligomenorrhea, cervicitis, and sexually transmitted infections (STIs). Counselling, treatment, and referral services were provided as needed.

The camps also supported the effective delivery of general health services alongside reproductive health (RH) care, resulting in a significant increase in access to essential health services for women of reproductive age and children in rural communities.



+ Agency Building and Community Engagement for SRHR

To understand the existing community knowledge, attitudes, practices, and intentions regarding safe abortion services and household resilience capacity, Ipas Nepal conducted a baseline assessment in 2024 among **592 women** in the project areas. A baseline assessment using the KAPI framework showed a moderate overall score of 3.49 out of 5 across 17 indicators. While knowledge, attitude, intention, and practice scores varied (3.63, 3.63, 3.64, and 3.13, respectively), the gaps across all four domains indicate that comprehensive improvement is needed across knowledge, attitudes, practices, and intentions, with particular emphasis on strengthening practice among women.

The baseline also revealed moderate household resilience, with an average resilience capacity score of 26.9 out of 45 across nine indicators, underscoring the need for integrated, resilience-focused interventions.

To address these gaps, Ipas Nepal in FY25 engaged extensively with the community, conducting community sessions and campaigns, and mobilizing local communities to increase knowledge and practice, reduce prevailing stigma in SRHR, and strengthen the agency of women and

Natural Leaders made an incredible impact:

- **594 community sessions** conducted by Natural Leaders reached **9,370 people**: 91% women and girls, 15% adolescents, and 49% from marginalized groups.
- **174 Natural Leader campaigns** were held on key advocacy days, including Menstrual Hygiene Day, SAS Day, World Health Day, and World Environment Day, engaging **4,655 participants** in public conversations on reproductive rights.



Natural Leader with Safe Abortion Flex during a CART session, Banphikot Rural Municipality

girls in implementing palikas. Ipas Nepal has capacitated **104 young women and girls as Natural Leaders (NLs)**. They are transforming their communities from within. These grassroots leaders have actively challenged harmful norms and increased demand for and access to SRHR.

The Natural Leaders follow Ipas Nepal's Community Action Research & Training (CART) initiative, which empowers women to lead local change through lived experience and advocate for sexual and reproductive health and rights. The results of CART shows that survivors of gender-based violence are now seeking support through One Stop Crisis Management Centers; women who previously relied on unsafe abortion methods are turning to authorized, high-quality services; awareness of menstrual health and family planning is increasing; and both women and men are actively participating



Crossing the line activity during Natural Leader's Training, Butwal

in these sessions promoting these topics, with extensive efforts to address the nexus of child marriage, teenage pregnancy, and school dropout.

To address misinformation and disinformation regarding SRHR, including safe abortion, and to build broader awareness and create supportive environments for SRHR, Ipas Nepal conducted capacity-building initiatives for **20 journalists** on data regarding SRHR, including safe abortion, current media portrayals, and value clarification sessions on SRHR, as well as delivering accurate, rights-based SRHR information.

+Evidence Generation through Scholarly Articles

Ipas Nepal published **three significant articles** this year in both national and international journals, reflecting its strong commitment to evidence generation in the areas of sexual and reproductive health and rights (SRHR), safe abortion, and the impact of climate change on SRHR. These studies aim to inform policy and advocate for improved access to reproductive health services, particularly in the context of marginalized communities and environmental challenges.

1.Understanding the Knowledge, Attitude, Practice, and Intention Regarding Abortion among Federal and Provincial Policymakers (October 2024):



This article explores the gaps between policymakers' positive intentions and the actual implementation of abortion-related policies. It emphasizes the need for more budget allocation, safe abortion prioritization, integration into preservice curricula, and community engagement to ensure equitable access to services for marginalized women, girls, and adolescents. Published in the Journal of Nepal Health Research Council (JNHRC), it is indexed in PubMed.

Link to article: DOI: 10.33314/jnhrc.v22i02.5382

2.Status of Abortion-Related Stigma in Nepal Using Stigmatizing Attitudes, Beliefs, and Actions Scale (October 2024):



This study found the high levels of stigma surrounding abortion in Nepal, particularly among women from the upper age group, the poor, and marginalized groups such as Madheshi, Dalit, and Muslim communities. It highlights the discriminatory attitudes, beliefs, and actions that contribute to social exclusion, while noting that the fear of contagion is low. This article was also published in the Journal of Nepal Health Research Council (JNHRC) and indexed in PubMed.

Link to article: DOI: 10.33314/jnhrc.v22i02.4948

3.Climate Change and Its Differential Impact on Sexual and Reproductive Health and Rights Among Women in Nepal (August 2025):



This article highlights the disproportionate impact of climate change on women's sexual and reproductive health in Nepal. It calls for strengthening healthcare systems to ensure access to essential services, including abortion and contraception, during climate crises. It also advocates for integrating SRHR into climate change adaptation policies. Published in Frontiers in Reproductive Health, this article further highlights Ipas Nepal's dedication to addressing SRHR in the face of environmental challenges.

Link to article: DOI:10.3389/frph.2025.1603370

Ipas Nepal is committed to evidence based programming and published number of resources. To access the resources scan the QR here:



SNAPSHOT OF ACHIEVEMENTS AND RESULTS OF FISCAL YEAR 2025

KEY INITIATIVES

STRENGTHENING SRHR SERVICES

10	providers trained on 13+ weeks SAS
10	additional MA service providers trained
12	Faculties trained from six Medical Colleges
35	residents received pre-service training on first-trimester SAS
22	providers across 11 health facilities received targeted coaching and mentoring on clinical skills
28	healthcare providers capacitated on implant services
105	health professionals trained on Minimum Initial Service Package (MISP)
38	health providers trained on Gender-Based Violence (GBV)
24	school health nurses trained

POLICY AND ADVOCACY ON SRHR

20	Journalists trained
68	HF/MOC members oriented and refreshed in 8 health facilities
13	7 HF health facilities implemented CHSB, and 7 health facilities conducted CHSB reviews
54	participants took part in a multi-stakeholder interaction
14	municipalities engaged local government representatives
118	IPWA and CSO members were oriented on SRHR, Gender, and Climate
8	municipalities have successfully integrated SRHR into LAPAs

COMMUNITY ENGAGEMENT

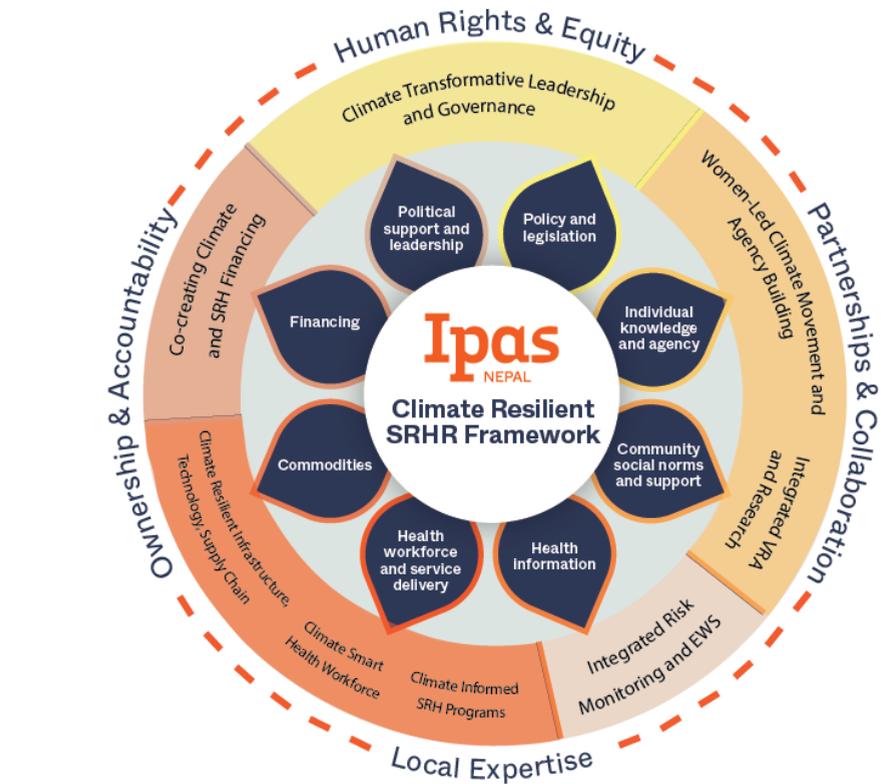
104	NLs Capacitated/refreshed SRHR on SRHR, Gender and Climate Change
594	community sessions conducted by NLs, 9,370 women and adolescents reached
232	FCHVs engaged
174	Community campaigns by NLs reached 4,655 people
46	adolescents mobilized, reached 2,689 peers
	Stockpiling at 7 districts and 14 municipalities
45	first responders trained on CADRE
Four	Reproductive Health (RH) camps were conducted
330	members from Community Groups (CGUGs) and Water User Groups (WUGs) Trained

ACHIEVEMENTS

9,370	women and girls reached	10,011	women received SAS	3,230	women received PAC	6,176	women received PAFP
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IMPACTS

7,641	Unsafe Abortions Averted	15	Maternal Deaths Averted	794	Maternal DALYs Averted
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SRHR IMPACTS ON WOMEN AND GIRLS

- Increased cases of GBV
- Unintended Pregnancy and Unsafe Abortions
- Maternal mortality and Morbidity
- Destruction of SRH and WASH infrastructure
- Interrupted SRH Services

CHANGES OF CLIMATE SYSTEM

- Extreme Weather Events
- Increased Temperature and Erratic Rainfall
- Change in Ocean Current
- Change in Hydrological Cycle
- Melting Glaciers

DRIVERS OF CLIMATE CHANGE

- Greenhouse Gases, Land Use Change and Deforestation

VALUE CLARIFICATION
ACTION TRANSFORMATION
RESEARCH EVIDENCE HEALTH
AUTONOMY CONTRACEPTION SYSTEM
SOLIDARITY STRENGTHENING
GENDER ADVOCACY
EQUITY CLIMATE
RESILIENT CHANGE
SEXUAL JUSTICE
REPRODUCTIVE
HEALTH RIGHTS
GENDER-BASED VIOLENCE
PREVENTION AND RESPONSE
INCLUSION SAFE ABORTION
INNOVATION ADOLESCENT NATURAL LEADERS
AGENCY AND COMMUNITY

SUSTAINABLE
ACCESS POLICY
PARTNERSHIPS
INTERSECTIONAL

STAY INFORMED

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