Technical Brief
August 2026

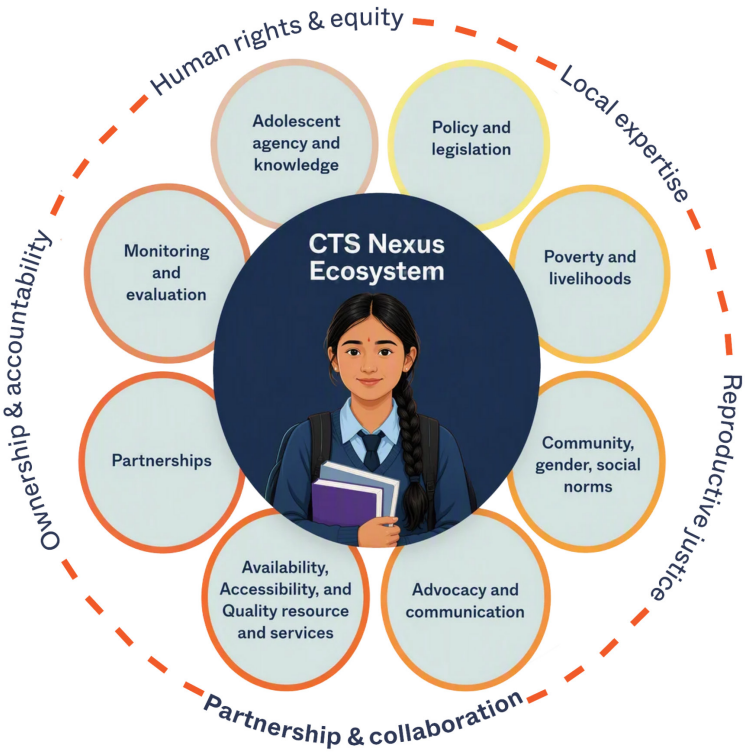
CHILD MARRIAGE, TEENAGE PREGNANCY AND SCHOOL DROPOUT (CTS) NEXUS

Ipas NEPAL

Why is it important to work on CTS?

Karnali and Lumbini Provinces in Nepal have high adolescent pregnancy, child marriage, and school dropout rates that limit girls' education and economic opportunities. In Karnali, 28.9% live below the poverty line, while multidimensional poverty affects over half the population, worsening health and development outcomes. Despite national progress in human development and gender equality, harmful social norms, gender discrimination, and weak health systems continue to disproportionately affect women, girls, and marginalized communities. These interconnected challenges contribute to some of the highest maternal mortality rates in Nepal, reaching 172 deaths per 100,000 live births in Karnali Province and 207 in Lumbini Province. Recognizing the strong links between child marriage, teenage pregnancy, and school dropout, Ipas Nepal has intervened through Child Marriage, Teenage Pregnancy and School Dropout (CTS) Nexus Ecosystem.

Ipas Nepal has been working on Adolescent Sexual and Reproductive Health and Rights as a key thematic area since 2011. While conducting our assessment, survey and interaction with local communities, we found the urge to tackle the root causes that compromises adolescent health, education, agency, capacity and well-being. Thus, we came up with CTS Nexus Ecosystem which addresses the root causes of these interconnected issues while strengthening demand-side factors such as awareness, agency, and social norm change, and supply-side systems including education, health services, and institutional responsiveness.



The CTS Nexus Ecosystem is represented by eight interconnected petals: Policy and legislation, poverty and livelihoods, gender and social norms, advocacy and communications, availability and accessibility of quality resources and services, partnerships, monitoring and evaluation, and adolescent agency and knowledge.

Its integrated approach generates evidence, enhances stakeholder coordination, and supports sustainable solutions for adolescent girls and young women.

How are we implementing CTS Nexus?

- **Developing CTS profile** : The CTS Nexus assessment process involved collecting and analyzing reliable quantitative and qualitative data on child marriage, teenage pregnancy, and school dropout from secondary data sources. Findings were synthesized into a CTS profile and used to develop a stakeholder dialogue presentation, fostering a shared understanding of challenges and informing evidence-based, coordinated interventions.
- **Review of CTS policy, program and existing intervention:** A comprehensive review was conducted to assess the legal, policy, regulatory environment and existing initiatives related to child marriage, teenage pregnancy, school dropout, and adolescent SRHR. The process examined policy coherence, accountability mechanisms, health education standards, access to contraception and services, protection from discrimination and gender-based violence, and policies supporting education, economic opportunities.

  Stakeholders perceived the policy and legislative environment as moderately enabling, while the remaining seven CTS components were identified as somewhat restrictive, highlighting the urgent need for coordinated action to address the CTS nexus.

Component	Score
Poverty and Livelihood	2.1
Policy and Legislation	3.1
Adolescent Agency and knowledge	2.8
Community, gender, social norms	2.9
Advocacy and communication	2.5
Monitoring and evaluation	2.45
Availability, accessibility, and quality financin	2.6
Partnerships between stakeholders	2.2
Total Average:	**2.6**

High Enabling Environment (3.5-4.0)
Moderately Enabling Environment (3.0-3.4)
Somewhat Restrictive Environment (2.0-2.9)
High Restrictive Environment (1.0-1.9)

- **Conducting stakeholder mapping and local assessment:** A comprehensive stakeholder mapping process was conducted to identify key actors across sectors, analyze their roles, influence, interests, and resources, and ensure inclusion of marginalized voices, particularly adolescents. Stakeholders were profiled and mapped using an influence-interest matrix to guide engagement, strengthen collaboration, address representation gaps, and support effective CTS Nexus dialogue and action.
- **Development of response plan and validation workshop:** The two-day CTS stakeholder dialogue convened 210 diverse actors selected through stakeholder mapping to assess the ecosystem, validate dashboard findings, and prioritize actions. Through facilitated group discussions, scoring, plenary validation, and voting, participants co-created a response plan, commit to implementation, and sustain collaboration through future review and accountability processes, joint ownership. The stakeholders were

identified from the stakeholder mapping and included municipality officials, chief of health section, chief of women and education, ward chairpersons, police department representatives, Natural Leaders, Female Community Health Volunteers, Aama Samuha (Health Mother's group), and adolescents from 12 municipalities of Karnali and Lumbini Province.

- **Implementation and monitoring of the response plan:** Ipas Nepal supported the implementation and monitoring of locally developed action plans, working with stakeholders to track progress, strengthen accountability, address emerging challenges, and ensure coordinated action on child marriage, teenage pregnancy, and school dropout. This process promoted local ownership and sustained commitment to achieving agreed priorities and outcomes.

> ***Before attending the training, I knew very little about reproductive health, reproductive organs, safe abortion, and the changes experienced during adolescence. Through the training, I learned that all adolescents should have access to reproductive health information and should be aware of their rights and entitlements related to sexual and reproductive health.***
>
> **ADOLESCENT GIRL**, Participants from ASRH Training, Shivajan School, Salyan, Nepal

Addressing CTS Through Community-Led Solutions

1

Review and revision of local health policies

Ipas Nepal conducted an interaction meeting and mapping of local health needs with the **seven local governments** from Jajarkot, Dailekh, Salyan, and Rukum West. Ipas Nepal is currently providing technical support in the formulation and revision of local health policies, ensuring ways to address the interconnected impact of CTS.

2

Strengthening local partnership

Post CTS Nexus workshop and based on the developed local action plan, the municipalities have formed CTS working groups to pool resources, priorities, update progress based on co-developed work plan and joint monitoring of progress. Ipas Nepal is supporting municipalities to implement the local action plan.

3

Enhancing capacity of service providers and institutions

A total of **140 healthcare providers** from seven districts were trained to strengthen adolescent SRHR and expand access to safe abortion services. This included 35 providers trained on medication abortion and 105 providers trained on adolescent-friendly SRH services, contributing to increased availability of quality, non-judgmental, and accessible reproductive health care for women and adolescents in rural Karnali and Lumbini provinces.

4

Strengthening adolescent agency through ASRH training

A total of **140 adolescents** from child club/girls clubs from of 14 municipalities participated in three-day ASRHR training on sexual and reproductive health, climate change, and gender. The training strengthened adolescents' knowledge, agency, decision-making, and leadership skills, enabling them to disseminate information, mobilize peers, and advocate for positive change within their communities.

5

Adolescent Friendly Information Corners:

Adolescent Friendly Information Corners (AFICs) were established in **14 schools** across 14 municipalities to provide adolescents with confidential, non-judgmental access to SRH information and counseling. Supported by school health nurses, the corners distributed IEC materials, strengthened knowledge-seeking behaviors, protected privacy, and improved access to reliable reproductive health information and support.

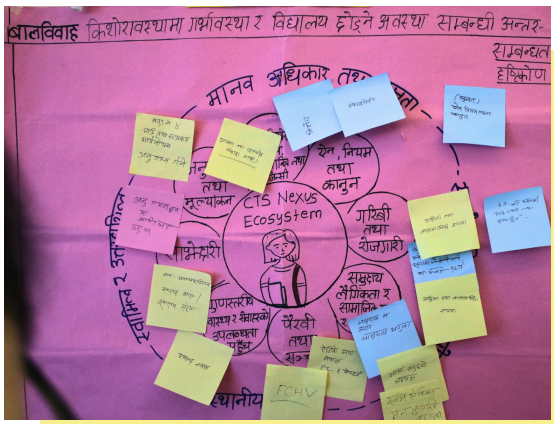
> ***To make AFICs sustainable, we will ensure the proper care and continued use of the materials. We are committed to providing accurate information to adolescents who come to the school so that they can make informed decisions and benefit from reliable knowledge on SRHR.***
>
> **PRINCIPAL**, Balkalyan Madhyamik School, Banphikot Rural Municipality, Rukum West, Nepal

6

Improving menstrual hygiene management among adolescent

A total of **70,000 reusable menstrual pads** were distributed to 14,000 adolescent girls in Grades 8–10 across 14 government schools in 14 municipalities. The initiative improved menstrual health and hygiene, reduced reliance on unhygienic materials, and promoted environmentally sustainable menstrual management in remote rural communities.

Key Achievements and Outcomes



1. **Enhanced municipal understanding, ownership, and accountability:** Twelve municipalities developed integrated CTS action plans, with several municipalities allocating or committing financial resources for CTS-related interventions, strengthening local leadership, coordination, and sustainability of efforts to address child marriage, teenage pregnancy, and school dropout.
2. **Strengthened agency, social system and safety nets:** Trained healthcare providers expanded access to adolescent-responsive sexual and reproductive health services, delivering 55 medication abortion services within two months and increasing the availability of safe, rights-based reproductive health care in underserved communities.

Following capacity-building support, six health facilities were assessed and recognized as adolescent-friendly health facilities, improving the readiness of local health systems to provide confidential, non-judgmental, and youth-responsive SRHR information and services.

3. **Improved policies, laws and resources for local CTS solutions:** Banphikot Municipality allocated NPR 160,000 for CTS awareness activities, while Naubahini and Jhimruk Rural Municipalities incorporated CTS priorities and budgets into their FY 2026/27 annual plans and Red Books, demonstrating growing institutional commitment to addressing CTS challenges.

> The Women and Children Section conducted community awareness sessions to prevent child marriage on all awards initiatives following the CTS Nexus Workshop.
>
> ***-Puspa Dalel, Head Women and Children Section, Banphikot Rural Municipality, Rukum West, Nepal***

Lessons Learned and the Path Forward

1. **Wider communication and dissemination:** Ipas Nepal conducted a qualitative study on the interconnected impact of CTS on adolescent health and well-being and evidence that has been consolidated in the form of comprehensive report from the CTS workshop and action plan developed by the local government. Ipas Nepal will disseminate the findings and recommendations with the wider stakeholders through conferences, blogs, newsletters, media channels for increased collaboration and coordination to address the interconnected impact of CTS.
2. **Explore additional investment to scale up CTS nexus ecosystem:** Current CTS interventions have demonstrated promising results, but their reach remains limited due to resource constraints. Additional funding is needed to pilot and scale the ecosystem-based CTS model in more municipalities. This comprehensive approach addresses the root causes of child marriage, teenage pregnancy, and school dropout through adolescent empowerment, parents' dialogue, social and behavior change communications, quality services, policy advocacy, livelihood opportunities, and strengthened local governance, ensuring coordinated, sustainable, and multi-sectoral action for vulnerable adolescents and young women.

Ipas NEPAL Partners for Reproductive Justice

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