

Women's voices on climate resilience and reproductive choices

Cross country insights from
climate impacted communities



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Images

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Foreword

Climate change is one of the defining challenges of our time. It affects people's lives, security and health – and, as this groundbreaking research makes clear, it is already having an adverse impact on sexual and reproductive health and rights (SRHR).

Advancing gender equality is a cross-cutting priority in Norway's international development and climate efforts. We know that women's agency, choices and access to essential health services, including sexual and reproductive health services, are essential to building climate resilience. When access to these services is disrupted – by flooding, drought, extreme heat or forced displacement – the consequences are profound, long-lasting and deeply unjust.

The research presented here, partly funded by Norway, brings to light urgently needed evidence from communities on the frontlines of climate change. Drawing on women's voices and lived experiences, the report highlights the importance of incorporating efforts relating to sexual and reproductive health into climate action.

Norway is proud to support research that strengthens the evidence base that supports this approach, and that identifies practical, climate-resilient solutions. The findings and recommendations clarify the links between climate and health and are a strong call to action to governments, donors and partners to integrate SRHR into initiatives relating to climate adaptation, preparedness and response.

Åsmund Grøver Aukrust

Minister of International Development
Government of Norway

“ Ensuring that women and girls can **exercise control over their bodies and their futures**, even in times of crisis, is both a moral imperative and a cornerstone of sustainable development. This research is an important contribution towards reaching that shared goal. ”



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Executive summary

Climate change is no longer a future risk but is reshaping lives, and when, how, and whether people can access health care.

This multi-country qualitative study, conducted by MSI in partnership with YLabs, captures the lived experiences of nearly 200 people in Ethiopia, Madagascar, and Pakistan who are navigating climate change while trying to protect their SRHR.

Across all three settings, climate hazards such as droughts, floods, cyclones, and extreme heat are disrupting access to services, increasing the strain on health systems, deepening economic vulnerability, and influencing reproductive choices. These impacts are not temporary, they are becoming a defining feature of the contexts in which health providers must operate.

Key findings

1. Climate shocks directly and indirectly threaten SRHR.

Women and health workers described both direct health risks – especially during pregnancy – and indirect effects driven by access barriers, health system disruptions, and economic stress. Many communities recognise access challenges but are less aware of direct physiological risks associated with climate change as well as risks associated with less acute hazards such as extreme heat and salinisation.

2. Access to care breaks down during climate emergencies.

Flooded roads, damaged infrastructure, and unsafe travel conditions routinely prevent women from reaching facilities, sometimes for weeks. Delayed or foregone care increases the risk of complications, unwanted pregnancies, and preventable deaths.

3. Health systems are not climate change ready.

Participants described staff shortages, facility closures, and recurring stock-outs of contraception and commodities following climate events. Emergency preparedness plans rarely include SRHR, leaving services vulnerable when risks are highest.

4. Climate change deepens economic vulnerability and SRHR risk.

Loss of livelihoods forces households to make difficult trade-offs between food, shelter, and health care. In some settings, climate-driven poverty increases migration, transactional sex, and exposure to HIV and STIs.

5. Reproductive choices are part of climate adaptation.

Women and families are already adapting their reproductive lives – including choices about spacing and limiting births – as a way to adapt to the growing impacts of climate change. Climate disruptions influence contraceptive method preferences and continuity of use. Engaging frontline community members is essential to ensure new initiatives respond to both emerging community-based solutions and evolving SRHR risks and preferences.

What this means for programmes and policy

Sexual and reproductive health and rights is climate resilience.

SRHR services must be designed as climate-resilient systems rather than static interventions. Continuity of care during climate crises should be treated as essential, not optional. Preparedness – including early warning systems, pre-positioned SRH and maternal health supplies, and climate-informed planning – is as important as emergency response.

Priority actions

We recommend five key service adaptations to ensure continuity of SRHR services during climate crises:

- 1. Strengthen last-mile care and product access to meet new realities**
- 2. Ensure climate-responsive commodities distribution and access points**
- 3. Expand remote, telehealth and mobile services**
- 4. Deepen integration of SRHR consideration into climate adaptation policies – and climate considerations into existing SRHR plans and policies**
- 5. Conduct climate-adapted outreach and engagement with communities**

For implementing partners

Adapt service delivery models to include mobile, outreach, telehealth, and community-based options that remain functional during climate shocks. Strengthen HIV/STI prevention and anticipate shifts in contraceptive method preferences due to routinely disrupted access or new migration patterns. Ensure comprehensive provision of all SRHR services, including access to abortion, diverse contraception methods, gender-based violence services, and menstrual health products.

For governments

Integrate SRHR into health emergency preparedness and climate adaptation plans. Ensure SRH commodities are included in essential emergency supplies and invest in climate-ready health systems that can provide continuity of maternal, reproductive, and menstrual health for women and girls during and after climate disasters, droughts, and heatwaves.

For donors

Fund climate-responsive SRHR programme and service adaptations, heat-resilient commodities, and dynamic research that can capture the rapidly evolving impacts of climate change on reproductive decisions. Urge government and community partners to examine the climate-SRHR link, and support monitoring and data systems that make the link visible in policy, programme evaluation, and investment decisions.

Conclusion

SRHR is a cornerstone of women's agency, household resilience, and climate adaptation. As climate shocks intensify, ensuring access to high-quality, voluntary SRHR services is essential for protecting lives today and building resilience for the future.



About the research

Why it matters

Climate change has significant effects on SRHR, particularly in low- and middle-income countries (LMICs).^{1,2,3,4} Emerging research suggests that climate hazards such as drought, precipitation, and high temperature may affect desire for children, childbearing, and contraception use, though other important hazards like tropical cyclones are largely absent from climate-SRHR research.^{5,6,7,8,9} Existing research has focused largely on specific aspects of SRHR such as HIV or pregnancy outcomes.¹ Significant gaps in knowledge remain around the impact of climate change on SRHR more broadly, including abortion, contraception (including access, usage and efficacy), fertility (including preferences and infertility), and harmful practices.^{1,5,7,9} Such gaps are a barrier to effective programming, investment, and policy making.^{1,9}

It is critical for SRHR programmes to be aware of and responsive to climate-related impacts on service delivery, needs, and preferences, particularly in low- and middle-income countries that are **particularly** vulnerable to the impacts of climate change. This research report puts forward 1) actionable recommendations for adapting SRHR service delivery approaches to be more resilient to climate impacts and 2) insights to strengthen broader knowledge around the impacts of climate change on SRHR in understudied regions.

Approach and methods

Our research centres on women to understand the local impacts of climate change on SRHR and develop solutions to these challenges. We wanted to understand how climate affects SRHR in climate-affected communities, and what these communities need to ensure climate-resilient SRHR.

Conducted through a partnership between MSI and YLabs, this exploratory qualitative research project combined interviews and focus groups with participatory research activities in Ethiopia, Madagascar, and Pakistan. Semi-structured interviews and semi-structured focus group discussions were the primary data collection modalities; all interviews and focus group discussions were audio-recorded.

Research questions

Through this research, we aimed to better understand:

- ❓ What climate hazards are affecting people's lives and SRHR?
- ❓ How do these hazards impact SRHR preferences, service access, and outcomes?
- ❓ What do communities perceive about links between climate concerns, climate resilience, and SRHR?
- ❓ What solutions are communities proposing and implementing to respond to these climate-SRHR challenges?

Participants

Our approach engaged diverse participants across three countries to better understand women's lived realities. We spoke with 197 participants in total from five key groups: young women (18-24 years old), older women (25-45 years old), men, health care workers and community health workers, and local officials and religious leaders.

Lived experiences of participants: Ethiopia and Madagascar:

100%

of women 25+ had at least 1 child

76%

of all participants were between the ages of 18-35

81%

of women participants had used contraception

22%

of women 25+ reported accessing safe abortion care

Study sites

We conducted this research with communities on the frontlines of climate change. These countries were identified based on their 1) high climate vulnerability, 2) strength of MSI's existing research networks in these geographies, and 3) lack of existing qualitative data regarding the research questions.

Our study sites were:



- **Ethiopia - Bule Hora, West Guji and Karat, Konso:** Two rural, semi-arid zones in Southern Ethiopia, populated by agro-pastoralist communities that experienced severe drought in 2022 and are projected to experience increased drought, extreme heat, and precipitation intensity.^{10, 11, 12}



- **Madagascar - Sambava and Farahalana, Sava:** One urban area (Sambava) and one rural area (Farahalana) in the Sambava region of northeastern Madagascar, known for significant cultivated land - largely vanilla production - that experience ongoing cyclones and are projected to experience an increase in the number of cyclones, floods, and droughts.^{13, 14, 15, 16}



- **Pakistan - Larkana, Sindh:** One rural area in the Larkana district in the Sindh province near the Indus River in Pakistan, known for agriculture communities that experienced devastating floods in 2022 and are projected to experience increased flooding and extreme heat.^{17, 18, 19}

Ethical considerations

Ethical approval for this research was provided by MSI's Ethics Review Committee, Ethiopia Public Health Association (EPHA)'s Institutional Review Board, Madagascar's National Institute for Community and Public Health (INSPC) Research Ethics Review Committee (CEER), and Pakistan's Research and Development Solutions Independent Review Board (IRB).



Research findings

Our data reveals that climate change is directly and indirectly impacting SRHR across all three study sites. Women and girls are by necessity already changing their SRHR choices and behaviours in response to the climate crises they are experiencing. SRHR services must match their realities.

► **Community members have deep lived experience of climate change.**

Research Question 1: What climate hazards are affecting community members' lives and SRHR?

Participants' major climate concerns reinforced scientific evidence of how climate change is impacting each region: for example droughts in Ethiopia, floods in Pakistan, and cyclones in Madagascar. Participants could often identify the links between these and impacts on SRHR:

“ The climate has changed. [...] Cyclones often pass through. And when a cyclone comes [...] there's always an impact on reproductive health. Because STIs increase a lot, and also HIV/AIDS, and also unwanted pregnancies. [...] Many come to see you because [they're] pregnant not by choice, so they want to have an abortion. Then there are also some [...] who are already having complications from taking traditional medicines. [...] There's also violence [...] during the cyclone.”

Health worker in Sambava, Madagascar

All participants recognised a range of other significant climate hazards impacting their communities. For example, changing seasonal weather patterns was a leading secondary concern in Ethiopia, drought was a leading secondary concern in Madagascar, and heat was a leading secondary concern in Pakistan. Though other hazards like land degradation, salinisation, and biodiversity loss were also mentioned, few participants linked these to SRHR impacts, even though evidence indicates that these hazards impact SRHR.^{1, 2, 20}

! PROGRAMMING IMPLICATIONS

Design climate-responsive SRHR programmes to address **all** local hazards, paying attention to the distinct mechanisms of how each influence SRHR outcomes and access to SRHR services.

► Climate change impacts SRHR through five key pathways.

Research Question 2: How do these hazards impact SRHR preferences, service access, and outcomes?

We identified five key pathways linking climate and SRHR across all three sites:



Climate change directly impacts SRHR but many participants didn't recognise the linkage.

1 Pathway 1: Direct risks to SRHR

When asked about the connections between climate change and SRHR, the majority of participants emphasised access barriers, health systems shortfalls, and socioeconomic factors – not direct impacts. This was true across all participant sub-groups. However, a growing body of research demonstrates that direct exposure to climate hazards like extreme heat, flooding, and salinisation increases risks to SRHR, especially during pregnancy.^{20, 21, 22, 23, 24, 25, 26, 27} That is, experiencing these hazards has direct physiological impacts beyond those that result from the indirect impacts of climate hazards on health and social systems.

Participants' focus on indirect impacts may reflect their lived experiences and higher priorities. However, it also may suggest that participants – including both community members and health workers – may not fully recognise the direct risks associated with experiencing these climate hazards or know how to respond appropriately.






! PROGRAMMING IMPLICATIONS

Climate-responsive programmes – especially maternal health programmes – should utilise intervention approaches that respond to both the direct **and** indirect pathways by which climate change impacts SRHR to ensure that interventions effectively reduce risks.

When climate hazards occur, access to services falters.

2 Pathway 2: Difficulties getting to care

Across all three countries, we observed that many women cannot access SRHR services during climate emergencies because of transportation limitations and infrastructure impacts:

ETHIOPIA 	MADAGASCAR 	PAKISTAN 
For rural women, the economic strain of droughts makes transportation costs to urban areas for SRHR care prohibitive.	Severe wind makes travel dangerous during cyclones; after the cyclone passes, flooding blocks roads sometimes for several weeks.	During floods, roads are impassable for weeks at a time, making it impossible to access services, even in emergencies.

These transportation limitations and infrastructure impacts result in delays in accessing care or inability to access services at all. They also exacerbate inequities in service access leaving vulnerable groups even more so. Those with financial resources may find it easier to access care:

“The truth is, even if there’s bad weather, [...] it’s about having money, because when you have money, you can say ‘even if there’s no car, let’s find a car, because we really have to go.’”

Health worker in Sava, Madagascar

Participants told stories of how they attempted to get to facilities during emergency situations by any means possible: donkey carts, walking through floodwaters, using canoes, or calling neighbours to help carry the individual in need of medical attention. Doing so is dangerous and slow. Delayed care due to climate-driven infrastructure barriers can result in complications and, in severe cases, death:

“Her delivery was not smooth. Complications arose because we arrived late...They said that you needed to come earlier for the delivery, but we couldn’t leave due to the rain, which affected the baby. [The child] did not survive.”

Older married woman in Larkhana, Pakistan

Physical infrastructure barriers also exacerbate the mental health toll of experiencing climate hazards, creating additional stress for those facing challenges in accessing services.

! PROGRAMMING IMPLICATIONS

Test interventions that strengthen preparedness, integrate early warning actions, and enable remote service delivery. Advocate to disaster planning and infrastructure planning stakeholders for infrastructure resilience and repair as well as continuity of (or roll-out of) emergency transportation services to reach clinics and health facilities, particularly for women and pregnant people.

Health systems struggle to provide comprehensive SRHR services during climate events.

3 Pathway 3: Health systems weaknesses

Across all sites, participants described how climate hazards led to failures of the health system, and how these failures impacted their SRHR. Notably, pre-existing health system shortfalls exacerbate the adverse impacts of climate change on health systems. Participants described how climate hazards contribute to staffing shortages, commodity stock-outs, facility closures, and suspension of SRHR services. Young women seem to be particularly aware of impacts on stock-outs, which were an issue linked with climate change in over half of sessions with young women.

Health workers we spoke with described how health planning often doesn't yet account for anticipated climate risks. Across all three countries, our data revealed recurring issues with stockage of contraception and other SRHR commodities following climate events:

ETHIOPIA



Zonal-level Public Health Emergency Preparedness and Response Plans exist, but these plans don't include family planning commodities.

MADAGASCAR



There are cyclical stock-outs of contraception after the cyclone season. When the local clinic and CHWs are stocked out, women have to go to the pharmacy, where contraception can be 3x as expensive.

PAKISTAN



Contraception, menstrual products, and other SRHR commodities are often not available in displacement camps.

Those who are displaced may face additional challenges with the health system. Seeking shelter in a displacement camp or emergency shelter brings SRHR risks - from menstrual health risks to GBV risks - yet participants described how access to care in displacement settings may be difficult due to lack of availability, loss of documents, or uncertainty around unfamiliar systems.



! PROGRAMMING IMPLICATIONS

Implement climate-responsive health systems interventions - such as weather-adaptive facility upgrades, provider training on climate-SRHR connections, remote service options, pre-positioning of SRHR and maternal health supplies, and gender-responsive emergency planning - alongside broader efforts to improve SRHR outcomes through ongoing health systems strengthening.

Climate hazards have serious acute and long-term impacts on household resources, which in turn impacts SRHR.




4 Pathway 4: Compounded economic vulnerability

Across all three sites, extreme weather destroys livelihoods, crops, and homes, resulting in new expenses and major losses for individuals and households:

“ Before that heavy rain, we had lots of crops growing... But after that heavy rain came...all the mangoes were gone. The vanilla was destroyed... All the chickens in the coop, all in one day.”

Older woman, Sambava, Madagascar




In the face of these climate-induced resources losses, individuals may go without health care, migrate, and/or shift their sector of work. Specific economic impacts vary by context:

ETHIOPIA 	MADAGASCAR 	PAKISTAN 
Loss of cattle and crops due to drought can result in men migrating for work. Some never return, leaving women with fewer resources.	Vanilla crops take three years to grow to maturity for harvest, so recurrent cyclones mean vanilla farmers must repeatedly begin again.	Sudden floods wipe out crops, destroy homes, and bring disease and injury. Families struggle to afford rebuilding, food, education, and health.

Participants described how for many of them, their communities are already affected by limited economic resources, and climate change is making this worse. When climate change increases poverty, participants described how for some people, financial incentives influence sexual behaviour – namely, choice in sexual partners and participation in sex work. As one young woman put it:

“ Women become infected with HIV/AIDS and STDs when they want to get sexual partners with better financial capability”

Young woman in West Guji, Ethiopia

ETHIOPIA 	MADAGASCAR 	PAKISTAN 
Migration brings HIV and STI risks. Women may choose sexual partners based on financial resources.	With few alternative livelihoods, there has been an increase in women turning to sex work. HIV/STI rates are increasing in the Sava region.	Climate-induced poverty leads to migration and daily labour, though strong religious norms against extramarital sex may limit sexually risky behaviours.

PROGRAMMING IMPLICATIONS

Integrate livelihoods strengthening, cash support, and social protection referrals within climate-responsive SRHR programmes holistically address climate-driven vulnerabilities. Include HIV/STI prevention, testing, and treatment in programming, particularly in regions affected by migration, displacement, and economic losses. Integrate flexible, mobile, and community-based service delivery models to reach women whose mobility, safety, or ability to pay for care is constrained by climate-driven economic shocks.

SRHR needs continue during climate crises, even as preferences and priorities shift.

5 Pathway 5: Shifting behaviours and beliefs

For many participants, SRHR is still important during extreme climate events, but for many it is harder to prioritise.

During acute crises, most participants' attention goes to urgent survival needs like food, shelter, and safety. However, sexual activity often continues during extreme weather events, even as the resources for practicing safe sex and preventing pregnancy may become more limited. This creates risks for unintended pregnancies when couples are confined at home during extended climate events.

It's important to note that we observed prominent gender inequity across all three sites. Women described an inability to refuse their partners as well as harmful practices like forced marriage and sexual violence:

“When there is [a] shortage of food or income in a family, girls might be forced to get married to a person with better income to save herself and her family. So, [...] climate change and the problem it has leads girls to get into a marriage she didn't accept with her free will.”

Young woman in Konso, Ethiopia

Our research indicates that climate change influenced whether or not participants accessed SRHR services and also influenced their preferences around which services they sought out. Specifically, community members reported some ways that climate change shifted their contraceptive method preferences:

ETHIOPIA



Some women who use contraception – in this context, primarily injectables – reported preferring to discontinue use during drought because of worry about perceived adverse side effects during food shortages.

MADAGASCAR



Some women switch to long-acting methods due to rising frequency of cyclones – and the stock-outs that they typically bring – even though some women reported a prior preference not to use long-acting methods.

PAKISTAN



Because of the severe impact of climate change on their lives, both men and women are more open to permanent methods (vasectomy and tubal ligation) and long-term methods, despite historic religious and cultural objections.

PROGRAMMING IMPLICATIONS

Implement strategies to ensure continuity of SRHR services in the aftermath of climate-related extreme weather. Ensure a broad mix of contraceptive methods are available with comprehensive counselling (including emergency contraception and abortion services). Prepare for how climate hazards may shift locally specific preferences around contraception. Integrate a gender-responsive approach to monitor and address climate-driven gender-based violence and harmful practices.





Commentary: understanding abortion in regions impacted by climate change

Our research indicates that climate change disrupts abortion and post-abortion care access in all three countries – though key evidence gaps remain. Abortion was discussed in the majority of research sessions; However, participants largely focused on describing restrictions, access pathways, and instances of social acceptability within their cultural context. Details about how climate change impacts abortion access pathways, demand, and social acceptability were limited.

In Ethiopia, participants described strong cultural taboos against abortion, particularly in rural areas. They primarily described seeking abortion related to pre-marital pregnancy, sexual violence, health complications, managing family size, and economic pressures. In our research sessions, a few women indicated that economic impacts of drought prompt women to seek abortion and that extreme conditions could be a barrier to access.

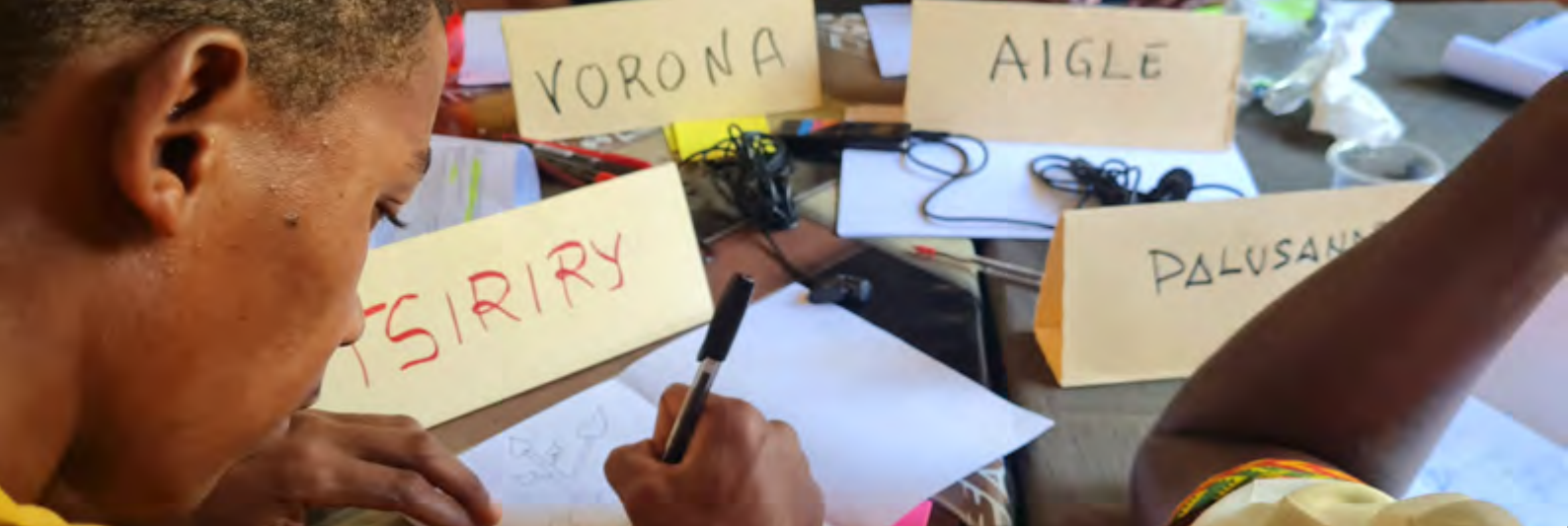
In Madagascar, participants spoke openly about abortion, including sharing personal experiences. Participants described a wide range of reasons for seeking abortion services, including early pregnancy, unintended pregnancy, partner relationship dynamics, child spacing, and economic pressures. Abortion is highly restricted in Madagascar, but many participants were well-versed in strategies for seeking abortion care, including through visiting traditional healers, purchasing medications at pharmacies, and seeking out abortion services from doctors. With respect to the impacts of climate change on abortion access, participants described a reliance on traditional and self-managed strategies for abortion during cyclones and floods; stockouts of contraception due to cyclones may result in unintended pregnancy and abortion.

In Pakistan, participants primarily discussed accessing abortion and post-abortion care in private or government hospitals, rather than using traditional or self-managed methods. A few participants in our research described how during the flood crisis, difficulty accessing hospitals was a barrier to abortion care, and abortion services were reportedly not available in the camps.

Importantly, across all three countries, participants described how a **lack of access to abortion and post-abortion care services can result in harm**, including permanent reproductive damage and death. This is particularly true during and after extreme weather events, when health facilities are even more difficult to access in the case of complications.

In general, young women tended to link abortion – including both access to abortion and abortion seeking – to climate change more frequently than older women. Overall, few healthcare workers we spoke with connected abortion to climate change, suggesting an **opportunity to engage health workers in education, planning, and evidence generation** related to climate change and reproductive health.




Future research should focus on expanding evidence about the impacts of climate change on abortion demand, services, and access, using both quantitative and qualitative evidence to build out actionable insights.



► **Reproductive choice is an important way to build resilience to climate change.**

Research Question 3: What do communities perceive about links between climate concerns, climate resilience & SRHR?

Few community members directly discussed SRHR as a mechanism for climate resilience. However, across all three countries, reproductive practices – including choices about whether and when to have children – were used as a way to adapt to the growing impacts of climate change:

ETHIOPIA 	MADAGASCAR 	PAKISTAN 
<p>With limited livelihood options, young women may see marriage and childbearing as the most viable path to secure resources. However, older women who have struggled during droughts are more open to limiting family size.</p>	<p>Women report that climate-fuelled financial insecurity is an important factor in determining their preferred number of children. However, men prefer large family sizes irrespective of financial considerations.</p>	<p>Some families practice birth spacing and choose to have fewer children as a response to climate-induced poverty and the burden of caring for large families during emergencies.</p>

Limiting family size due to the impacts of climate change was seen in the majority of sessions, across all participant sub-groups. Across all three countries, the financial impacts of climate hazards appear to be a major motivator for spacing childbirth and limiting family size:

“ People definitely start aiming to have less kids and go for spaced pregnancy since they do not have the resources to raise a healthy child at that time and they might face food shortages [...] nobody can afford to have a child in such dreadful circumstances.”

Young woman in West Guji, Ethiopia

Financial resources are an important component of resilience to climate change at the household level. However, few participants linked more comprehensive access to SRHR services to broader climate resilience. The potential role of these services in strengthening gender equity, enhancing economic opportunities for women, expanding women’s participation in society, improving baseline health, greater preparedness for climate change, strengthening educational attainment, etc. were largely unexplored by participants.

PROGRAMMING IMPLICATIONS

Use conversations about household resources and finances as an entry point into conversations around climate change’s impacts on SRHR needs and preferences. Explore opportunities to accelerate the beneficial impacts of access to SRHR services on women’s lives and climate resilience. Develop monitoring and evaluation strategies to support making these benefits more broadly visible.

► **Communities are already implementing solutions to climate-driven SRHR challenges.**

Research Question 4: What solutions do communities propose to these climate-SRHR challenges?

Community members are already implementing a wide range of strategies to address climate-driven SRHR challenges, including:

- **Canoes to access health facilities** when roads are flooded in Madagascar
- **Formal mobile health services** during floods in Pakistan
- **Shifting contraception use patterns** during droughts in Ethiopia

However, some existing strategies for addressing climate-related challenges are considered “maladaptive” because they introduce new risks, such as early marriage, engaging in sex work, or stopping contraception. Adaptations such as women traveling to new locations to fetch water or migrating for work can also introduce risks such as gender-based violence.

Participants were asked to brainstorm potential solutions. The top 5 community-requested solutions across all three countries were:



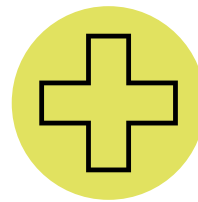
Emergency transportation



Education and training






Village hospitals and clinics



Pre-positioning supplies



Mobile outreach teams and economic support (tied)

ETHIOPIA 	MADAGASCAR 	PAKISTAN 
Participant solutions focused on health systems strengthening and economic support , including providing training and education, strengthening institutions, using family planning, mobile teams, vehicles, and economic support.	Participant solutions focused on emergency health services and planning , including providing phones/hotlines, pre-positioning SRHR and menstrual health supplies for easier access during flood/storm events, and keeping facilities open.	Participant solutions focused on infrastructure and emergency response , including emergency transportation, village hospitals, early warnings, and mobile teams.

! PROGRAMMING IMPLICATIONS

See the Climate-Informed Service Adaptations for detailed recommendations.

Recommendations for climate-informed service adaptations

Based on the barriers identified solutions proposed by community members, and input from MSI team members, we recommend five key service adaptations to ensure continuity of SRHR services during climate crises:

1. **Strengthen last-mile care** to meet new climate realities
2. **Ensure climate-informed commodities distribution** and access
3. **Provide remote, telehealth, and mobile services** to support climate-impacted women
4. **Expand advocacy and policy** for climate-resilient SRHR
5. **Conduct climate-adapted outreach** and engagement in communities

Within each overarching service adaptation, we provide a list of recommended actions as well as a “bold solution” offering a glimpse at what could be possible with greater resourcing and new partnerships.



► Strengthen last-mile care to meet new climate realities

When climate disasters strike, frontline health workers and facilities are often unprepared. Climate-ready last mile care can ensure SRHR services are adapted to climate emergencies.

Leverage frontline health workers to support climate resilience. Health workers who live and work in climate-affected communities witness firsthand the impacts of climate change on the clients they serve. This group includes doctors, nurses, community health workers, and may also include traditional providers, where appropriate. Strengthen climate-responsive last-mile care through:

- **Training and education:** Train health workers on the impacts of climate change on SRHR, how to provide services in the face of climate change, how to adapt services.
- **Information dissemination:** Connect health workers and facilities with national meteorological and warning systems and develop systems for disseminating actionable early warnings to communities, especially highly vulnerable populations.
- **Health facilities:** Ensure health facilities are prepared for climate hazards like extreme heat, floods, cyclones, and droughts with upgraded infrastructure, energy and water systems, supplies, and clear emergency protocols.
- **Delivery strategies:** Explore strategies for health workers to support last mile delivery during climate emergencies through distribution of supplies (e.g. misoprostol, injectable contraception, post-delivery haemorrhage supplies and more), bringing services directly to clients, and task sharing across different provider types.
- **Community preparedness:** Link trained health workers and local health officials to broader community preparedness efforts to ensure SRHR is included in these efforts and strengthen locally led climate action.

Implementing these types of strategies will ensure health workers are aware of key climate-related risks and have the tools they need to respond to climate shocks in their region, such as warning pregnant women about extreme heat or informing clients about ways to access contraception during floods. Continuity of SRHR services is not only possible, but essential during these times.



BOLD SOLUTION

Link historic and current health facility data with climate and weather data to create climate-SRHR data dashboards. This would enable facility managers to more easily identify how climate change is impacting SRHR service statistics in the local area where they work and then plan for how to adjust service offerings before, during, and after future climate events.

► Ensure climate-informed commodities distribution and access

Climate disasters often cause stock-outs of essential commodities. Climate-responsive supply planning can ensure SRHR commodities are available when they’re needed most.

Adjust SRHR commodities management approaches to adapt to new climate patterns. SRHR commodities are vulnerable to stock-outs during both acute and chronic climate emergencies. Ensure climate-informed commodities distribution and access through:

- **Supply planning:** Ensure supply projections, plans, and ordering tempos account for the timing and duration of likely extreme weather events on national and regional levels, based on seasonal trends and/or early warning systems with real-time meteorological data.
- **Method mix:** Adjust ordering to enable continuous availability of a wide range of contraception methods and SRHR supplies, accounting for any impacts of climate crises on women’s preferred contraception methods. Ensure availability of commodities that are low touch and/or are crucial for delivering safe services outside a healthcare facility, including misoprostol, emergency contraception, self-care methods, and long-acting reversible contraception methods (LARCs).
- **Stockpiles:** Make sure climate-vulnerable regions have the appropriate quantity of commodities ahead of potential climate events – such as extreme weather events or seasonal drought months – to account for potentially protracted supply chain disruptions.
- **Public health plans:** Work with local health authorities to ensure that public health emergency preparedness plans include SRHR commodities in their list of essential supplies and medications.
- **Village depots and kits:** Provide community health workers, village-level health facilities, community distributors, village medicine depots, private sector partners, and/or community-based organisations with emergency kits and SRHR supplies ahead of anticipated climate events, ensuring a local, familiar, and discrete source to access SRHR commodities during crises. Include maternal health, contraception, menstrual health, and other SRHR supplies, as appropriate.

Implementing these strategies will ensure that women have the ability to access the SRHR commodities that they want and need, when they want them – even during climate crises. Ensuring reproductive choice and availability of supplies is critical for ensuring women’s health and well-being in climate-affected regions.



BOLD SOLUTION

When communication channels are interrupted and roadways are blocked, use drones to reach remote communities and facilities, delivering supplies to households and health facilities that would otherwise be inaccessible. In areas where legal frameworks are a barrier to drone technology, advocate for 1) SRHR commodities to be fast-tracked for air shipment alongside other essential health commodities and 2) improvements to physical infrastructure to reduce the frequency and duration of supply chain disruptions during extreme weather events.



► Provide remote, telehealth, and mobile support to support climate-impacted women

During climate crises, road closures and displacement make it difficult to access care. Remote, telehealth, and mobile support can ensure SRHR services are accessible to all women impacted by climate change.

Leverage alternative service delivery approaches to bring care to clients. Though climate emergencies may disrupt roads, SRHR needs continue. Ensure accessibility of care through remote, telehealth, and mobile strategies through:

- **Contact information:** Provide community members with contact information – including phone numbers for health workers and facilities – ahead of anticipated climate events to ensure they are able to reach out for services when needed.
- **Hotlines and digital care locators:** Implement and expand hotlines, emergency service numbers – such as Madagascar’s emergency phone numbers for GBV reporting – and digital care locators to include a wide range of SRHR needs during climate crises. This strategy can be used to triage care, direct individuals to the most appropriate resource, and guard against communication gaps generated by staff turnover.
- **Alternate communication systems:** Ensure health facilities are connected to local emergency communication systems and that community members know that SRHR services can be accessed with these methods. For example, communities may use radios, lights/mirrors, satellite phones, whistles, or other strategies to signal for aid.
- **Remote support services:** Connect community health workers and other frontline health workers with remote support from health providers in unaffected regions in the event that they need to provide unfamiliar services.
- **Telehealth:** Increase remote SRHR service provision via telehealth – building on the successful pilot of this approach in Pakistan during the floods – to reach last mile communities, and communities with limited mobility and limited resources for accessing care.
- **Mobile services:** Deliver services through mobile outreach before and after climate events to address any likely vulnerabilities and minimise the adverse impacts of extreme weather.

Implementing these types of strategies will strengthen communication between providers and clients and enhance access to SRHR services during climate crises, ultimately contributing to reducing the adverse effects of climate crises on women’s SRHR.



BOLD SOLUTION

Ensure health facilities have climate-responsive emergency transportation systems – like canoes, inflatable boats, or all-terrain vehicles – to ensure that women experiencing serious SRHR emergencies during climate crises can get care.

► Expand advocacy and policy for climate-resilient SRHR

Local and national policies inadequately consider SRHR during climate crises. Comprehensive climate, disaster, and health policies can ensure climate-responsive SRHR services are sustained, scaled, and resourced.

Champion policies that ensure continuity of SRHR services during climate crises. Despite the serious impact that climate change can have on SRHR services and outcomes, it is often excluded from climate, disaster, and health policies, resulting in chronic under-resourcing and inaction. Expand climate-SRHR advocacy and policy efforts through:

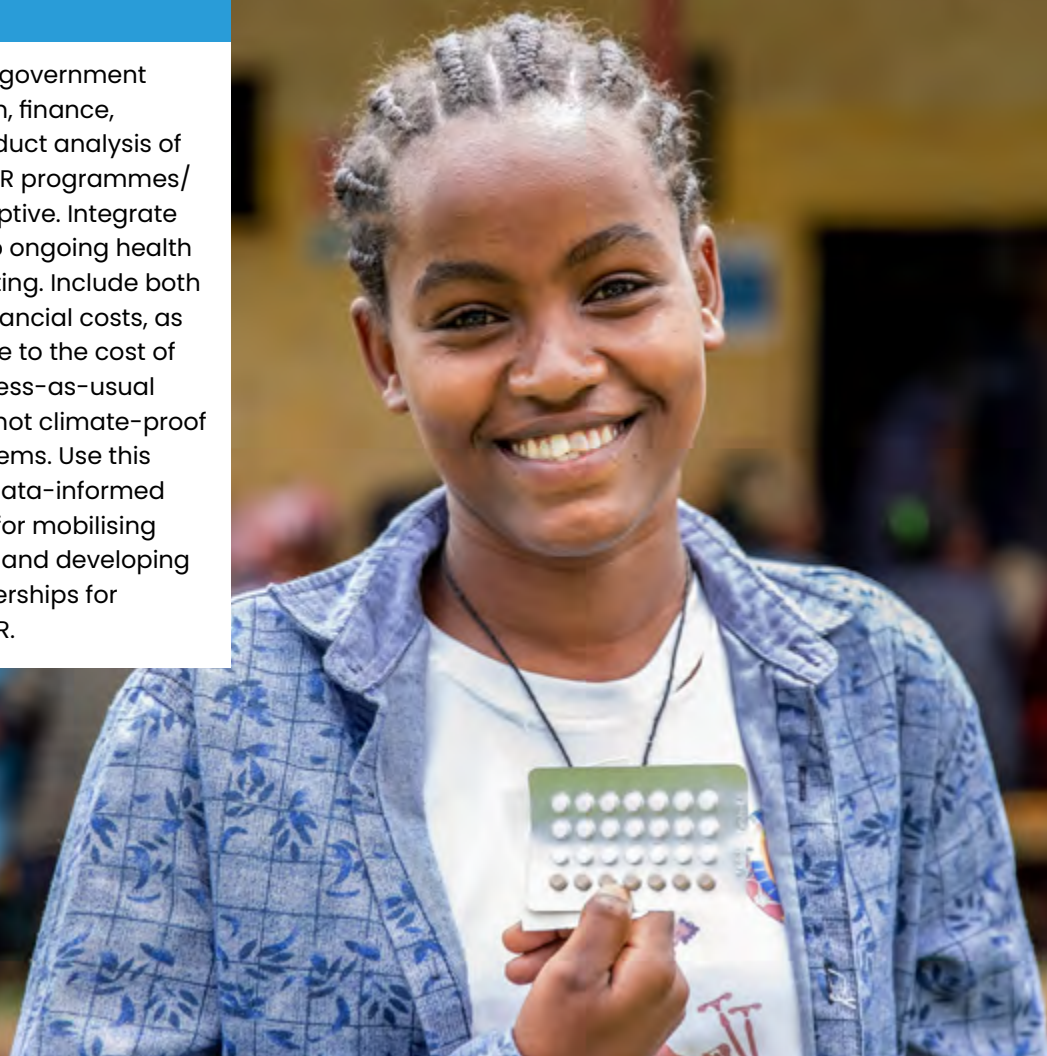
- **Integrated Policies:** Advocate for integration of SRHR within climate-focused policies – like National Adaptation Plans (NAPs) and Health National Adaptation Plans (H-NAPs) – as well as integration of climate within SRHR – and health-focused policies.
- **Comprehensive Services:** Advocate for policies that enable the continuity of a broad suite of SRHR services during climate events and improve the climate resilience of SRHR service delivery strategies, ensuring that policymakers understand SRHR services as a lifesaving necessity.
- **Evidence-Informed Dialogues:** Leverage evidence from climate-affected regions to strengthen global and national dialogues around evidence-based strategies, raising awareness about the importance of considering climate change's impacts on SRHR.

These will create a stronger enabling environment for climate resilient SRHR services, thus creating a multiplier effect as these services are increasingly recognised as important and scaled up.



BOLD SOLUTION

Collaborate with key government ministries (e.g., health, finance, environment) to conduct analysis of the cost to make SRHR programmes/services climate adaptive. Integrate this cost analysis into ongoing health planning and budgeting. Include both financial and non-financial costs, as well as a comparative to the cost of inaction with a business-as-usual approach that does not climate-proof SRHR services or systems. Use this analysis to develop data-informed advocacy materials for mobilising smarter investments and developing cross-sectoral partnerships for climate-resilient SRHR.



► Conduct climate-adapted community engagement

Communities lack the tools to plan for and respond to climate-related SRHR risks. Engaging community members in climate-adapted SRHR programming can ensure they have the tools they need to realise their rights.

Engage community members in inclusive, climate-adapted SRHR activities. Though many community members can speak to the impacts of climate change on their SRHR, they often lack the tools and resources needed to effectively address these impacts. Engage communities in climate-SRHR action through:

- **Education and awareness:** Raise awareness about the impacts of climate change on SRH and strategies for reducing climate-related risks, covering a range of topics like heat-related pregnancy risks, sanitation and menstruation during flood emergencies, the risks of salt intrusion into drinking water during pregnancy, etc.
- **Anticipatory outreach:** Promote SRHR services and distribute supplies (e.g., contraception and menstrual health supplies) to women ahead of anticipated climate events to reduce service disruptions. Ensure people know what services are available during climate crises and how to get them (such as telehealth services, continued services through CHWs, hotlines, etc.).
- **Method-specific messaging:** Educate community members about LARCs, self-care, and methods that are accessible during climate events.
- **Tailored approaches:** Adjust outreach approaches to align with the aims and goals of different population groups that serve as important social levers. This can include young women and girls, who are often highly vulnerable during climate emergencies, men and extended family members, who are often influential gatekeepers and decision-makers when it comes to SRHR, and community health workers, who serve dual roles as both community members and bridges to the broader health system.
- **Resilience lens:** Socialise SRHR as a tool that can strengthen a family's climate resilience and women's agency, including access to economic resources. Engage women with lived experience of climate hazards to share their experiences.
- **Preparedness planning:** Enable locally led climate response plans, supporting diverse community representatives to generate community crisis response plans that include SRHR needs, engaging climate-trained health workers and representatives from other sectors to support.

These strategies can build knowledge and buy-in in climate-impacted communities, resulting in greater awareness of climate-SRHR risks and stronger capacity to adapt to those risks and ensure all community members can realise their SRHR.



Conclusion

SRHR is climate resilience and SRHR organisations have a critical role to play in ensuring gender-responsive climate action by designing, delivering, and championing new climate-adaptive service delivery approaches.

Our research found that communities are already connecting climate change to their SRHR, through:

- Direct impacts
- Difficulties getting care
- Health systems failures
- Growing economic vulnerability
- Changing behaviours and beliefs

To close these gaps, we recommend engaging:

- **Frontline health workers and service delivery partners** to ensure continuity of SRHR commodities and care during climate crises
- **Communities** to ensure they are prepared for climate impacts on SRHR
- **Policymakers and cross-sectoral partners from both the climate and health sectors** to create a strong enabling environment for building healthy, equitable, and climate just communities
- **Private sector commodity and supply chain partners** to proactively anticipate how product access, quality, and choice can be maintained and expanded for climate-impacted communities

Narrative Messages for Climate-SRHR Action

Climate change is changing people's sexual and reproductive health behaviours and choices.

- Climate change amplifies existing vulnerabilities.
- SRHR services are critical for health and well-being - especially, during climate crises.
- Affordable, accessible SRHR services - such as family planning counselling, contraception, and other commodities - can be a tool for economic resilience during increasing and repeated climate stress.
- Climate change's impact on implementation can't be ignored: service delivery approaches and methods that don't work for women during climate shocks, don't work for women.
- Women are essential co-creators and partners in developing context-appropriate and effective solutions to climate-SRHR challenges. Implementing organisations, governments, and other stakeholders need to ensure they have the support they need to exercise agency, dignity, and health during climate crises.

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