



Annual Report

FY 2025–26

*25 years of strengthening ecosystems
for woman-centered healthcare*

Ipas
DEVELOPMENT
FOUNDATION

Ipas Development Foundation works to improve the sexual and reproductive health ecosystem with a focus on preventing and managing unwanted pregnancies. In collaboration with national and state governments, we strengthen training systems and community outreach to improve the reproductive health of women and girls.

General Body Members

Dr Manju Chhugani

Dean – School of Nursing Sciences and Allied Health, Jamia Hamdard, Board Member – Midwives Alliance of Asia, Executive member – White Ribbon Alliance of India

Dr Jaydeep Tank

Past President – Federation of Obstetrics and Gynaecological Societies of India (FOGSI), Chairman – Publication Committee of Asia Oceania Federation of Obstetrics and Gynaecology (AOFOG), Deputy Secretary General – AOFOG's subcommittee on unsafe abortions

Board of Directors

Dr Manisha Malhotra

Public Health Expert, Past Deputy Commissioner – Ministry of Health and Family Welfare, Government of India

Ms Ruchita Agarwal

Founder – 10X Growth Solutions

Mr Vinoj Manning

Chief Executive Officer – IDF

Ms Pooja Sikund

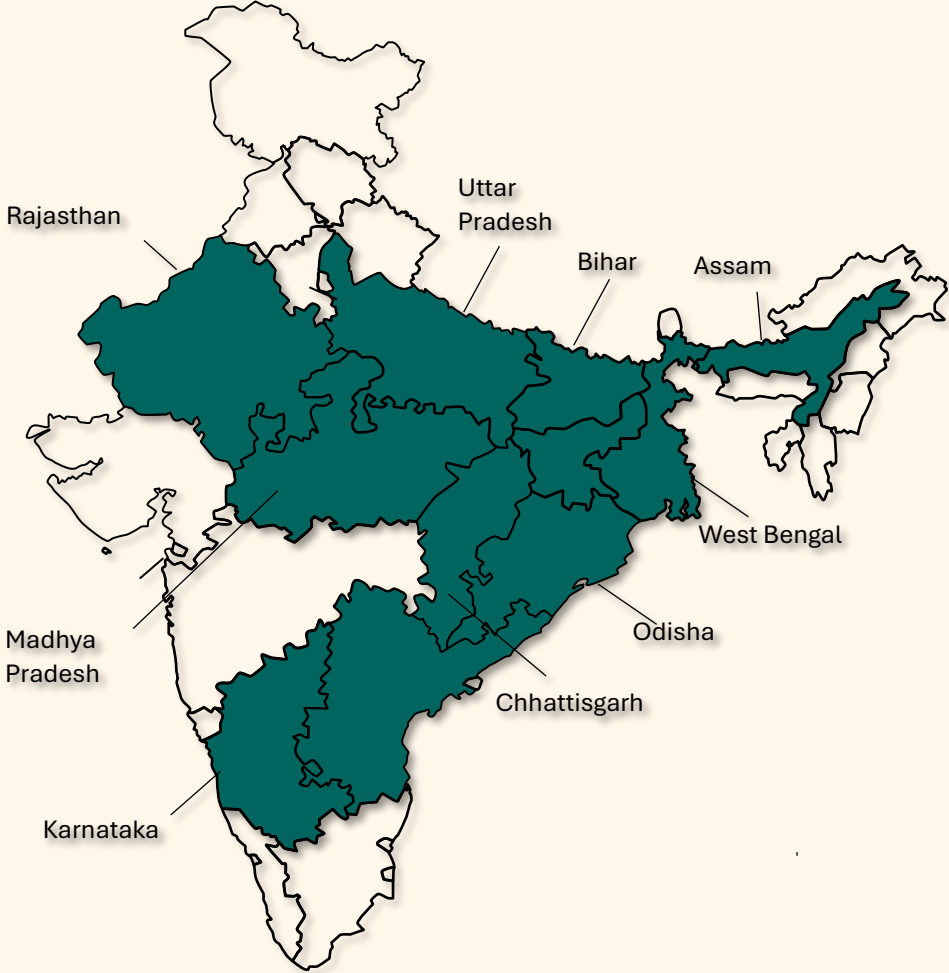
Specialist, Strategy & Development – IDF

Ms Monika Parihar

Specialist, Programs and Trainings – IDF

Our Footprint of Change

Over the last 25 years, we have steadily expanded our reach and deepened our impact, working across 10 states to strengthen sexual and reproductive health services, information and support.



Our Contribution to the Sustainable Development Goals (SDGs)



Reflections on FY2025-26: Message from the CEO

Dear Partners,

This past year brought both uncertainty and resolve.

Across the world, organizations working to advance health and reproductive choice faced growing restrictions. Funding landscapes shifted, civic spaces narrowed, and many of the systems and institutions that communities rely on experienced unprecedented strain. These challenges affected us, our partners and our sector in different ways.

Yet what stands out most when I reflect on this year is not the challenges we faced, but the resilience with which we responded.

I have been continually inspired by the determination of the IDF team and the partners who stand alongside us. Their commitment ensured that even in a difficult operating environment, we continued to strengthen sexual and reproductive healthcare systems.

This resilience was not accidental. Over the past year, we at IDF made deliberate choices to strengthen the foundations of our organization. We sharpened management systems, streamlined operations, invested in stronger planning and accountability mechanisms, and deepened partnerships across government, civil society, and the private sector. Equally important was the continued trust and support of our donors, whose commitment provided stability during a period of considerable uncertainty.

At the same time, the year challenged us to think differently about where IDF can create the greatest value.

Increasingly, our role extends beyond implementation. We are being called upon to provide technical leadership. We expanded our work in areas that we believe will play a defining role in the future of healthcare systems – including digital health, private-sector engagement, and innovative approaches to expanding access to information and services.

These experiences have strengthened our conviction that lasting impact lies not only in delivering programs, but in enabling ecosystems that sustain change.

Over the years, IDF has built deep expertise in working across multiple levels of the system – from community institutions to health facilities, district administrations, state governments and national institutions. The strategic and operational capabilities that our team has developed particularly over the past year position us well for this next chapter. We are excited about opportunities to support the adoption of new contraceptive technologies, digital tools and data-driven approaches that can improve decision-making, strengthen service delivery and make healthcare systems more responsive to people's needs.

We also recognize that technology alone is not enough. Real change happens when innovation is grounded in relationships, trust and human connection. This is why we see immense promise in "phygital" approaches that combine the reach of digital solutions with the depth and equity of community engagement and on-the-ground support.

As IDF marks 25 years of strengthening ecosystems for woman-centered healthcare, we do so with humility, gratitude and optimism. The challenges before us remain significant, but so too is the opportunity to reimagine how healthcare systems can better serve women, girls and communities, especially those living in remote, rural areas.

Thank you for believing in this work. Your partnership continues to make this journey possible.

With deep gratitude,



Vinoj Manning
Chief Executive Officer
Ipas Development Foundation



Our Impact in FY 2025-26

Abortion Care

1,700 providers trained to offer safe abortion services

1,615 MBBS doctors, are now eligible for the first time to provide Comprehensive Abortion Care (CAC) services

2,67,210 women and girls received abortion care at IDF-supported facilities



Choice-based Contraception

5,094 providers trained

2,858 public facilities and **1,431** private clinics supported

3,76,354 women received contraceptive services at IDF-supported facilities



Adolescent and Youth SRH + Intersectional Areas

8,300+ adolescent girls and boys reached through sessions on navigating adolescence, understanding gender, and raising awareness of child marriage and teenage pregnancy

19 adolescent-friendly health clinics strengthened

4,289 young women aged 15-24 years received SRH information

52 school-dropouts/at-risk adolescent girls identified; **28** reintegrated into education



202 young couples received contraceptive counselling; **156** young couples adopted contraception following counselling



Assisting State Governments in Strengthening Reproductive Health Services

COMPREHENSIVE ABORTION CARE

During the year, IDF continued to strengthen the abortion ecosystem by assisting the public health system to expand availability of quality comprehensive abortion care (CAC) services under the National Health Mission. In line with our MoU with the state governments, we assisted program states in facilitating CAC training, certifying master trainers for continued trainings, and training and certifying eligible doctors for service provision.



Government Partnerships and Policy Support

We renewed our Memorandum of Understanding (MoU) with the National Health Mission (NHM) Jharkhand, reaffirming our shared commitment to expanding access to safe abortion care and post-abortion care services. In Bihar, we contributed to state-level dialogue on safe abortion by presenting at the 'Maternal Health Conclave on Safe Abortions'. In Karnataka, we provided technical assistance on developing teleconsultation guidelines for Medical Methods of Abortion (MMA) through eSanjeevani (yet to be operationalized), and Standard Operating Procedures (SoPs) for CAC service delivery.

Across program states, we worked closely with state and district health officials to strengthen implementation of abortion care services. We provided technical assistance for improving program monitoring by district officials, strengthening service delivery systems, supporting procurement processes for MMA and Manual Vacuum Aspiration (MVA) kits, and facilitating implementation of the amended MTP Act, including orienting Medical Board Members.

National-Level Engagement and Assistance to the Government of India (GoI)

At the national level, we provided technical assistance to the Ministry of Health and Family Welfare (MoHFW) and the National Health Systems Resource Centre (NHSRC) to strengthen abortion-related guidance and capacity-building resources. This involved developing pre-reading material and training content on CAC for five cadres of health workers – ASHAs, ANMs, Community Health Officers, staff nurses and medical officers. In addition, we developed community-facing resources on the Medical Termination of Pregnancy (MTP) Act.

We organized a session on the functioning of Medical Boards under the MTP Act at the All-India Congress of Obstetrics and Gynaecology (AICOG). The session saw active participation from the Technical Officer, CAC, MoHFW and representatives of State governments and Medical Board members.

Further, on request of the MoHFW, we conducted a Training of Trainers (ToT) program in Manipur to expand the pool of state-level CAC master trainers.

Strengthening Provider Capacity

In line with our partnerships with State governments, we facilitated the capacity building of doctors, nurses and hospital teams to provide safe and high-quality abortion services with compassion. We also supported community-level orientations for ASHAs and ANMs to strengthen awareness and referral pathways.

Decentralizing Abortion Services

We continued our efforts in Karnataka, Madhya Pradesh and Uttar Pradesh to strengthen MMA services at Urban Primary Health Centres (UPHCs). This helped expand access to abortion care for women in urban poor communities. Supported UPHCs recorded a significant increase in clients served, demonstrating their potential as decentralized, accessible, public-sector service points for the urban poor.

During the year, we brought together providers, master trainers, district officials and state representatives at experience sharing meetings, to review learnings from this work for further strengthening CAC service delivery within the urban public health system.

Expanding Access to Information on Safe Abortion

To improve awareness of safe abortion services and legal provisions, we participated in a state-level discussion on *Doordarshan* Rajasthan and a live phone-in program on *All India Radio* (AIR) Cuttack where listeners from across Odisha engaged directly with medical experts on abortion-related questions. We also partnered with state governments to mark International Safe Abortion Day on 28th September 2025, through awareness activities with communities, health providers and other stakeholders.

Supporting the Futures Women Choose through Comprehensive Abortion Care

At 20, Ritu* was raising a one-year-old child when she discovered she was pregnant again. Facing financial uncertainty and the demands of caring for a young child, Ritu sought support to make the decision that was right for her.

Through an IDF-supported primary health centre close to her, she received safe abortion care and compassionate guidance.

Within days, Ritu was able to regain her strength and health.

“I can care for my child and support my family now.”

*name changed



ADVANCING FAMILY PLANNING PROGRAMS

As part of Project VIKALP, we continued to work closely with three state governments to strengthen the public-sector family planning program and expand access to informed contraceptive choice. With a focus on promoting spacing and delaying of pregnancies among newly married and young couples, our work supported all levels of the health system – state, district, facility and community.

In Rajasthan, we participated in technical discussions and the Technical Advisory Group (TAG) meeting on newer contraceptive methods. We also assisted the state government in submitting an innovation abstract, *“Integrating Parity-wise Reporting in PCTS: Tracking Contraceptive Uptake Among Low-Parity Couples to Strengthen the Government of India’s Commitment to Delaying and Spacing Pregnancy,”* for Gol’s Innovation Summit.

We supported government-led awareness initiatives to promote healthy timing and spacing of pregnancy and informed contraceptive choice. These included World Population Day and World Contraception Day activities, counselling sessions, stakeholder engagement and the dissemination of information, education and communication (IEC) materials. In Rajasthan, we supported the state-level World Population Day event, which was attended by the Hon’ble Health Minister, Shri Gajendra Singh Khimsar.



Enhancing Provider Capacities

We supported the capacity building of health system stakeholders on contraceptive choice and healthy timing and spacing of pregnancies. Facility-based sensitisation and counselling sessions, including at Lady Elgin Hospital, Jabalpur, helped improve the quality of FP counselling. We also conducted Values Clarification for Action and Transformation (VCAT) sessions for providers and frontline workers across Madhya Pradesh and Rajasthan to promote client-centred care; in Madhya Pradesh, VCAT is now integrated into district-level certification training on contraceptive methods.



Engaging Communities to Support Informed Choice

Recognising that informed family planning decisions are shaped by community norms, relationships and access to services, we worked with district authorities and communities to leverage existing government platforms such as *Saas Bahu Sammelans*, for normalizing delaying and spacing of pregnancies among young couples. In Rajasthan and Madhya Pradesh, we engaged men as supportive partners and worked with newly married couples on healthy spacing, mutual respect and shared decision-making.

To complement these efforts, we launched a microsite that provides young married couples with a trusted space to explore contraceptive options through clear information, videos and an interactive decision-support tool. Since its launch, the platform has attracted over 75,000 visitors and helped connect users to additional support through our helpline.

Supporting the Introduction of Newer Contraceptive Methods

In Assam, through our continued partnership with the Government of Assam, we supported the introduction of newer contraceptive methods — Implants and MPA-SC — at designated public health facilities. We engaged with senior state leadership, including the Mission Director, NHM Assam, to support program planning and implementation.

We also supported state-led awareness and communication efforts through mobile outreach vans, World Population Day activities, home visits and community engagement initiatives. Equipped with state-approved communication materials developed under Project VIKALP, these efforts extended the reach of contraceptive choices to communities across Hailakandi, Nagaon and Sonitpur districts.

Making Informed Family Planning a Conversation Every Family Can Have

Pulled out of school in Class 8, Shilpa's* world narrowed early. The script around her is familiar; her sister has six children, her mother had eight by 36. But her own body tells a different story – one not ready for more.

“I wanted a little more time before having another child - to regain my strength, care for my family, and plan our future together.”

With support from an IDF community mobiliser and the local ASHA, Shilpa and her husband learned about family planning options and healthy spacing between pregnancies, enabling them to make an informed decision together.

*name changed



Technical Leadership and Private Sector Engagement

Private Sector Readiness for Newer Contraceptive Technologies

Through the Saksham initiative in Uttar Pradesh and Bihar, IDF continued to work with the private sector to expand access to long-acting reversible contraceptives (LARCs), particularly contraceptive Implants. We conducted trainings, workshops, clinical mentoring, and provider engagement activities to strengthen service quality. We provided IEC materials at clinics, helping raise awareness of contraceptive options among clients. During the year, 151 private providers were trained on LARCs, 221 providers were trained on Implants, and 76 providers received hands-on support for their first Implant insertion.

Additionally, through our partnership with Organon India, we expanded the pool of providers and master trainers skilled in Implant service provision. Training programs were conducted across a range of institutions and professional platforms, including Adesh Medical College, Ambala; a training program for FOGSI members in Ludhiana; and Northern Railways Central Hospital, New Delhi. Through these efforts, we trained 60 providers in Implant provision, including 11 master trainers, helping strengthen the availability of newer contraceptive methods in the private sector.

To promote knowledge sharing, IDF supported a session on *Expanding Choice: Provision of Newer Contraceptive Methods* at the All-India Congress of Obstetrics and Gynaecology (AICOG) Conference held in New Delhi in January 2026, featuring three Saksham-supported doctors.

Post-Abortion Contraception

To better understand how private-sector actors can support access to contraception for women, we undertook an exploratory exercise focused on post-abortion contraception. We examined factors influencing the promotion and uptake of contraceptive methods following abortion, including provider motivations, awareness approaches, incentives and capacity-building needs. This exercise highlighted key opportunities and challenges related to post-abortion contraceptive uptake and will inform the development of a scalable private sector engagement model to improve access to contraceptive information and post-abortion family planning services.



Adolescent Health and Well-Being

Building on IDF's longstanding work in youth sexual and reproductive health, our network of youth leaders and our deep engagement with communities, we initiated a program in the Sundarbans region of West Bengal to address the interconnected challenges of Child Marriage–Teenage Pregnancy–School Dropout – the CTS nexus. This program adopts an integrated, ecosystem-based approach. It is based on the understanding that the CTS outcomes are shaped not only by individual adolescents, but also by the wider environment in which they live — including families, communities, schools, health systems, social norms and economic opportunities.



Engaging Schools and Community-Level Institutions

During the year, we reached 20 schools in the remote Sundarbans and introduced structured school-based sessions that enabled adolescents to discuss puberty, menstrual health and hygiene, child marriage, teenage pregnancy and overall wellbeing in an age-appropriate manner. To support consistent implementation, we developed school session modules, Standard Operating Procedures (SoPs) and documentation tools.

We also worked with panchayat representatives, Self-Help Group (SHG) members and other community stakeholders to strengthen awareness on adolescent health, child marriage and teenage pregnancy. Community discussions involving over 200 participants created opportunities to address common misconceptions around contraception and safe abortion, encourage informed decision-making and strengthen community support for adolescent health and wellbeing.

Building Youth Leadership and Community Action

A key feature of our work has involved building social capital and empowering young people to take on leadership roles within their communities. Youth Leaders, recruited from within the Sundarbans were trained to facilitate school sessions, support community outreach and connect adolescents with credible information and services. Training on gender-based violence (GBV) further strengthened their ability to respond sensitively to concerns affecting young people, helping build stronger community-based support systems.

Expanding Pathways to Education, Skills and Opportunity

Supporting girls to remain in school and access future opportunities remained a key focus of the program. During the year, 46 adolescent girls and their families received counselling on the value of education and the importance of continuing schooling. As a result, 29 girls were successfully re-enrolled in school and resumed regular attendance.

To expand access to skills and livelihood opportunities, we organised career counselling sessions in collaboration with Reach India Trust, Anudip Foundation and Utkarsh Bangla, reaching 389 girls across six panchayats. Personalised counselling and referrals further enabled 55 girls and young women to enrol in skill development programs, of whom 11 completed their training and 6 girls got job placements.

Strengthening Climate and Disaster Preparedness

Recognising the growing impact of climate-related risks on adolescent wellbeing in the Sundarbans, we also contributed to discussions on climate change and disaster preparedness through the Bengal Civil Society Organization Climate Alliance. We developed child safety protocols for schools, panchayats and storm shelters, helping ensure that adolescent needs are reflected in local preparedness and response planning.

Addressing the interconnected vulnerabilities that narrow adolescent girls' choices

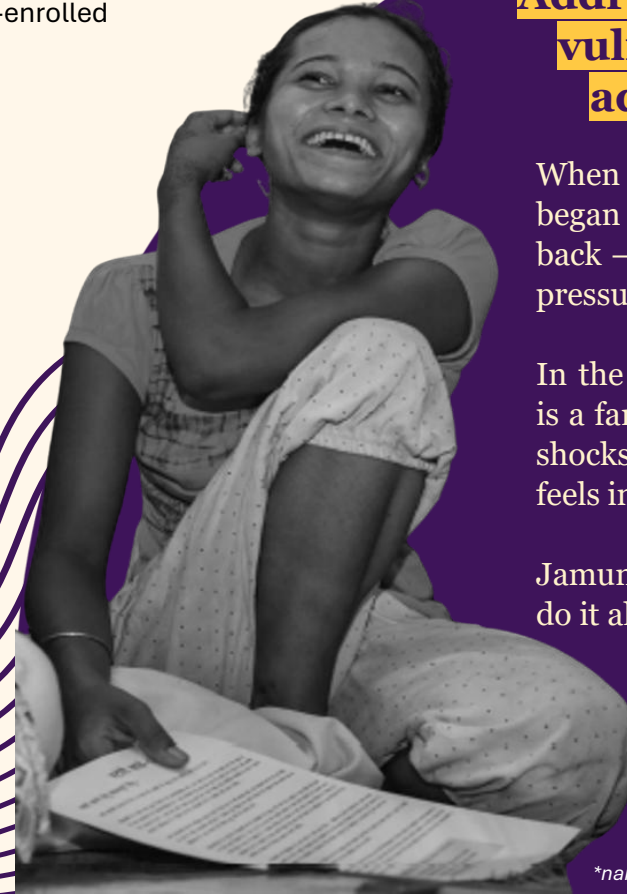
When Jamuna* finished Class 10, her parents began preparing for her marriage. She pushed back – and stayed in school. After Class 12, the pressure returned, stronger this time.

In the Sundarbans region of West Bengal, this is a familiar story – where poverty and climate shocks narrow a girl's choices until marriage feels inevitable.

Jamuna held her ground, but she didn't have to do it alone.

IDF's community Youth Leader, Barsha*, worked with Jamuna and her family, connecting her to career fairs, skilling opportunities, and pathways she hadn't seen before.

*name changed



Pathways to Information, Care and Support

Strengthening Digital Counselling Services

Through our helpline and chatbot, we continued to provide trusted sexual and reproductive health information and support, while strengthening the quality and reliability of counselling services. We built counsellors' technical and interpersonal skills through refresher trainings, structured onboarding and regular feedback. Routine quality checks also helped identify and address issues, enabling callers to receive more consistent and responsive support.

Expanding Access to Information and Personalized Support

Community outreach in West Bengal introduced more young people to our chatbot, increasing its use and creating more opportunities for conversations on SRH.

Our helpline was integrated into the resource section of Population Foundation of India's WhatsApp chatbot, allowing users to move seamlessly from online information to confidential counselling.

Digital Approaches to Family Planning Counselling

We completed a landscaping initiative to assess opportunities for strengthening family planning counselling and knowledge sharing through digital solutions. Drawing on our insights and learnings, we developed a proposed digital counselling model that integrates chatbot-based information provision, service navigation and referral pathways, along with an implementation strategy for testing the model in underserved settings. During the year, we consolidated findings and refined recommendations, providing a foundation for future “phygital” family planning initiatives.



4,00,000+
Reach Across Our
Digital Ecosystem

Our Work in the Spotlight

Bringing trusted SRH information into global conversations

Our chatbot was featured in a [Women's Media Center article](#) on how AI-powered platforms are expanding access to sexuality education across the Global South.

Our post-pregnancy FP model with helpline support, recognised by WHO

Our work in Uttar Pradesh was [featured in a WHO global guide](#) as an example of effective post-pregnancy family planning support. The model included counselling and referral support through a dedicated helpline, alongside broader efforts to strengthen access to family planning services.

Technical Assistance and Knowledge Exchange

Strengthening the capacity of organisations working with vulnerable communities

We led an orientation on SRH, including menstrual health, for community leaders associated with STOP Trafficking and Oppression of Children & Women, strengthening their ability to respond to health concerns within the communities they support.

Elevating menstrual health in public-health dialogue

At Janki Devi Memorial College, University of Delhi, we led a session that framed menstrual health as a public-health priority and opened space for informed discussion among students and educators.

Informing State Action on Rising Teenage Pregnancies

In Karnataka, we provided technical support to strengthen the state's response to adolescent pregnancy, including the development of a teenage pregnancy audit framework to support better review, analysis and action.

Shaping better communication for women's sexual and reproductive health

We contributed to a consultation at Lady Shri Ram College for Women, University of Delhi on developing more effective communication strategies for the sexual healthcare of women from low-income urban communities, bringing program experience into ongoing research supported by the Bharat Ram Trust.

Making Contraceptive Information More Accessible Through Community Engagement

At VABMC Hospital, Lucknow, we supported the use of creative community engagement approaches including an awareness skit to make information on contraceptive options more accessible, relatable and easier for people to discuss and understand.



Highlights

The **International Conference on Family Planning (ICFP)** 2025 in Colombia let us share evidence and policy insights on abortion care, present IDF's work on the CTS nexus, and contribute to discussions on family planning, anaemia, digital health, self-care and youth engagement — and bring global learning back into our programs.

During the **FP2030 Asia-Pacific South-South Learning Workshop** in Indonesia, we led a technical session on **High-Impact Practices in family planning**. Drawing on country experience, we explored ways to strengthen postpartum and post-abortion family planning and supported peer learning across government, civil society, youth, donor and research partners in the region.

We updated the [Abortion Research Compendium – India](#), bringing 200+ studies, policy briefs and resources into one place to make research easier to access and strengthen programs and policy.

With the Family Planning Association of India (FPAI) and other partners, we supported **roundtable discussions on abortion care and the future of family planning**.

We brought program experience to a national consultation by the Foundation for Reproductive Health Services India (FRHS India), and to discussions convened by UNFPA and FP2030 on **family planning and future policy and program priorities**.

Through the **All-India Congress of Obstetrics and Gynaecology (AICOG)** and the Presidential Conference of the **Federation of Obstetric and Gynaecological Societies of India (FOGSI)**, we shared practical experience on newer contraceptive methods and research insights on RMNCH services, with clinicians.

Our work on **preventing teenage pregnancies** is featured in the **Confederation of Indian Industry (CII)** 2026 volume, [Driving Change in Rural India: A Compendium of Best Practices](#).



Awards & Recognition by Great Place to Work® Institute



9 years in a row



*Among top 100 in
India*

IDF Team Members Recognized by State Governments

Our team members were honored by Governments of Rajasthan and Madhya Pradesh for their outstanding contribution to the Family Planning Program in these states



Ashok Saini,
Sikar, Rajasthan



Mohan Sharma
Bharatpur, Rajasthan



Purushottam Yogi
Barmer, Rajasthan



Simran Dwivedi
Deeg, Rajasthan



Nirmala Sharma
Salumber, Rajasthan



Deepa Gautam
Dausa, Rajasthan



Prem Bairwa
Dausa, Rajasthan



Vivek Joshi
Chittorgarh, Rajasthan



Roxy Sharma
Jaipur, Rajasthan



Dinesh Verma
Jodhpur, Rajasthan



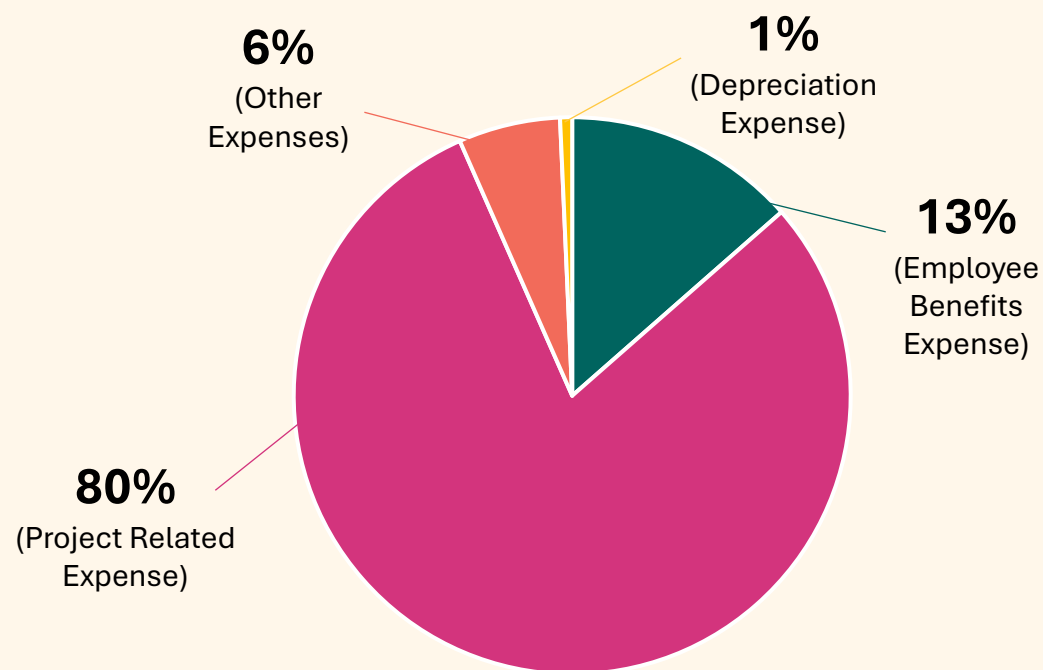
Satish Solanki
Gwalior, Madhya Pradesh

Our team member was felicitated by Government of Bihar for his dedicated support to Comprehensive Abortion Care services in the State



Vikash Kumar
Munger, Bihar

We are grateful to our donors for their continued commitment and support to IDF's mission



Expenditure	Amount (INR)
Employee Benefits Expense	4,88,58,855
Project Related Expense	28,82,19,390
Other Expenses	2,13,50,632
Depreciation Expense	25,19,125
Total	36,09,48,001

IDF has a functional Internal Complaints Committee as per the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act 2013. The ICC received no complaints this year.

Disclaimer: The photographs and names used in this publication are for illustrative purposes only; they do not imply any particular attitudes, behaviors, or actions on the part of any person who appears in the photographs.



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